teibas
TORONTO ELECTRICAL INDUSTRY BENEFIT ADMINISTRATION SERVICES

IBEW LOCAL 353 PENSION & BENEFIT PLANS

Declaration of Attendance at Post-Secondary Institution

Mail, fax, or scan and email to TEIBAS. See contact information at end of this Form.

This form must be completed each year to continue coverage for a dependant who is over age 21 and under age 25, and studying full-time at an approved post-secondary institution. The dependant must be your own and/or your spouse's natural, adopted, stepchild, or legal ward who is unmarried and dependant on you. Benefits may not be paid out until this form is completed, dated, signed and returned to TEIBAS for processing. Alternatively, you may provide TEIBAS with a letter from the school on official letterhead confirming that your child is attending classes full-time. If you have any questions related to this form you can email us at members@teibas.com or call us at 416-637-6789 or toll-free at 1-800-267-0602.

SECTION 1: COMPLETE BY MEMBER | **SECTION 2: COMPLETE BY STUDENT** | **SECTION 3: COMPLETE BY POST-SECONDARY INSTITUTION**

1. MEMBER INFORMATION: REQUIRED

Social Insurance No. (SIN): (optional)

PIN – 10-digit number on drug card:

Last Name:

First Name:

Middle Initial(s):

Apartment No.:

Address:

City:

Province:

Postal Code:

Home Phone:

Alternate Phone:

Email Address:

Date of Birth: (DD/MM/YYYY)

Gender: ❍ Male ❍ Female ❍ X

Marital Status: ❍ Single ❍ Married ❍ Common-Law ❍ Separated/Divorced

2. STUDENT INFORMATION: REQUIRED

Last Name:

First Name:

Middle Initial(s):

Date of Birth: (DD/MM/YYYY)

Gender: ❍ Male ❍ Female ❍ X

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.

Signature: _____ Date: _____ (DD/MM/YYYY)

3. STUDENT INFORMATION: REQUIRED

Name of Post-Secondary Institution:

Program:

Full Address:

City:

Province:

Postal Code:

❍ Full-Time Student ❍ Co-Operative Program ❍ 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.

School Stamp/Seal

Signature: _____ Date: _____
Authorized School Official (DD/MM/YYYY)

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, is correct and accurate to the best of my knowledge.

Member Signature: _____ Date: (DD/MM/YYYY) _____

Please send your completed and signed form to TEIBAS via mail, fax, or scan and email. See contact information below.

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