PACIFIC FIRST Dental & Healthcare Plans®

Company Name

OVERAGE DEPENDENT DECLARATION

Once a dependent turns 21, to continue coverage we require notification that he/she is an unmarried child under the age of 25 who is attending a post-secondary educational institution on a full-time basis. Full-time requirement is a minimum of three (3) full time courses.

Dependent Child Eligibility is confirmed annually, even if the dependent is a returning student. Please complete one form for **each dependent child** over the age of 21 and under the age of 25.

Plan Number

Employee Name	
Dependent Name	Date of Birth (yyyy/mm/dd)
Name of Educational Institution	Location of Educational Institution
Start of School Term (yyyy/mm/dd)	End of School Term (yyyy/mm/dd)
It is imperative that we receive this information to e dependents.	nable us to adjudicate any claims for overage
Please return this form to Pacific First by mail, fax or e	email as per the information below.
I understand and agree that it is my responsibility to a should the dependent named cease to be eligible.	advise Pacific First Dental and Healthcare Plans
Employee Signature	Date (yyyy/mm/dd)