



Over-Age Dependent Coverage

If you are insured for Extended Health and Dental benefits and have a dependent over the age of 21, please review the following information regarding Benefit Coverage for Over-Age Dependents after August 31st each year.

All Employees having a dependent between the ages of 21 and 25 enrolled as a full time student at a post-secondary institution and covered under the Greater Sudbury Housing Corporation Benefits Plan must complete a dependent student form at the beginning of each school year in order to continue to be insured for health and dental benefits.

Coverage for these dependents automatically ceases on August 31st and will only be reinstated effective September 1st once this form has been completed and returned to the Payroll and Administration Department. Dependent student forms are available online or at the GSHC main office.

While coverage for your dependent(s) will automatically cease at age twenty-five (25), please immediately notify the Payroll and Administration Department should a dependent no longer qualify for Over-Age Coverage for one of the following reasons:

- a) has left school;
- b) is no longer attending on a full time basis; or,
- c) is no longer a dependent.

Any questions should be referred to Laurianne Frappier, Payroll and Administrative Clerk at 705-674-5175 ext 204.



Dependent Student Form

This form must be completed at the beginning of each fall semester for a dependent student. The maximum age for coverage as a dependent student is outlined in your Agreement.

Your Benefit Agreement defines an overage dependent child as a child of the subscriber or spouse who is between 21 and 25 years of age, unmarried, unemployed, financially dependent on the subscriber or spouse and who is attending an institute of higher education on a full time basis.

To Be Completed By Employee:

Employee: _____ Member ID: _____

Dependent: _____ Date of Birth: _____

To Be Completed By School Official:

Name of School: _____

The above mentioned student is enrolled from: _____ to: _____
D/M/Y D/M/Y

Name of School Official: _____

Title of School Official: _____

I certify that the above information is true as of this date:

Signature: _____ Date: _____
D/M/Y

Please return the completed form to Laurianne Frappier, Payroll and Administration Clerk.