



## Overage Dependent

### Annual Student Declaration for 2025/2026 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
- Working 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 15, 2025. Coverage will be extended to earlier of August 31, 2026, or the date the child reaches the maximum age of 25.

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, 2025 or the date the child reaches your plan's maximum age.

Company Name*	
Employee Name (first, last)*	Certificate No.*
Child's Name (first, last)*	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. <i>(Electronic signature is accepted)*</i>	
Date (mm/dd/yyyy)	Employee 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.

Return completed form via email to [benefits@mycibp.ca](mailto:benefits@mycibp.ca) (indicate "Annual Student Declaration" in the Subject line).

**The Construction Industry's Benefit Plan** - #800 - 13761 96th Avenue, Surrey, BC V3V 0E8

 604 298-8957 TF: 844 393-2334
  [benefits@mycibp.ca](mailto:benefits@mycibp.ca)
 [mycibp.ca](http://mycibp.ca)