Beneplan Inc

500-150 Ferrand Drive · Toronto · ON · M3C 3E5
Tel: 416-863-6718 · Fax: 416-863-5157 · Toll free: 1800-387-1670

Group Benefits STUDENT ELIGIBILITY Form

Employee

Employer:	**Certificate:**
Last name:	**First name:**

Dependant

Last name:	**First name:**	**Birth date:** (yyyy/mm/dd)	
School name:			
School address:			
Status: ☐ Full-time ☐ Part-time ☐ Correspondence ☐ Co-op	**Start date:** (yyyy/mm/dd)	**End date:** (yyyy/mm/dd)	**Graduating:** ☐ Yes ☐ No ☐ Unknown

Note: If student not graduating on end date, another "Student Eligibility" form will be required to continue benefits.

Declaration

I declare that the information provided here is true, complete and accurate. A copy of this authorization shall be considered as valid as the original.

Employee signature: **Dated:** (yyyy/mm/dd)

Employer signature: **Dated:** (yyyy/mm/dd)