

IMPORTANT

For your file to be processed, your signature is required on the back of this form.

Please write in block letters.

1. IDENTIFICATION OF THE INSURED

Last name		First name	
Date of birth (YYYY-MM-DD)	CCQ client no.	Telephone no.	

2. IDENTIFICATION OF DEPENDENT CHILD

Last name		First name	
Date of birth (YYYY-MM-DD)	Does the child have a spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of start of cohabitation (YYYY-MM-DD)	

3. CHANGE IN ACADEMIC STATUS

The child has ceased to attend			
Name of educational institution			
<input type="checkbox"/> Abandonment	Termination date (YYYY-MM-DD)	<input type="checkbox"/> Part-time studies	Date of change (YYYY-MM-DD)
Signature of dependent child		Date (YYYY-MM-DD)	

4. REGISTRATION AND AUTHORIZATION

The dependent child is registered at		
Name of educational institution	Start date of semester (YYYY-MM-DD)	End date of semester (YYYY-MM-DD)
<p>The student authorizes the above-mentioned educational institution to transmit all information necessary to confirm his student status and registration for courses to the Commission de la construction du Québec (CCQ).</p> <p>This authorization is valid as long as he attends the educational institution and it remains in effect beyond this period for date verification purposes. A photocopy of this authorization has the same value as the original.</p>		
Signature of dependent child		Date (YYYY-MM-DD)

5. CONFIRMATION OF SCHOOL ATTENDANCE

To be filled out by the educational institution after the start of the semester concerned			
(Name of student) is registered at our institution as a student		Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	SEAL
For the period from (YYYY-MM-DD)	to (YYYY-MM-DD)		
Name of educational institution			
No.	Street	City	
Province	Postal code	Telephone no.	Extension
Signature of the person authorized by the educational institution		Date (YYYY-MM-DD)	

6. SIGNATURE OF THE INSURED

- I declare that all the information given in this form is accurate.
- I declare that I have authorization from my dependents to disclose or receive information about them concerning their benefits claims. My dependents understand that this information will be seen by me and be used by the CCQ for the purpose of managing and administering my plan.
- I agree to inform the CCQ if there is a change in situation that involves the eligibility of my dependents (e.g., cessation of cohabitation with my spouse following failure of the union, dropping out of school, end of studies or change in matrimonial status of my adult dependent child).
- I understand that the CCQ may reject a claim for a dependent following a false declaration or an omission to update the information concerning that dependent. I also understand that the CCQ may, if applicable, claim back from me directly all money that it has paid related to such a claim or consider that it is an excess payment that it may deduct from my future claims.

Signature of the insured

Date (YYYY-MM-DD)

Please return this form and the documentation, if applicable, to this address:

- By mail: Commission de la construction du Québec
Case postale 2414, succursale Chabanel
Montréal (Québec) H2N 0C8
- By fax: 514 341-4468

Eligibility of a child

If your child has never been recognized as a dependent in your file, you must first fill out the form “Declaration or updating of dependents.”

Child is aged between:	Document to provide
18 and 21 years	This form is optional. We may, however, ask you for documentation if we perform a random verification of your file. Note that you are obliged to notify us if your child no longer meets the eligibility conditions.
22 and 26 years	This form must be provided twice a year, or proof of school attendance may also be transmitted via the CCQ's online services, in the “MEDIC online” section. In general , subject to the start of the semester concerned: - The form supplied for the winter semester allows the child to be recognized from January to August. - The form supplied for the fall semester allows the child to be recognized from September to January. The form must be filled out by an authorized representative of the educational institution, after the beginning of the semester concerned.

End of the child's eligibility

- Dental insurance coverage ends on the day when the child turns 21 years of age, even if the child is attending an educational institution.
- A child who turns 26 years of age is no longer eligible for any coverage. That child's eligibility ends at the end of the semester during which he or she turns 26.

You must notify MÉDIC Construction of the following situations:

- Your child has been married or has been living with a spouse for at least 12 months
- Your child, aged between 18 and 26 years, stops school or becomes a part-time student according to the criteria of the educational institution. You may fill out this form or notify us through the CCQ's online services at sel.ccq.org, “MEDIC online” section.