

## INSTRUCTIONS

Retain a copy for your records.

**Email completed form to: [student\\_verification@cooperators.ca](mailto:student_verification@cooperators.ca) and ensure your plan administrator receives a copy**

## 1. GENERAL INFORMATION

Group \_\_\_\_\_ Account \_\_\_\_\_ Certificate \_\_\_\_\_

Group Name \_\_\_\_\_

Plan Member \_\_\_\_\_

First Name

Initial

Last Name

Dependent \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name

Initial

Last Name

MMM/DD/YYYY

## 2. ADD/REMOVE STUDENT COVERAGE

### Add Student Coverage

The above dependent is enrolled as a full-time student effective \_\_\_\_\_  
MMM/DD/YYYY

### Remove Student Coverage

The above dependent has completed their education or is no longer a full-time student effective \_\_\_\_\_  
MMM/DD/YYYY

## 3. PRIVACY

### Co-operators Life Insurance Company Privacy Statement

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca)

## 4. PLAN MEMBER SIGNATURE

I have read and understood the section entitled "Privacy" and I consent to the collection, use and disclosure of my personal information for the purposes stated. I hereby apply for group benefits coverage and authorize the deduction from my pay and remittance to Co-operators any contributions required under the group benefits plan. I hereby authorize the employer, group plan administrator, Co-operators or their agents, or any other person or organization having any relevant information regarding me, my spouse or dependents to release and exchange all information necessary for the purposes of determination of eligibility for benefits and administration of the group benefits plan. I confirm I am authorized to act on behalf of my spouse and/or dependents for such purposes. I declare that the information provided is true, complete and accurate. Any copy of this authorization shall be as valid as the original.

Plan Member Signature \_\_\_\_\_ Date \_\_\_\_\_

MMM/DD/YYYY