

DEPENDENT INFORMATION CHILD OPTIONAL LIFE INSURANCE ACCIDENTAL DEATH & DISMEMBERMENT

Member Name			
Name of School Board			
Policy Number(s)	175361	OPC #	Employee ID
Dependent Information (for Child Optional Term Life Insurance and/or Term Accidental Death and Dismemberment {family coverage})			
Dependent Name (Surname, First Name)	Date of Birth (YYYY/MM/DD)	Gender	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
_____		<input type="checkbox"/> Female <input type="checkbox"/> Male	

Member Signature: _____ Date: _____

Please return completed form via:
 Fax: 1-866-445-9249 or Email: opcbenefits@principals.ca

For Internal Use Only
 Effective Date: _____