

## **OVERAGE DEPENDENT CERTIFICATION (OAD)**

Please complete the information below and return this form to your employer. If the overage dependent is attending school full-time outside of Canada, the form "Plan Sponsor Request to Continue Group Coverage" must be completed and approved by Sun Life. Please see your employer to obtain this form. In order to have coverage continued for your overage dependent, the eligibility criteria must be met.

the eligibility effects	a mast se met.					
1. Member's Inforn	nation					
Member's Name		Claims ID #				
Phone Number		Employer Name				
Email Address		Division		Cost Center		
2. Overage Depend	ent's Information	,	·			
Name		Date of Birth	Student (Y/N	N) Dis	Disabled (Y/N)	
3. Name of School/	/University					
Name of School/University		School Year Begins		School Year Ends		
School/University Address						
Name of School/University		School Year Begins		School Year Ends		
School/University Address						
4. Signature & auth	norization					
	ertify that all information provided is correc	t. I agree a photocopy or elec	ctronic version of	f this certificatio	n is valid.	
Print Name						
Employee Signature	x	Date (MM/DD/YYYY)				

## 5. Submission instructions - Qualifications for Overaged Dependents

Your child must meet the following criteria to be considered an Overage Dependent:

- 1. Single (i.e. unmarried and not living in a common-law relationship) and financially dependent on the employee or spouse;
- 2. 21 years old up to the maximum age as defined in your Employee Booklet;
- 3. A natural, adopted, foster, or step-child, if the child is dependent on you for financial support;
- 4. Full-time student attending an educational institution recognized by Canada Revenue Agency.
- If a child is incapable of financial self-support because of a physical or mental disability and depends on the employee or spouse for financial support and is not married nor in any other formal union recognized by law.