



NUTRECO CANADA INC

Declaration of Student Status

Employee name: ----- Benefit ID#:-----

I hereby declare that: -----D.OB:-----
(Name of child to be printed in full)

Is a full-time student, registered & attending a school of education.

Name of school: _____

Program of Study: _____

Start Date: _____ Completion Date: _____

X

Employees Signature

X

Date Signed

Privacy:

Nutreco Canada Inc will collect from you and use your personal information for the purposes of administering your group insurance coverage. Only those employees of Nutreco Canada Inc who require access to your personal information will be given access to it. Nutreco Canada Inc will not disclose your personal information except as you may authorize. You hereby authorize Nutreco Canada Inc to collect, use and disclose your personal information for the purposes set out above.