



OTIP Benefits Services
 125 Northfield Drive West
 PO Box 218
 Waterloo ON N2J 3Z9
 1.866.783.6847
 www.otipservices.com

Overage Dependant Student Form

Basic Personal Information (Must be completed by Member)

Name (Last, First and Middle Initial)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (Number, Street and Apt.)			Indicate membership of:	
City	Prov.	Postal Code	<input type="checkbox"/> ETFO	<input type="checkbox"/> Administration
			<input type="checkbox"/> OECTA Elementary	<input type="checkbox"/> Clerical
			<input type="checkbox"/> OECTA Secondary	<input type="checkbox"/> Retiree
Home Telephone Number ()	Work Telephone Number ()		<input type="checkbox"/> OSSTF	<input type="checkbox"/> Tradesperson
E-mail Address			Date of Birth (mm/dd/yyyy)	
School Board			Plan Number	Identification Number

Dependant Student Information

You are required to complete this form **each school year for every dependant student** who is over the maximum age listed in your benefits contract as outlined in your benefits booklet and who meets all of the criteria defining an overage dependant student.

Your benefits contract defines an overage dependant student as a person who is:

- ▶ you or your spouse's natural, legally adopted, step or foster child,
- ▶ in full-time attendance at an accredited educational institution,
- ▶ unmarried,
- ▶ not engaged in full-time employment, and
- ▶ dependent on you or your spouse for financial support.

Once completed, this form should be forwarded to OTIP Benefits Services.

The student(s) listed below is/are enrolled for the school year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____.

Last Name	First Name	Gender	Date of Birth (mm/dd/yyyy)	Name of school(s) attending

Agreement, Acknowledgement and Authorization

I certify that the information provided about me and my dependants in this form is true and complete. I consent to the collection and use of the above personal information for the purpose of benefits administration.

Member's Signature X _____ Date (mm/dd/yyyy) _____