Add Dependants Form

CAPE BRETON UNIVERSITY STUDENTS' UNION

Fall Semester: _____ Winter Semester: _____

Student Information

All information is mandatory:

First name: _____ Last name: _____

Student ID Number: _____ Date of Birth (YYYY/MM/DD): _____/____/____

School issued email: _____

Phone Number: _____

Add Dependants (optional)

If you choose to add your eligible spouse and/or dependant children to the CBUSU Plan, you must complete the required form each year, **online at studentbenefits.ca**.

Dependant's benefits will become active after the payment is received by the Administrator. You will be charged one time only, to add your dependant(s) regardless of the number of dependants.

Dependant's Last Name	**Dependant's First Name**	**Relationship to Member**	**Date of Birth** (YYYY/MM/DD)	**Opting in to:**
				Health: ___ Yes ____No Dental: ___ Yes ____No
				Health: ___ Yes ____No Dental: ___ Yes ____No
				Health: ___ Yes ____No Dental: ___ Yes ____No
				Health: ___ Yes ____No Dental: ___ Yes ____No

When adding dependants: you must submit this form to the SU Office, and pay the applicable fees. You must complete this process by the applicable deadline. To see applicable fees, visit **studentbenefits.ca**.

Authorization

On Behalf Of Myself and My Dependants (if applicable):

- I hereby confirm that the information contained in this form is true and complete to the best of my knowledge.
- I understand that personal information may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.
- I acknowledge my request to add my family to my Health and/or Dental Plan for the duration of my current eligibility period is dependent upon my participation in the Plan(s). I acknowledge the add dependant request must be completed annually.

Signature: _____ Date: _____