



CONFIRMATION OF SCHOOL ATTENDANCE
CINUP Group Insurance

Employee _____ Group insurance certificate number _____

Dependent child	Name and location of educational institution attended on a full-time basis	Attendance period	
		Start (MM / DD / YYYY)	End (MM / DD / YYYY)
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Children may be covered up to their 26th birthday if they are unmarried full-time students and wholly dependent on the Employee for support. Confirmation must be forwarded to MGI Financial Inc. each year for dependents over the age of 21 and under the age of 26 in order to be eligible for coverage.

Please note that full-time students attending school outside of Canada are not eligible for the Travel Health Benefits and the International Travel Assistance coverage.

I certify that all information contained herein is correct and agree to the Authorization and Consent statement attached to this form. If applying for coverage for my dependents, I confirm that I am authorized to act on their behalf.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

OFFICE USE ONLY	Date received: _____	Date entered: _____ <input type="checkbox"/>
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AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by MGI Financial Inc. and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me and my employer, and to manage the organization's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include the insurance carriers of my group insurance policy, licensed physicians and/or any other health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I understand why my personal information is needed and am aware of the risks and benefits or consenting or refusing to consent to its disclosure. For additional information regarding MGI Financial Inc.'s Group Benefits privacy policy I can contact MGI Financial at 204-786-0324 or privacy@mgiwealth.com should I have questions as to the collection, use or disclosure of my personal information.