NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᓕᕐᑕᒃᑐᖅ ᐃᑲᓴᓕᕐᓂᖅ ᐃᓄᐃᑦ ᐱᓕᕆᔨᒃᑯᑦ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

DECLARATION OF STUDENT ELIGIBILITY PENSION

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: _____

Registrar Phone No. _____ Registrar Fax No. _____

Registrar Address: _____

Program Enrolled: _____

Length of Program: _____ Student Status (Full Time, etc.): _____

Semester Start Date: dd / mm / yyyy Semester End Date: dd / mm / yyyy

Will student be graduating at the end of the semester indicated above? _____

NOTE: DECLARATION MUST BE PROVIDED PRIOR TO EACH SEMESTER THE DEPENDENT ATTENDS SCHOOL

AUTHORIZATION

NORTHERN EMPLOYEE BENEFITS SERVICES PRIVACY STATEMENT: Northern Employee Benefits Services (NEBS) is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I declare that the information contained herein is true, complete and accurate.

_____
Printed Name of Institution Representative (Registrar, Principal, Vice Principal)

_____ _____
Signature of Institution Representative Date