



Innovative Benefits Solutions

Educational Status Update

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Company Name (Employer)

Cardholder's Name

Group Number

Cardholder's Number

I HEREBY CONFIRM that ... dependent of the above
mentioned cardholder is attending ... on a full-time basis from
to

DECLARATION: The undersigned each declare that all information and statements in this educational status update form are true and complete. Each of the Employer and the Cardholder are responsible for informing Quikcard Solutions Inc. of any inaccuracy or change in the information provided on this form or the discontinuation of schooling for the above mentioned dependent. The information requested on this form is required for benefit administration purposes. For more information consult Quikcard's privacy policy at www.quikcard.com/privacy-policy/ or contact Quikcard by phone or mail

Cardholder's Signature

Employer's Signature

Date

Date