

OVERAGE DEPENDENT CHILD(REN) VERIFICATION

Please complete this form if you have any dependent child(ren) who are age 21, and under age 25, and are in full-time attendance at an accredited educational institution. Proof of registration is not required at this time but may be requested the future.

Submit Completed Forms to: [ASK HR](#) or
 Western University
 Human Resources, SSB Room 4159

PLAN MEMBER INFORMATION					
Group Number: 87220	Plan Member ID Number:	Company Name: Western University	Effective Date:		
Plan Member First Name			Plan Member Last Name		
DEPENDENT CHILD(REN) INFORMATION (To Be Completed By Plan Member)					
First Name	Last Name	Date of Birth	Name of Accredited Educational Institution	Attending School From: (MM/YY)	Attending School To: (MM/YY)
AUTHORIZATION (To Be Signed By Plan Member)					
I hereby certify that the information provided herein is true, accurate and complete and that the dependent child indicated on this form meets the definition of a dependent. I understand that I may be asked to provide proof of attendance in school full-time randomly at a later date. I agree to notify Human Resources in writing of changes.					
_____ Plan Member's Signature			_____ Date: (DD/MM/YY)		