



# OVERAGE DEPENDENT FORM (STUDENT)

**Employee's Name  
(PRINT):** \_\_\_\_\_

**Identification #:** \_\_\_\_\_  
*(Available on cover memo or Health/Dental Benefits Card)*

To remain qualified as a dependent after reaching the age of 21 up until the dependent's 26 birthday, your child must meet **ALL** the following criteria:

- ✓ **is under age 26 and a full-time student at an accredited school, college, or university; and**
- ✓ **is unmarried (legally or common law); and**
- ✓ **is not employed on a full-time basis; and**
- ✓ **is not eligible for benefits as an employee under this or any other group plan.**

*If you have a child who is incapable of employment due to a mental or physical condition that occurred before reaching the maximum age noted above, coverage will continue if approved by the insurance company. Please complete the Application for Overage Disabled Dependent (Form #55). Forms are available at [www.healthassociation.ns.ca/benefits/forms](http://www.healthassociation.ns.ca/benefits/forms)*

If your dependent child meets all the above dependent criteria, please complete this form. Please return the completed form to your Employer's Benefits Administrator (or as directed) as soon as possible. Overage coverage for eligible dependents (students) for the current school year runs until September 30.

**Name of Dependent**

**Date of Birth (mm/dd/yyyy)**

**Name of accredited school,  
college or university**

**School Term** \_\_\_\_\_ **to** \_\_\_\_\_  
**(mm/dd/yyyy)**                      **(mm/dd/yyyy)**

**Declaration and Authorization.**

I certify all information provided is correct. If my dependent child is absent from their permanent province of residence, I certify his/her absence is temporary and solely for attending an accredited educational institution. In submitting this form, I declare my dependent meets all the above criteria. At this time, Health Association Nova Scotia does not ask for proof of current attendance at an accredited school, however, retains the right to request proof. If you have made a false declaration, it may result in repayment of benefits claimed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have questions or require assistance, please contact your Employer's Benefits Administrator or Group Benefits Solutions at 1 (866) 886-7246.

**Employer - please upload the form using your GBS Secure upload folder**

**Health Association Nova Scotia, Group Benefits Solutions, 2 Dartmouth Road, Bedford, Nova Scotia, B4A 2K7**