

As an eligible plan member, you may be able to extend Dependent Life, Health Care, Prescription Drug, and Dental Care coverage for your dependents, provided they are residents of Canada and, where applicable, insured under the provincial/territorial plan or an equivalent. It is important to review your employee booklet to confirm the definition of a dependent under your policy.

Eligible dependents generally include one spouse and all qualifying dependent children, as defined below:

Legal or common-law spouse: A common-law spouse is a person living with you in a role like that of a marriage partner.

*Please check your employee booklet to confirm the cohabitation period required for common-law spouses.

Dependent child: Unmarried children under the age of 21 or under the age of 25/26 if they are attending school full-time.

*Please check your employee booklet to determine the complete eligibility requirements, including employment and student status for dependent children.

Children who are unable to support themselves due to a physical or mental disorder may qualify for continued coverage without age limitations, provided that the condition begins before age 21, or while they are a student (under age 25/26), with satisfactory medical evidence reviewed and approved by the insurance carrier.

Dependents with Existing Health and/or Dental Coverage

Employees with dependents covered under an existing benefit program, such as through a spouse's employer, may choose to insure their dependents for Health and Dental coverage under their plan or waive coverage, as long as the alternate coverage remains active and in force.

Those with coverage under multiple benefit plans must submit claims according to Coordination of Benefits guidelines, ensuring that the total reimbursement does not exceed the out-of-pocket expenses and reasonable and customary charges.

It is essential to enroll all eligible dependents during the initial benefits enrolment process, regardless of your participation in Health or Dental Care coverage. This allows for future enrolment in these benefits within 31 days of losing alternate coverage and helps to avoid unnecessary coverage limitations or administrative requirements.

** This is not a legal document, and is intended solely for informational purposes.*