

Coverage for eligible students **21 to 25 years old** may be continued on condition that they are studying full time in recognised institution of learning. A student's coverage may be continued until **August 31st** of the next school year or up to his **26th birthday**, whichever comes first. In order for coverage to be extended this form must be returned to the Strategys Mutual at the beginning of each school year. If this confirmation full-time study is not returned, coverage for dependant children will cease:

- For children less than 21 years old: on the child's 21st birthday;
- For children age 21 to 26 years old: on the first day following the end of the latest extension period.

A proof of eligibility must be provided on request (such as an attestation of studies).

Please write in block letters.

1. Identification of the participant		
Name of the plan participant		
Name of the plan sponsor	Plan number	Participant identification number
Date of birth (yyyy/mm/dd)	Home phone number	Work phone number
Address (Number, street, city, province, postal code)		

2. Confirmation of student status			
Name of child	Date of birth (yyyy/mm/dd)	Full-time student School year: _____	Name of institution
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Participant's signature				
I declare the above information to be complete and accurate. I can provide, upon request, proof of eligibility for my dependent children (date of birth, registration in an educational institute).				
Participant's signature X _____	Date <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">YYY</td> <td style="border: 1px solid black; width: 20px; height: 20px;">MM</td> <td style="border: 1px solid black; width: 20px; height: 20px;">DD</td> </tr> </table>	YYY	MM	DD
YYY	MM	DD		
<p>Return this form:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> By fax : 1-877-820-7302 Save the original </td> <td style="width: 33%; text-align: center;"> e-mail: info@strategys.ca Save the original </td> <td style="width: 33%;"> By mail: 48, boulevard Taschereau, local 100 La Prairie, Québec, J5R 6C1 </td> </tr> </table>		By fax : 1-877-820-7302 Save the original	e-mail: info@strategys.ca Save the original	By mail: 48, boulevard Taschereau, local 100 La Prairie, Québec, J5R 6C1
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