

DECLARATION OF DEPENDENT CHILDREN AGED 18 TO 25 OR 21 TO 25 INCLUSIVE (ACCORDING TO CONTRACT PROVISIONS) WHO ARE FULL-TIME STUDENTS

Declaration for the		se	ssi	on,	starting in	
Definition of dependent child for	the purposes of the Ir	surance	e Pla	n:		
"Dependent child" means an eligi	ble person who is a res	ident of C	Cana	da a	nd who:	
• is under 18 or 21 years of age (a parental authority until he reach		visions) a	nd o	ver w	rhom the member or the membe	r's spouse exercises
 does not have a spouse, is 25 whom the member or the mem 						I institution and over
Last name	First name	Date of birth		h	Name and address of educational institution attended	Full-time student
		YYYY	мм	DD		Yes No YYYY MM DD From YYYY MM DD
		YYYY	MM I	DD		To
		YYYY	MM	DD		To
						То
Member's last name and first name	:					
Policy or group or contract number	:					
Certificate number:						
Name of group or policyholder or employer:						

This form must be returned to Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, in the month preceding the beginning of each session.

Please return to: Desjardins Insurance, C. P. 3950, Lévis (Québec) G6V 8C6

Date

Signature of member