

PLEASE WRITE CLEARLY AND LEGIBLY !

DEPENDENT SIGN UP SHEET CUPE 3906 DENTAL PLAN

Policy No.	Division No.	Certificate No. (STUDENT NO.)	Last Name	First Name	Date of Birth	Sex	Spouse (S) or Dep. (D)	Disabled (Y or N)	Overage Dep. (Y or N)	Overage Approved	Status (T or A)	Status Eff. Date
97528	1	15564	SMITH	ROBERTA	19750528	F	S	N	N		A	19600101
97528	1	15564	SMITH	KEVIN	20010327	M	D	N	N		A	19960801
					(yyyymmdd)							(yyyymmdd)

EXAMPLE

Please enter *Your* DEPENDENT Information below in the above EXAMPLE format

97528	1											
97528	1											
97528	1											
97528	1											
97528	1											

EXPLANATION

1	POLICY NO. and DIVISION NO. are always the same
2	CERTIFICATE NUMBER - please enter your McMaster University STUDENT number. If you don't have a student number, enter EMPLOYEE number.
3	DISABLED - YES OR NO - if you have a <i>disabled</i> child <i>over</i> 21 years living at home enter Y(es), otherwise N(o).
4	OVERAGE DEP. - if you have a dependent child <i>over</i> 21 years of age, still attending school full time, please enter Y(es), otherwise N(o).
5	OVERAGE APP. - leave blank / empty
6	STATUS - if <i>you</i> are on the plan then your Dependents are A (ctive). T (erminated) will be applied for reporting purposes once you cease to be on the plan.
7	STATUS EFF. DATE- In most cases this will be same date your coverage was effective, UNLESS your status (Married/ Common Law) changed AFTER your original effective date. If this is the case - for Dependents use date of Marriage or CL co-habitation for Status Eff. Date.

IF YOU NEED MORE SPACE THAN IS AVAILABLE ABOVE , PLEASE USE SPACE BELOW TO PROVIDE DETAILS - OR EXPLANATION.