



@ student@majorplan.ca

☎ 1 877-976-2567

🌐 planmajor.ca/en

This form is for students who wish to extend their coverage to their dependent children and/or spouse. For the winter session, adding dependents is only available to newly enrolled members. Please note that if a member loses his or her student status or coverage, his or her dependents automatically lose their coverage, with no possibility of reimbursement.

Important

Major Plan reserves the right to verify and validate eligible documents proving the status of your dependents. Please ensure that you have these documents and can provide them to us within 10 business days. If the supporting documents are not received within this timeframe, your request to add dependents may be refused and cancelled. Also, be sure to contact Major Plan to find out the cost of the contribution that applies to your situation.

CONTRIBUTION
PAR DEPENDENT

ANNUAL FEES TO YOUR ASSOCIATION'S PLAN
(health, dental and/or accident and/or travel)

Procedure

1. Complete and sign the form.
2. Send the form to student@majorplan.ca.
3. Our team will then analyze your application and contact you within 5 working days. Please wait for confirmation from a member of our team as to the amount of the membership fee to be paid, and the payment terms and conditions.
4. Once payment has been made, an e-mail confirmation will be sent to you within 7 working days, confirming that your application has been registered. **Keep this email.**

Personal information (Please print clearly)

NAME		FIRST NAME
<input type="text"/>		<input type="text"/>
EDUCATIONAL INSTITUTION		CERTIFICATE NUMBER*
<input type="text"/>		<input type="text"/>
ADDRESS		CITY
<input type="text"/>		<input type="text"/>
PROVINCE	POSTAL CODE	DATE OF BIRTH (YYYY/MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

*Your certificate number corresponds to your student number or permanent code. Check your student association page on planmajor.ca/en to find out what applies to you.

Information on dependants

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

Information on dependents (continued)

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

Authorization and declaration

I declare that my dependent spouse meets one of the following conditions:

- a person united to the member of the student association 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 member of the student association for at least 12 months, and who has not been separated for 90 days or more due to the breakdown of their union;
- a person who has been living in a conjugal relationship with the member of the student association, has had a child with him or her and has not been separated for 90 days or more because of the breakdown of their union.

I declare that my dependent children meet the following conditions:

- children under 21 years of age for whom the member (or spouse) exercises parental authority;
- children aged 25 or under, who do not have a spouse and are full-time students at a recognized educational institution.

I confirm that I have all the necessary documents to support my claim. Plan Major reserves the right to verify and validate eligible documents proving the status of your dependents. Please ensure that you can provide us with these documents within 10 business days.

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 fees must be received no later than 10 days following confirmation by the Major Plan team of the amount of the fees to be paid and before the end date of the modification period. I understand that failure to send my payment within these deadlines will result in the cancellation of my application without any possibility of review.

I understand that if I lose my student status or coverage in the winter session, my dependents automatically lose their coverage with no possibility of reimbursement.

I am aware of the terms and conditions of this application and agree to pay the associated fees. In case of doubt, I have contacted Major Plan.

Signature

SIGNATURE	DATE (YYYY/MM/DD)

Authorization and signature for adult child(ren) and/or spouse, if applicable

It is important that all your adult dependents authorize and sign the section below. Failure to do so may result in your application being refused and cancelled.

I authorize the release of my personal information to Plan Major for the duration of my coverage. I consent to the sharing of my personal information with insurers or service providers during this period.

NAME, FIRST NAME	SIGNATURE	DATE (YYYY/MM/DD)

I authorize the release of my personal information to Plan Major for the duration of my coverage. I consent to the sharing of my personal information with insurers or service providers during this period.

NAME, FIRST NAME	SIGNATURE	DATE (YYYY/MM/DD)

Please note that it is your responsibility to ensure that you receive confirmation of receipt of your application and payment from Major Plan. Until the student receives confirmation of the addition of his or her dependents, Major Plan reserves the right to judge a student's eligibility. Contributions include, where applicable, premiums, administration fees, commissions, financial reserves and taxes that may be associated with the plan.