



Confirmation of school attendance

Claims department

Toronto
P.O. Box 4105, Postal Station A
Toronto, Ontario M5W 2P4

Montréal
P.O. Box 4002, Postal Station B
Montréal, Québec H3B 4M2

I Administrative information				
Participant surname	Given name(s)	Initial	Policy no.	Certificate no.
Sir/Madam, Children who have reached the first age limit specified under your plan must be registered as full-time students in order to be covered. If your child was registered as a full-time student, please complete section II of this form and forward it to our office.				
II Confirmation of school attendance <i>(dependent children who have reached the first age limit)</i>				
<i>This section is to be completed only if your dependent children are older than the age limit specified under your plan and attending a recognized school establishment, on a full time basis.</i>				
Complete name		Date of birth (YYYY / MM / DD)	Gender M F	Confirmation of school attendance Name of educational institution and attendance period
Surname	Given name(s)	/ /	<input type="checkbox"/> <input type="checkbox"/>	Name
				Telephone no. ()
				Start (YYYY / MM / DD) End
Surname	Given name(s)	/ /	<input type="checkbox"/> <input type="checkbox"/>	Name
				Telephone no. ()
				Start (YYYY / MM / DD) End
Surname	Given name(s)	/ /	<input type="checkbox"/> <input type="checkbox"/>	Name
				Telephone no. ()
				Start (YYYY / MM / DD) End
Surname	Given name(s)	/ /	<input type="checkbox"/> <input type="checkbox"/>	Name
				Telephone no. ()
				Start (YYYY / MM / DD) End
The Standard Life Assurance Company of Canada reserves the right to confirm student status with the educational institution.				
Participant signature			Date (YYYY/MM/DD)	
			/ /	
For Standard Life use only			Date received (YYYY/MM/DD)	
			/ /	