Out of Country coverage Notice Form for Child(ren) studying outside of Canada

Health Benefits Administration | Seventh-day Adventist Church in Canada
1148 King Street East, Oshawa, ON L1H 1H8 | 1-800-263-7868 or 905-433-3964 | Fax 905-433-3717

This form must be completed if you have any child(ren) under the age 21 who are attending school full-time outside of Canada.

You must inform Health Benefits right away regarding your child(ren) under the age 21 studying outside of Canada in order for their Out of Country Insurance coverage to be extended from 60 days coverage to 275 days of coverage. If Health Benefits is not informed, then that child(ren)'s Out of Country coverage is only going to be for only 60 days.

Plan Member Information

Member Last Name	First Name

Dependents Information

1. Dependent Last Name: ______ Dependent First Name: ______
   Name of Accredited School/College/University: ______ Length of Program: ______ Expected Graduation Date: ______
   Full Address of Accredited School: ______ Country: ______

2. Dependent Last Name: ______ Dependent First Name: ______
   Name of Accredited School/College/University: ______ Length of Program: ______ Expected Graduation Date: ______
   Full Address of Accredited School: ______ Country: ______

3. Dependent Last Name: ______ Dependent First Name: ______
   Name of Accredited School/College/University: ______ Length of Program: ______ Expected Graduation Date: ______
   Full Address of Accredited School: ______ Country: ______

4. Dependent Last Name: ______ Dependent First Name: ______
   Name of Accredited School/College/University: ______ Length of Program: ______ Expected Graduation Date: ______
   Full Address of Accredited School: ______ Country: ______

I certify that the above information is true, correct and complete to the best of my knowledge and confirm that I am authorized to act on behalf of my spouse and dependents when applying for coverage or for purposes of the ongoing administration of my health benefit plan. I also authorize Health Benefits Administration, healthcare providers, insurers, administrators of government, other benefit plans and other service providers working with Health Benefits Administration to exchange all required information, including the information on this application necessary to administer my health benefits plan.

Signature of Plan Member:	Date Signed (dd/mm/yyyy):

FORM FOR CHILD(REN) AGE 20 YRS OLD & UNDER ATTENDING SCHOOL OUTSIDE OF CANADA

Updated July 30, 2025