



UNIVERSITY OF NEW BRUNSWICK
GROUP SUPPLEMENTARY HEALTH AND/OR DENTAL PLAN
OVERAGE DEPENDENT REGISTRATION

FOR THE ACADEMIC YEAR BEGINNING SEPTEMBER 1, 2021 AND ENDING AUGUST 31, 2022

A dependent child who is a full-time student at a recognized institution of learning is eligible for coverage as an **overage dependent from their 19th to 24th birthday** under the employee's Group Supplementary Health and/or Dental Plan.

PLEASE COMPLETE THIS FORM AND RETURN IT TO PEOPLE & CULTURE IF:

- a. You have a dependent child to be registered for overage dependent status under your Group Insurance Plans**
- OR**
- b. You have a dependent child who will be attaining age 19 during this Academic Year and will be attending a recognized institution of learning on a full-time basis.**

FIELDS IN RED ARE REQUIRED

Employee Name: _____ **Faculty/Dept.:** _____

Blue Cross Group Number: 3700 **Blue Cross Identification Number:**

More than one overage dependent may be enrolled on this form

Name of Student: _____ **Date of Birth:**
YYYY-MM-DD

Attending _____ **as a full time student.**

Name of Student: _____ **Date of Birth:**
YYYY-MM-DD

Attending _____ **as a full time student.**
 _____ **Name of School**

Name of Student: _____ **Date of Birth:**
YYYY-MM-DD

Attending _____ **as a full time student.**
 _____ **Name of School**

Name of Student: _____ **Date of Birth:**
YYYY-MM-DD

Attending _____ **as a full time student.**
 _____ **Name of School**

Comments:

Employee Signature: _____

Date: _____