

DECLARATION OF STUDENT ELIGIBILITY PENSION

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COMPLETE THIS FORM IF YOU HAVE DEPENDENT CHILDREN OVER THE AGE OF EIGHTEEN (18) BUT UNDER TWENTY-FIVE (25) YEARS OF AGE. THEY MAY BE ELIGIBLE TO RECEIVE A SURVIVOR BENEFIT UNDER THE NEBS PLAN. TO BE ELIGIBLE, THE MEMBER'S CHILD MUST BE IN FULL-TIME ATTENDANCE AT AN ACCREDITED UNIVERSITY OR SIMILAR INSTITUTION, NOT BE WORKING ON A FULL-TIME BASIS AND BE FINANCIALLY DEPENDENT ON THE MEMBER. TO REMAIN ELIGIBLE THE FOLLOWING DECLARATION MUST BE COMPLETED EACH YEAR.

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

MEMBER INFORMATION			
Member Last Name:	Member First Name:		
Employer Name:	Member SIN:		
DEPENDENT INFORMATION			
Dependent Last Name:	Dependent First Name:		Birth Date: dd / mm / yyyy
Student's Mailing Full Address:		•	
Name of University, College, or School	ol:		
Registrar Phone No.		Registrar Fax No.	
Registrar Address:			
Program Enrolled:			
Length of Program:	Student Status (Full Time, etc.):		
Semester Start Date:	d / mm / yyyy	Semester End Date:	dd / mm / yyyy
Will student be graduating at the end	of the semester indic	cated above?	
NOTE: DECLARATION MUST BE PROV	VIDED PRIOR TO EACH	SEMESTER THE DEPEND	ENT ATTENDS SCHOOL
AUTHORIZATION			
	lity, accuracy and sec		ee Benefits Services (NEBS) is committed rmation that it collects, uses, retains and
I declare that the information contain	ned herein is true, con	nplete and accurate.	
Printed Name of Institution Represen	tative (Registrar, Prin	cipal, Vice Principal)	
Signature of Institution Representative	ve	 Date	