DEPENDANT WITH SPECIAL NEEDS ELIGIBILITY ATTESTATION

GreenShield™

SECTION 1 – TO BE COMPLETED BY THE PLAN MEMBER		
Plan Sponsor Name	**Contract Reference Code**	**Billing Division No.**
Plan Member ID No.	**Plan Member Full Name**	**Dependent Full Name**
CRA Disability Tax Credit Certificate? **Yes** ○ **No** ◉	**Dependent Date of Birth**	**Dependent Date of Disability**

SECTION 2 – ATTESTATION

I, _____, the undersigned, request the addition and/or continuation of coverage
(Name of Plan Member)

of, _____ as a ***Dependent with Special Needs*** to my GreenShield coverage.
(Name of Dependent)

I attest that my Dependent with Special Needs qualifies under the criteria defined by Canada Revenue Agency's Disability Tax Credit for a dependent age 18 and over. I attest that my dependent has physical or mental impairments and can be claimed by me under the Income Tax Act.

By signing this form I agree that the information provided is complete and accurate. Failure to disclose, or falsifying information, could result in denial of claims and the cancellation of my coverage.

Please read the complete attestation above and sign below to affirm. Once complete, please return it to your employer.

SECTION 3 – CONSENT & AUTHORIZATION

By signing below, you are providing your consent to GreenShield's collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to GreenShield at privacy.office@greenshield.ca, but, if you do so, GreenShield will no longer be able to administer your benefits plan and process your claims.

Plan Member's Signature _____ **Date** _____

Plan Administrator's Signature _____ **Date** _____

SECTION 4 – PLAN SPONSOR INSTRUCTIONS

Please email or fax this completed attestation to your GreenShield administration team with direction for enrolment/reinstatement of dependent.