



Overage Dependent

Annual Student Declaration for 2026/27 School Year

Complete this form (one form per child) if you have a child on your plan who is over 21, and:

- Unmarried / not living in a common-law relationship; and
- Works less than 30 hours per week on a regular basis; and
- For the next school term, will be attending an accredited school on a full-time basis , as defined by Canada Revenue Agency

To avoid disruption in coverage, return to us by August 21. Coverage will be extended to earlier of August 31 or the date the child reaches the maximum age on your plan.

If your child is over 21 and does not meet these criteria, no action on your part is required. Coverage for the child will end on the earlier of August 31 or the date the child reaches your plan's maximum age.

Company Name* (when applicable)	Client Code/Billing Group
Member Legal Name*	Certificate ID Number
Child's Legal Name*	Child's Date of Birth (mm/dd/yyyy)*
Name of Educational Institution*	Location of Education Institute** (City, Country)*
Start of school term (month, year)*	End of school term (month, year)*
Please provide a phone number where we can reach you during business hours, and/or an email address, in case we need to contact you about this Declaration.*	

I confirm that the information provided here is complete and accurate.*	
Date (mm/dd/yyyy)	Member signature

***Required**

** If located outside of Canada, check your booklet for coverage information, or contact us at 604.298.7752, or toll-free 888.298.7752.

Upload completed form in your ICBA Benefits online account, or return completed form to ICBA Benefits via email (indicate "Annual Student Declaration" in the Subject line), or by mail. If you email the form, do not also send the original by mail.

