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ADULT DEPENDENT DECLARATION

INSTRUCTIONS: Please do not forget to sign and date this form.

IMPORTANT: This form will be returned to you if it is incomplete or unsigned.

COMPLETED FORM: Can be mailed, faxed or emailed to admin@quikcard.com.

1. Cardholder Information

_____	_____	_____	_____
Name	Group #	Certificate #	Employer Name
_____	_____	_____	_____
Address	City	Province	Postal Code

2. Adult Dependent Information

I HEREBY CONFIRM that:

_____	_____
Name	Date of Birth D/M/Y

for the purposes of the medical expense tax credit, qualifies as a “dependent” of the cardholder because all the following conditions are met:

- a) The person is the child, grandchild, parent, grandparent, brother, sister, uncle, aunt, niece or nephew of the cardholder or of the cardholder’s spouse.
- b) The person is dependent on the cardholder for support at some time in the year.
- c) The person is a resident of Canada at some time in the year. This residence requirement does not apply if the person is the child or grandchild of the cardholder or of the cardholder’s spouse.

3. Disclaimers

PRIVACY NOTICE: The information requested in respect of this claim is required by Quikcard for benefits administration purposes. For these purposes Quikcard will, where necessary, collect from and exchange information with others. For more information, consult Quikcard’s privacy policy or contact Quikcard by phone or mail.

DECLARATION: I declare that all information and statements in this Adult Dependent Declaration 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 qualification of the above-mentioned dependant.

_____	_____
Signature of Cardholder	Date

_____	_____
Signature of Employer	Date