



IBEW LOCAL 353 Pension & Benefit Plans

Declaration of Attendance
at Post Secondary Institution

This form must be completed each year to continue coverage for a child who is over age 21 and under age 25, and studying full-time at an approved post-secondary institution. The child must be your own or your spouse's natural, adopted, stepchild or legal ward who is unmarried and dependent on you. Benefits may not be paid out until this form is completed, dated, signed and returned to TEIBAS for processing (mail, fax, or scan and email). If you prefer, you may provide TEIBAS with a letter from the school on official letterhead confirming that your child is attending classes full-time.

Part A – to be completed by the member **Part B** – to be completed by the student **Part C** – to be completed by the post-secondary institution

Part A – Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN) - (optional)	PIN – 10-digit number found on drug card	
Last Name	First Name	Middle Initial(s)

Part B - Student Information (please print clearly in ink)

Last Name	First Name	Middle Initial(s)
Date of Birth (DD/MM/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Post-Secondary Institution	When do you expect to complete your studies? (DD/MM/YYYY)	

By signing below, I (the student) certify that the information on this page is correct, and that I will notify TEIBAS if I **interrupt or stop attending** my post-secondary institution for any reason.

Student Signature: _____

Date: _____ (DD/MM/YYYY)

Part C – Post-Secondary Institution Information (to be completed by the post-secondary institution)

Name of Post-Secondary Institution	Program	
Full Address		
City	Province	Postal Code
<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Co-Operative Program <input type="checkbox"/> Part-Time Student	Enrolled from (DD/MM/YYYY)	Enrolled to (DD/MM/YYYY)
Name of Authorized School Official	Title of Official	

To the best of our knowledge, the above information is correct.

Signature of Authorized School Official

Date (DD/MM/YYYY)

School Stamp/Seal

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form, including information about my named beneficiary(ies), is correct and accurate to the best of my knowledge.

Member Signature: _____

Date: _____ (DD/MM/YYYY)



Mail, fax, or scan and email to: members@teibas.com

TEIBAS | 110 Sheppard Avenue East | Suite 705 | Toronto ON, M2N 6Y8

Phone 416-637-6789 | Toll-free 1-800-267-0602 | Fax 416-637-6790 | www.teibas.com