



@ [student@majorplan.ca](mailto:student@majorplan.ca)  
 ☎ 1 877-976-2567  
 🌐 [planmajor.ca/en](http://planmajor.ca/en)

This form is for students who wish to extend their coverage to their dependent children and/or spouse. 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 eligible documents for your dependents. Please ensure that you have them in hand and can provide them to us within 10 business days. If the supporting documents are not received within this timeframe, your request to add a dependent may be refused. Also, it's important to contact Plan Major to find out the membership fee that applies to your situation, to confirm your eligibility, and the dates of the modification period specific to your student association.

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](mailto: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
EDUCATIONAL INSTITUTION		CERTIFICATE NUMBER*
ADDRESS		CITY
PROVINCE	POSTAL CODE	DATE OF BIRTH (YYYY/MM/DD)
PHONE NUMBER	EMAIL ADDRESS	

\*Your certificate number corresponds to your student number or Code Major or truncated DA. Check your student association page on [planmajor.ca/en](http://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
NAME, FIRST NAME	DATE OF BIRTH (YYYY/MM/DD)	GENDER M F

## Information on dependents (continued)

NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH (YYYY/MM/DD) <input type="text"/>	GENDER M F
NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH (YYYY/MM/DD) <input type="text"/>	GENDER M F
NAME, FIRST NAME <input type="text"/>	DATE OF BIRTH (YYYY/MM/DD) <input type="text"/>	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 the documents to support my request. Major Plan reserves the right to verify eligible documents for 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 must be received no later than 12 working days following confirmation by the Major Plan team of the amount of the membership fee to be paid. I understand that if payment is not received within this timeframe, my application will be cancelled without 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 <input type="text"/>	DATE (YYYY/MM/DD) <input type="text"/>
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## 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.

SIGNATURE <input type="text"/>	DATE (YYYY/MM/DD) <input type="text"/>
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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.

SIGNATURE <input type="text"/>	DATE (YYYY/MM/DD) <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 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.*