BROCK UNIVERSITY
EXTENDED HEALTH AND DENTAL BENEFITS
DEPENDANT ENROLLMENT/CHANGE FORM

EMPLOYEE INFORMATION:

EMPLOYEE'S SURNAME	FIRST NAME	BROCK I.D. #
_____	_____	_____

SPOUSE* INFORMATION:

ADD	CHANGE	DELETE
☐	☐	☐
SPOUSE'S SURNAME	**FIRST NAME**	**DATE OF BIRTH** (MM/DD/YY)
_____	_____	_____

Gender: MALE/FEMALE

Coordination of Benefits*
Does your spouse have other benefit coverage? Yes No
If the answer is yes, is the coverage single or family? Single Family

CHILDREN* INFORMATION:

ADD	CHANGE	DELETE
☐	☐	☐
CHILD'S SURNAME	**FIRST NAME**	**DATE OF BIRTH** (MM/DD/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship: SON/DAUGHTER **Handicapped:** Yes No
If child is nearing or over the age of 21 and under the age of 25, you are required to complete the "Overage Dependant Form" located on the Human Resources website (http://www.brocku.ca/hr-ehs/hrehs-forms).

By signing this enrollment form and providing this above information to Brock University, I agree the information is complete and accurate to the best of my knowledge. **The intentional falsification, misrepresentation or omission of information related to benefit eligibility may result in the re-payment of benefits paid for a person who was not an eligible dependant.**

_____ _____
Employee Signature Date

*for the definition of dependants and coordination of benefits please see reverse

DEFINITIONS

DEPENDANT:

a) your spouse, if you are legally married or if not legally married, you have lived in a common-law relationship for more than 1 year. Only one spouse will be considered at any time as being covered;

b) your unmarried child under age 21;

c) your unmarried child between the ages of 21 and under age 25, if enrolled and in full time attendance at an accredited college, university or educational institute;

d) your unmarried child (regardless of age) who became totally disabled while eligible under b) or c) above, and has been continuously so disabled since that time and is considered a dependent as defined under the Income Tax Act, also qualify as a dependant.

Your child (you or your spouse's natural, legally adopted or stepchildren) must reside with you in a parent-child relationship or be dependent upon you (or both) and not regularly employed.

Children who are in full time attendance at an accredited school do not have to reside with you or attend school in Ontario. If the school is in another province or country, you must apply to OHIP for an extension of OHIP coverage to ensure your child continues to be covered under a provincial health insurance plan.

COORDINATION OF BENEFITS:

If your spouse has coverage under another benefit plan, your spouse must first submit claims to his/her benefit plan. Any remaining balances may be submitted under your Green Shield plan.

When dependant children are covered under both parents, use the following order to determine where to first submit claims:

- the plan of the parent whose birth date (month and day) occurs earliest in the calendar year;
- the plan of the parent whose first name begins with the earlier letter of the alphabet (if parents have same date of birth).