

Canada Post Corporation Declaration of Hours of Attendance for Over-Age Dependents

Employee/Dependent Information

Employee ID:

Employee First Name:

Employee Last Name:

Student First Name:

Student Last Name:

Student Date of Birth:
day/month/year

Signature of Employee

Date

Confirmation of Attendance

Option One: Have your educational institution complete the information below.

Option Two: If your educational institution is unable to complete this section of the form, you may provide a copy of the **official** timetable/class schedule to prove the number of hours of attendance each week. Please complete the areas below and attach the timetable to this form **Ensure that the student's name, the date or semester, and the number of hours of attendance are clearly indicated.**

Name of Educational Institution:

First day of studies of current school year:
day/month/year

Last day of studies of current school year:
day/month/year

Over-age dependent student must be registered and attend an accredited college, university or other federally recognized post-secondary institution for a minimum of **12 hours per week** to be eligible to participate in Canada Post's Benefits Programs.

of hours in attendance per week

OR

For Graduate and Post-Graduate Students: due to the nature of these programs, proof of full-time registration is sufficient, regardless of the number of hours of class attended.

Check if Full-Time **Graduate or Post-Graduate** Student

Name of Authorized Person (if option 1 above is selected)

Signature

Title

Telephone Number

Date

Please return form to:

Great-West Life
Group Electronic Enrollment, 4 South
PO Box 6000, Station Main
Winnipeg, MB R3C 3A5
1-866-716-1313