

Head Office
May 31, 2007

To: Benefit Administrators / Human Resource Personnel

From: Alana Shearer-Kleefeld
Supervisor, Employee Benefits

Re: NEW! Dependent Verification Form

Enclosed please find a copy of the *Dependent Verification Form*.

SAHO Employee Benefits has been using this form in our administration of the updating student status at age 21 process. We will continue with the process of mailing a letter and a Dependent Verification Form to Plan Members just prior to their dependent child turning 21.

SAHO Employee Benefits is now making the Dependent Verification Form available to Employers as an alternative to the Employee Changing Information Form. If a Plan Member asks you for a form to update the information about their children you can provide them with **either** the Employee Changing Information Form or the Dependent Verification Form.

The Employee Changing Information Form is our preferred form because it gives the Plan Member an opportunity to update other information at the same time such as a name change, marital status change, or beneficiary change. However, the Dependent Verification Form will now offer you a “short-form” alternative when only dependent child information is being updated.

The new On-line Changing Information Form is another tool available for updating Plan Member information including spousal information and personal address changes.

If you have any questions about the Dependent Verification Form, or if you would like to order a supply, please call one of the SAHO Benefit Services Officers toll free at 1.866.278.2301 or in Regina at 306.347.5519. You may also email your questions to ebp@saho.org.

The Dependent Verification Form will also be available for print from pdf form at www.saho.org.





Dependent Verification Employee Benefits

1. Tell us about yourself

First Name:	Last Name:	Benefit ID:
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REMEMBER TO SIGN THE FORM IN SECTION 4 BEFORE RETURNING IT TO SAHO

2. Change of dependent child information

A Student is defined as a dependent child between the ages of 21 and 25 inclusive and in full time attendance at an accredited College or University.

Would you like to make a change to a dependent child? Yes <input type="checkbox"/> No <input type="checkbox"/>			Effective Date (dd/mm/yyyy)		
First Name	Last Name	Gender	Date of Birth (dd/mm/yyyy)	Mentally/ Physically Challenged	Student
		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/>	<input type="checkbox"/>
Name of College or University Student is attending:					

3. Remove a dependent child

Would you like to remove a dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Effective Date (dd/mm/yyyy):
First Name	Last Name	Date of Birth (dd/mm/yyyy)

4. Please sign and date below. Return the completed Dependent Verification Form to SAHO.

I hereby acknowledge that I have read and understand the conditions of the Employee Benefit Plans, as outlined in the Plans' commentaries, and confirm the options I have chosen above. I understand these benefits are subject to the terms of the Group Life Insurance Plan, Disability Income Plan, Core Dental Plan, Enhanced Dental Plan and Extended Health Care Plan, as applicable, sponsored by the Saskatchewan Association of Health Organizations.

By signing this Dependent Verification Form, I agree that the information provided is complete and accurate.

Your Signature:	Date: (dd/mm/yyyy)
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SAHO Employee Benefits is committed to protecting the privacy of your personal information. We collect and use your personal information to determine your eligibility for coverage and to administer the benefit plans. We limit access to your personal information to SAHO Employee Benefits staff, to any third party authorized by SAHO who requires it to administer your benefits, to persons to whom you have granted access, and to persons authorized by law.

Mail original copy of
completed form to:

SAHO Employee Benefits • 600-2002 Victoria Ave. • Regina, SK S4P 0R7 • Toll Free 1.866.278.2301 • E ebp@saho.org • www.saho.org