

**Confirmation of School Attendance**
**CLAIMS DEPARTMENT**
**MONTRÉAL**  
 P.O. BOX 4002, POSTAL STATION B  
 MONTRÉAL, QUÉBEC H3B 4M2

**TORONTO**  
 P.O. BOX 4105, POSTAL STATION A  
 TORONTO, ONTARIO M5W 2P4

**I Administrative information**

Participant surname	Given name(s)	Policy no.	Certificate no.
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Sir/Madam,

Children who have reached the first age limit specified under your plan must be registered as full-time students in order to be covered.

If your child was registered as a full-time student, please complete section II of this form and forward it to our office.

**II Confirmation of school attendance** *(dependent children who have reached the first age limit)*
*This section is to be completed only if your dependent children are older than the age limit specified under your plan and attending a recognized school establishment, on a full time basis.*

Given name(s)	Name of educational institution attended on a full-time basis	Attendance period		Telephone no. of institution
		Start (YYY/MM/DD)	End (YYY/MM/DD)	
		/ /	/ /	( )
		/ /	/ /	( )
		/ /	/ /	( )
		/ /	/ /	( )

**The Standard Life Assurance Company of Canada** reserves the right to confirm student status with the educational institution.

Participant signature	Date (YYY/MM/DD)
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For Standard Life use only

Date received (YYY/MM/DD)

We thank you in advance for your kind cooperation