

**DECLARATION OF DEPENDENT CHILDREN AGED 18 TO 25  
OR 21 TO 25 INCLUSIVE (ACCORDING TO CONTRACT PROVISIONS)  
WHO ARE FULL-TIME STUDENTS**

Declaration for the \_\_\_\_\_ session, starting in \_\_\_\_\_

**Definition of dependent child for the purposes of the Insurance Plan:**

"Dependent child" means an eligible person who is a resident of Canada and who:

- is under 18 or 21 years of age (according to contract provisions) and over whom the member or the member's spouse exercises parental authority until he reached the age of majority;
- does not have a spouse, is 25 years old or under and is a full-time student at an accredited educational institution and over whom the member or the member's spouse would exercise parental authority if he were a minor.

Last name	First name	Date of birth	Name and address of educational institution attended	Full-time student
		YYYY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No YYYY MM DD From YYYY MM DD To
		YYYY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No YYYY MM DD From YYYY MM DD To
		YYYY MM DD		<input type="checkbox"/> Yes <input type="checkbox"/> No YYYY MM DD From YYYY MM DD To

Member's last name and first name: \_\_\_\_\_

Policy or group or contract number: \_\_\_\_\_

Certificate number: \_\_\_\_\_

Name of group or policyholder  
or employer: \_\_\_\_\_

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

This form must be returned to Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, in the month preceding the beginning of each session.

**Please return to: Desjardins Insurance, C. P. 3950, Lévis (Québec) G6V 8C6**