



## STUDENT VERIFICATION FORM

Coverage for dependent children ceases at age 21. However, continued coverage may be available provided ALL of the following requirements are met. The child is:

- single (neither married, nor living in a marriage like relationship),
- entirely dependent on you for financial support,
- under the age of 25,
- in full-time attendance at an educational institution recognized under the Income Tax Act (Canada)

Please note that when your child no longer meets all of the above requirements, their coverage as a dependent under your plan will cease and no further claims will be paid. The Automotive Retailers Association reserves the right to recover any claim payments made after this dependent ceased being eligible or if the information you have provided is fraudulent or misrepresented other than through unintentional error.

Please complete the following information and return this form along with supporting documentation (eg: registration confirmation, letter of acceptance, course schedule) to the ARA. Please print clearly.

|   |   |                   |      |                    |
|---|---|-------------------|------|--------------------|
| <b>Policy:</b>  | <b>Division:</b>  | <b>Member ID:</b> |      |                    |
| <b>Member's Full Name:</b>  |   |                   |      |                    |
| <b>Student's Full Name:</b>   |   |                   |      |                    |
| <b>Student's Date of Birth:</b>   | Month   | Day               | Year | <b>Student ID:</b> |
| <b>Educational Institute:</b>   |   |                   |      |                    |
| <b>Address:</b>   |   |                   |      |                    |
| <b>Phone:</b>   |   | <b>Fax:</b>       |      |                    |
| <b>Current registration dates:</b>  | <b>From:</b>  | Month             | Day  | Year               |
|   | <b>To:</b>  | Month             | Day  | Year               |
| <b>If the student plans to continue past above date, please indicate:</b> | <b>From:</b>  | Month             | Day  | Year               |
|   | <b>To:</b>  | Month             | Day  | Year               |
| <b>If studying outside Canada, please provide:</b>                        | <b>Departure Date:</b>  | Month             | Day  | Year               |
|   | <b>Return Date:</b>   | Month             | Day  | Year               |
|   | <b>Note:</b> Extension of benefit coverage for absences longer than 60 days <b>must</b> be approved by the insurance company. |                   |      |                    |

### DECLARATION

I certify that all information provided is true and correct. I also certify that my child meets all of the requirements, as noted above.

Member  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I authorize the Automotive Retailers Association to verify this information with the above named institution(s).

Student  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_