Major Plan.
The simple truth.

Coverage Modification
Request to add dependents

student@majorplan.ca
1 877-976-2567
planmajor.ca/en

This form is intended for students who wish to extend their coverage to their dependent children and/or spouse. Please refer to the eligibility requirements under "Authorizations and declarations" at the bottom of the form.

Important

Your dependents' coverage will end on August 31. Please note that in the fall, if you are still a student and would like your dependents to retain coverage, you will need to send us this form along with the contribution payment during your plan modification period.

Continuing education specifications

This form extends your plan coverage to your family members for up to 12 months. After the initial coverage, if you maintain student status, you will need to send us this form along with the premium payment for your family members to maintain coverage.

Procedure

1. Find out about the annual subscription fee on your student association's page ⊕ **planmajor.ca/en**.
2. Complete and sign the form.
3. Send form to **student@majorplan.ca**.
4. Our team will then analyze your application and contact you within 5 business days. Wait for confirmation from a member of our team to find out how much to pay and how to pay.
5. Once payment has been made, an e-mail confirmation will be sent to you within 7 working days, confirming that your request has been registered. **Please keep this e-mail**.

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

E-MAIL ADDRESS

**To find out your certificate number, visit your student association's page on planmajor.ca.*

Information on dependents

NAME	FIRST NAME	LINK		DATE OF BIRTH		
		SPOUSE	CHILD	YEAR	MONTH	DAY
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

See 2nd page →

Authorization and signature required from adult dependents (spouse and/or child(ren))

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

SURNAME, FIRST NAME (OF SPOUSE OR ADULT CHILD)	SIGNATURE (OF SPOUSE OR ADULT CHILD)	DATE (YYYY/MM/DD)

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

SURNAME, FIRST NAME (OF SPOUSE OR ADULT CHILD)	SIGNATURE (OF SPOUSE OR ADULT CHILD)	DATE (YYYY/MM/DD)

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

SURNAME, FIRST NAME (OF SPOUSE OR ADULT CHILD)	SIGNATURE (OF SPOUSE OR ADULT CHILD)	DATE (YYYY/MM/DD)

Authorization and declaration

☐ I declare that my dependent spouse meets 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 cohabiting for at least 12 consecutive months and designated as a de facto union in the "Declaration of Marital Status" on a government form, and who has not been separated for 90 days or more due to the breakdown of their union;
- a person who is living in a conjugal relationship with the student, who has had a child with the student and who has not been separated from the student for 90 days or more due to a breakdown in their relationship.

☐ I declare that my dependent children meet the following conditions:
- be over 24 hours and under 21 years of age, be single and not working more than 20 hours per week, and be dependent on the member or the member's spouse for support;
- be between the ages of 21 and 25 inclusively, attend a recognized educational institution and be registered as a full-time student.

○ I understand that after age 21, proof of full-time school attendance is required to add your child to the coverage and that it remains active.

☐ I confirm that, at the time of submitting my form, I have the documents proving the status of my dependents and/or my spouse, and that I can provide them to Major Plan. Major Plan reserves the right to verify and validate these documents at any time.

☐ I understand that I will have 10 days to provide the documents required by the insurer and that if the conditions are not met, the coverage of my family members may be deactivated **without the possibility of a premium refund. Any refunds received for claims must be returned to Major Plan**.

☐ I understand that in the event I cancel the extension of coverage and/or the addition of dependents 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 10 days following confirmation by the Major Plan team and before the end 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.

Signature

By signing this form, I certify that the information and declarations are true and that in case of doubt, it is my responsibility to contact Plan Major to validate the eligibility of my dependents/spouse.

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 Plan Major. Until the member receives confirmation of the addition of his or her dependents, Plan Major 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.