



**Complete Form Online, Print  
and Return to Human Resources**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

**Certificate Number/Employee ID:** \_\_\_\_\_ **Policy No. 08490**  
(From Blue Cross Card or Paystub)

Who should apply:-

Employees covered under the StFX health and dental plans with an overage dependent between the ages of 21 and 25 who is attending an accredited institution, college or university on a full-time basis.

**\*NOTE: Over-age dependents have to register EVERY YEAR to ensure continued coverage.**

- Overage coverage is for the period September to August each year.
- Employees must apply for continued coverage each August for qualified dependent(s).
- New overage dependent cards will be issued annually.
- Use separate form for additional dependents.
- **Completed form must be returned to [Benefits@Stfx.ca](mailto:Benefits@Stfx.ca).**

Dependent Name: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_  
Day Month Year

Name of School: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_  
Day Month Year

Name of School: \_\_\_\_\_

**THIS IS TO CERTIFY THAT THE ABOVE NAMED DEPENDENT IS A FULL-TIME STUDENT FOR  
THE CURRENT ACADEMIC YEAR**

Date Submitted: \_\_\_\_\_