

ELECTRICAL INDUSTRY INSURANCE BENEFIT TRUST FUND OF ALBERTA  
#200, 4224 - 93 Street Edmonton, Alberta T6E 5P5  
Telephone: (780) 465-2882  
Toll Free: 1-800-268-3649

## Dependent Update Form

**Please have the Plan Member complete the following questions:  
(One form should be used for EACH Dependent child who is 18 years or older)**

Today's Date: \_\_\_\_\_

Plan Member's Legal Name: \_\_\_\_\_  
(Last Name, First Name)

I.D. Number or S.I.N.: \_\_\_\_\_

Signature of Plan Member: \_\_\_\_\_

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Child's Legal Name: \_\_\_\_\_  
(Last Name, First Name)

Birth date of Child: \_\_\_\_\_  
(Month, Day, Year)

Is the child your biological child? Yes or No  
Is the child your Spouse's child and under the Spouse's custodial care? Yes or No  
Is the child a legally adopted child? Yes or No  
Is the child a foster child who lives with the Plan Member? Yes or No

Does the child live with you? Yes or No  
If no, state reason why: \_\_\_\_\_  
Is the child married? Yes or No  
Is the child employed on a regular full-time basis? Yes or No  
Does the child rely on you for financial support? Yes or No

Is the child under age 21 years of age? Yes or No

Is the child over 21 but under 25 years of age and attends  
an accredited school, college or university on a full-time basis? Yes or No  
(Complete side 2 of this form)

Name of accredited school, college or university: \_\_\_\_\_

Date of graduation: \_\_\_\_\_  
(Month, Day, Year)

If attending an accredited school, college or university on a full-time  
basis and not residing with the Plan Member, does the child normally  
reside in Canada? Yes or No

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Please complete if the Dependent is functionally impaired. (Proof of incapacity must be provided within 31 days following the  
Dependent's 21<sup>st</sup> birthday.)

Is the child receiving payments from an aid program? Yes or No

Is the child incapable of self-sustaining employment due to a functional  
impairment specified in government regulation? Yes or No

Is the child wholly reliant on the Plan Member for support and maintenance? Yes or No

**ELECTRICAL INDUSTRY INSURANCE BENEFIT TRUST FUND OF ALBERTA**

Evidence to Support Over-age Student Dependent Coverage

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**VERIFICATION OF ENROLMENT**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Educational Institute: \_\_\_\_\_

Name/Type of Course: \_\_\_\_\_

**Period of Enrolment**

For First Term this Calendar Year      Jan 1, 2\_\_\_\_ to      \_\_\_\_\_

For Second Term this Calendar Year      \_\_\_\_\_ to      Dec 31, 2\_\_\_\_

**Confirming Status of the Full-Time Student**

The Electrical Industry Insurance Benefit Trust Fund of Alberta considers a full-time student to be one who meets the minimum weekly requirements as outlined by the University of Alberta (presently this is 9 hours of class time per week).

The above named student meets this definition of a full-time student.

Yes     No

Completed By School Representative: \_\_\_\_\_  
(Print Name)

Position/Title: \_\_\_\_\_

Signature of School Representative: \_\_\_\_\_

Stamp: