



@ student@majorplan.ca
☎ 1 877 976 2567
🌐 majorplan.ca

This form is for students who wish to extend their coverage to their dependent children and/or spouse. In the winter semester, the addition of dependents is only available to new students. Please note that if the primary insured member loses their student status or coverage, their dependents automatically lose their coverage without the possibility of a refund.

Important

Be sure to include all the supporting documentation necessary to assess your file (birth certificate, proof of marital status, account statement and other documents). If the supporting documentation is not received by the end of the modification period, your request to add a dependent may be denied. Also, be sure to contact Major Plan to find out the cost of the contribution that applies to your situation.

CONTRIBUTION COST
PER DEPENDENT

ANNUAL CONTRIBUTION TO YOUR ASSOCIATION'S PLAN
(health, dental, accident and travel)

2 payment options available (The contribution must be paid in one (1) payment)

01 By bank transfer

Send the form by e-mail to the following address:

student@majorplan.ca

Add Major Plan to your list of suppliers and use your permanent code as a reference number.

We are affiliated with National Bank, BMO, CIBC, TD, RBC et Desjardins

02 By cheque

Mail the form and cheque to the following address:

**Plan Major
CP 70025 SUCCURSALE QUÉBEC-CENTRE
Québec, QC, G2J 0A1**

If you use mail, it is your responsibility to anticipate potential delays.

Personal information (Please write clearly in printed script)

LAST NAME		FIRST NAME	
EDUCATIONAL INSTITUTION		PERMANENT CODE	
ADDRESS		CITY	
PROVINCE	POSTAL CODE	DATE OF BIRTH YYYY / MM / DD	
PHONE NUMBER	EMAIL ADDRESS		

Dependent's information

LAST NAME, FIRST NAME	DATE OF BIRTH YYYY / MM / DD	GENDER M F
LAST NAME, FIRST NAME	DATE OF BIRTH YYYY / MM / DD	GENDER M F

Dependent children's information

LAST NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH YYYY / MM / DD <input type="text"/>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH YYYY / MM / DD <input type="text"/>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH YYYY / MM / DD <input type="text"/>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

Authorization and declaration

- I declare that my spouse meets one of the following requirements:
- a person who is married to the primary insured by legal marriage, civil union or any other type of formal union recognized by law;
 - a person who has been living in a conjugal relationship with the primary insured student for at least 12 months and has not been separated from the primary insured student for 90 days or more because of a breakdown in their relationship;
 - a person who is living in a conjugal relationship with the primary insured student, has had a child with the primary insured student, and has not been separated from the primary insured student for 90 days or more due to a breakdown in their relationship.
- I declare that my dependent children meet the following requirements:
- children who are under 21 years of age and for whom the member (or spouse) exercises parental authority;
 - children who are 25 years of age or younger, who do not have a spouse and who are full-time students at a recognized educational institution.
- I have included the required documents in my application, such as a birth certificate and/or a proof of marital status, as well as a proof of education (if applicable).
- I understand that, in the event I cancel the addition of dependent coverage after submitting my payment, Major Plan may deduct \$40 from my refund as an administration fee.
- I understand that payment of the contribution must be received no later than 12 business days after my form is submitted to Plan Major. If applicable, it is my responsibility to anticipate postal and banking delays. I understand that failure to forward my payment within these time frames will result in my application being cancelled without review.
- I understand that if I lose my student status or my coverage in the winter session, my dependents will automatically lose their coverage with no possibility of a refund.
- I am aware of the terms and conditions as well as the cost of the fee associated with this application and I agree to pay the fee. If in doubt, I have contacted Plan Major

Signature

SIGNATURE <input type="text"/>	DATE <input type="text"/>
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Please note that it is your responsibility to ensure that you receive confirmation of receipt of your application and payment from Plan Major. Contributions include, if applicable, premiums, administration fees, commissions, financial reserves and taxes that may be associated with the plan.