



Please send completed Form to:

bClear benefits
Suite 120 – 4401 Still Creek Drive
Burnaby, BC V5C 6G9

Confirmation of Dependant Eligibility

Group Name: _____ ID Number: _____

Employee Name: _____ Dependant Number: _____

Dependant Name: _____ Date of Birth: _____ / _____ / _____
(MM/DD/YY)

Your Extended Health and Dental Care plans cover dependents beyond age 19 years if they satisfy all of the following:

- attend school Full-time. "Full-time" means enrolled in at least three courses in a school that has been given degree, certificate or diploma granting powers through applicable government legislation. Online and correspondence courses qualify if they are through such a school.
- not married or living in a common-law relationship.
- mainly dependent financially on you or your spouse. If employed, work only part-time, not more than 30 hours per week on a regular, year-round basis.

If your dependent named above meets all of these criteria, please complete the certification below, and give it to your employer to sign and forward to us. Upon receipt of the completed Form, we will continue coverage for this dependent. We will re-confirm eligibility every July until age 25, which is the maximum age for a dependent to be eligible for your plan.

If you have any questions, please call our office at **604 296 3240** or **1 855 9bclear** (1 855 922 5327).

Employee Certification

I certify that my dependent, _____, born _____ meets all of the conditions set out above, and is my natural, adopted or step child, or my legal ward.

Name and location of school/university dependent is attending

Employee Signature **Date**

Employer Signature or Stamp **Date**

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Fax: 604 299 2982