

Confirmation of Dependant Eligibility

An Employee's natural child, legally adopted child, or stepchild is covered under Life – A Benefit Plan for First Nations:

- a) is unmarried;
- b) is not employed on a full-time basis;
- c) is not eligible for insurance as an employee under this or any other group policy;
and
- d) is either under 21 years of age, or, if a full-time student at an accredited school, college or university, under 26 years of age.
- e) is under the Employee's care, and the Employee provides proof of receiving government financial support (i.e. Canada Child Tax Benefit), or the Employee is recognized in writing as the Guardian by their home community.

Employer Name: _____ Contract #: _____

Employee Name: _____ Certificate #: _____

Child's Name: _____

Date of Birth: _____ Non-Status/Status: _____

Effective Date of Addition: _____ New Class Code (if applicable): _____

- Legal Documentation of adoption is attached
- Proof of government financial support is attached (i.e. Child Tax Benefit)
- Confirmation from Community Official is below

I hereby certify that the above noted child is under the guardianship of the above noted employee, and is seen as the Guardian within our Community.

Community Official Signature: _____ Date: _____

Name Printed: _____ Title: _____

Employee Signature: _____ Date: _____

Return to:

Life Benefit Solutions Inc.
Unit #100 – 6 Roslyn Road
Winnipeg, MB R3L 0G5