



**AMSC INSURANCE SERVICES LTD.**

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[www.amsc.ca](http://www.amsc.ca)

**OVERAGE STUDENT STATUS FORM**

**EMPLOYEE INFORMATION**

LAST NAME

GIVEN NAME

CERTIFICATE NUMBER

CONTRACT / POLICY NUMBER

NAME OF MUNICIPALITY/ORGANIZATION

DIVISION NUMBER


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**DEPENDENT INFORMATION**

LAST NAME

FIRST NAME

RELATIONSHIP TO EMPLOYEE (SON OR DAUGHTER)

DATE OF BIRTH (MONTH/DAY/YEAR)

NAME OF INSTITUTION

PROGRAM

SEMESTER / TERM DATES (MONTH/YEAR TO MONTH/YEAR)


Please return this form to the AMSC office by mail or fax **(780) 409-9472**, along with a copy of Proof of Registration (photocopies of the student I.D. card, or class schedule that shows the name of both the institution and the student and includes semester dates) at the start of the school term.

**(Coverage ceases on the student's 25<sup>th</sup> birthday).**