

**CONFIRMATION OF ATTENDANCE
AT A
POST-SECONDARY EDUCATIONAL INSTITUTION
FOR DEPENDENTS OVER AGE 21**

FOR SCHOOL YEAR SEPTEMBER 2013 – AUGUST 2014

CONTRACT #100793

Please complete this form for **EACH** dependent over age 21 who is in **full-time** attendance at a post-secondary institution.

Return the completed form to Mary Galway, Trio Benefits – either electronically to mgalway@triobenefits.ca or by fax to 1-888-584-6789, or by regular mail to:

Mary Galway
Manager, Risk and Insurance Programmes
Trio Benefits
460 Torbay Road, St. John's, NL A1A 5J3

Member Name:	
Employer Name (Municipality):	
Name of Overage Dependent:	
Date of Birth of Overage Dependent:	
Name of Post-Secondary Institution:	
Address of Post-Secondary Institution:	
I hereby confirm that the above named is my dependent child and is in full-time attendance at the aforementioned post-secondary institution for the school year commencing September 2013	Signature of Plan Member: _____ Date: _____