

DEPENDANT WITH SPECIAL NEEDS ELIGIBILITY FORM

Teaching Certificate Number: _____ Date: _____

I, _____ request the addition and/or continuation of coverage of
 _____ as a *Dependant with Special Needs* to my Green Shield Canada coverage.
 (Name of Dependant)

Dependant Date of Birth: _____
 YYYY-MM-DD

Date of Disability: _____
 YYYY-MM-DD

.....

This dependant is mentally or physically disabled and a disability tax credit for a dependant age 18 or over can be claimed by me under the Income Tax Act. Please provide a copy of the Notice of Determination.

YES NO

AND

This dependant is unmarried, unemployed, and financially dependent upon me.

YES NO

AND

This dependant lives with me or resides in an institution or group home.

YES NO

OR

This dependant does not reside with me due to divorce or separation.

YES

Proof may be requested to substantiate any of the requirements, which could include:

- Medical assessment indicating date of disability, extent of disability, and attestation that dependant cannot be gainfully employed;
- Proof of residency (government ID with address, affidavit)

By signing this form I agree that the information provided is complete and accurate. Failure to disclose, or falsifying information, could result in denial of claims and the cancellation of my coverage.

Signature of Plan Member

Signature of Plan Administrator

DATED THIS _____ day of _____ 20_____.