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EDUCATION STATUS UPDATE

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. Student Information

I HEREBY CONFIRM that:

Name

Date of Birth D/M/Y

Is a dependent of the above-mentioned cardholder is attending on a full-time basis:

Post Secondary School Name

School Year

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 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 qualification of the above-mentioned dependant.

Signature of Cardholder

Date

Signature of Employer

Date