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**Overage Dependent Attestation Form**

Employees can use this form to request the addition and/or continuation of benefits coverage for their eligible overage dependents aged 21, or older, who are not enrolled in post-secondary schooling, but remain financially dependent on them due to a documented disability.

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| --- | --- | --- |
| Employee First Name |  | |
| Employee Last Name |  | |
| Employee ID |  | Your ID is your 6 digit University of Waterloo employee ID number. This number can be found in Workday or on your pay stub. |

I request the addition and/or continuation of benefits coverage for the following overage dependent who is age 21, or older, and attest that they meet the below eligibility criteria as a disabled dependent (one form should be completed per eligible dependent):

|  |  |  |
| --- | --- | --- |
| First Name |  |  |
| Last Name |  |  |
| Date of Birth |  | MM/DD/YYYY |

|  |
| --- |
| Eligibility Criteria |
| This dependent is mentally or physically disabled and a disability tax credit for a dependent age 18 or over can be claimed by me under the Income Tax Act. |
| AND |
| This dependent is unmarried, unemployed, and financially dependent on me. |
| AND |
| This dependent lives with me or resides in an institution or group home. |
| OR |
| This dependent does not reside with me due to divorce or separation. |

By signing this form, I agree that the information provided is complete and accurate. Failure to disclose, or falsify information, could result in denial of claims and the cancellation of my coverage. I agree to notify Human Resources if my overage dependent no longer meets the above eligibility criteria so that my Workday record can be updated accordingly.

|  |  |  |
| --- | --- | --- |
| Employee Signature |  | |
| Date |  | MM/DD/YYYY |

Completed forms can be scanned and emailed to [hrhelp@uwaterloo.ca](mailto:hrhelp@uwaterloo.ca), sent through inter-campus mail, or dropped off at Human Resources Reception, East Campus 1.