

| MAILING ADDRESS | INSTRUCTIONS |
|-----------------|--------------|
|-----------------|--------------|

Mail: Co-operators Life Insurance Company
Group Benefits Administration
1920 College Avenue
Regina SK S4P 1C4

Phone: 1-800-667-8464 Fax: (306) 761-7176

Verification of student status must be submitted by June 30th of each year of enrolment.

Retain a copy for your records.

1. GENERAL INFORMATION

Group _____ Account _____ Certificate _____

Group Name _____

Plan Member _____
First Name
Initial
Last Name

2. DEPENDENT INFORMATION

1. _____
First Name
Initial
Last Name
 Date of Birth _____
MMM/DD/YYYY

Student Status: Full-time Student is enrolled for the school year _____ and ending _____
MMM/DD/YYYY
MMM/DD/YYYY

Will student be graduating at the end of the school year indicated above? Yes No

2. _____
First Name
Initial
Last Name
 Date of Birth _____
MMM/DD/YYYY

Student Status: Full-time Student is enrolled for the school year _____ and ending _____
MMM/DD/YYYY
MMM/DD/YYYY

Will student be graduating at the end of the school year indicated above? Yes No

3. PRIVACY

CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT
 Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Co-operators Life Insurance Company will collect, use and disclose personal information about you, your spouse or dependents for the purposes of providing group benefit plan administration, underwriting and claim services. Only authorized personnel have access to your information, and our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. Your personal information may be collected by or transferred to a service provider outside of Canada for processing, storage, analysis or disaster recovery. You can find more details about Co-operators Life Insurance Company's privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact: The Co-operators Privacy Officer: Priory Square, Guelph ON N1H 6P8 Tel: 1-888-887-7773 email: privacy@cooperators.ca (please indicate Co-operators Life Insurance Company in your inquiry)

4. PLAN MEMBER SIGNATURE

I have read and understood the section entitled "Privacy" and I consent to the collection, use and disclosure of my personal information for the purposes stated. I hereby apply for group benefits coverage and authorize the deduction from my pay and remittance to Co-operators any contributions required under the group benefits plan. I hereby authorize the employer, group plan administrator, Co-operators or their agents, or any other person or organization having any relevant information regarding me, my spouse or dependents to release and exchange all information necessary for the purposes of determination of eligibility for benefits and administration of the group benefits plan. I confirm I am authorized to act on behalf of my spouse and/or dependents for such purposes. I declare that the information provided is true, complete and accurate. Any copy of this authorization shall be as valid as the original.

Plan Member Signature _____ Date _____
MMM/DD/YYYY