OTIP RAEO®

ONTARIO TEACHERS INSURANCE PLAN
125 Northfield Drive West
PO Box 218
Waterloo ON N2J 3Z9

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1.800.267.6847

# OVERAGE DEPENDANT STUDENT FORM

## BASIC PERSONAL INFORMATION (MUST BE COMPLETED BY SUBSCRIBER)

NAME _____ LAST _____ FIRST _____ MIDDLE

GENDER F ☐ M ☐

ADDRESS _____

CITY _____

POSTAL CODE _____ PHONE _____ – _____

E-MAIL ADDRESS _____

BOARD _____

DATE OF BIRTH _____ MONTH _____ DAY _____ YEAR

PLAN NUMBER _____ IDENTIFICATION NUMBER _____

**INDICATE MEMBERSHIP OF:**

| | | | |
|---|---|---|---|
| OECTA | ELEM. ☐ | ADMINISTRATION | ☐ |
| | SEC. ☐ | CLERICAL | ☐ |
| ETFO | ☐ | TRADESPERSON | ☐ |
| OSSTF | ☐ | RETIREE | ☐ |
| OTHER _____ | | | |

This form is to be completed ONLY if your dependant is **over the age of 21** and meets all of the criteria defining an overage dependant student, as stated in your benefits contract.

Your benefits contract defines an overage dependant student as a person who is:

- you or your spouse's natural, legally adopted, step or foster child,
- in full-time attendance at an accredited educational institution,
- unmarried,
- not engaged in full-time employment, and
- dependent on you or your spouse for financial support.

This form must be completed **EACH** school year for **EVERY** dependant student over age 21.

Once completed, this form should be forwarded to OTIP Benefits Services.

The student(s) listed below is/are enrolled for the school year beginning _____ / _____ / _____ (MM / DD / YYYY)

and ending _____ / _____ / _____ . (MM / DD / YYYY)

| Last Name | First Name | Gender | Date of Birth | Name of school(s) attending |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

I certify that the information provided about me and my dependants in this form is true and complete. I consent to the collection and use of the above personal information for the purpose of benefits administration.

**Date**_____ **Signature X**_____