

SIGNATURE \_

## 2046 chemin St-Louis Québec (Québec) G1T 1P4 Phone :418 688-8730 Fax :418-682-5891



## DECLARATION OF DEPENDENTS NORTHERN ALLOWANCE/JIMMY SANDY MEMORIAL SCHOOL 2022-2023

NAME _						
		DECLARATION OF	DEPENDENT	<u>S*</u>		
	•	ective agreement for the defini ust refer to the professionals o	-			
DEPENDENTS	SURNAME	FIRST NAME	SEX	DATE OF BIRTH Year/Month/Day	Residence Addres	
Spouse			M D F D			
Child**			MO FO			
Child**			MO FO			
Child**			MO FO			
Child**			MO FO			
CL:1 J**			MO FO			
	Leen 18 and 25 years old, you mu secondary education program.	st provide supporting documents to p		s pursuing, on a full		
My spouse wo	orks for the Central Québe	c School Board	Yes □	No □ N/A □		
My spouse works in the public or parapublic sector If so: Name of the employer:			Yes  No N/A -			
He or she receives a northern allowance With				With dependent(s) ☐ Without dependents ☐		
the public and applicable to a her spouse. If	parapublic sectors, only on employee with dependent	e same board or if both work fone of the two may avail himse ent(s), if he or she has one or not other than his or her spouse	elf or herself of the nore dependents o	e premium other than his or		
PREMIUM I	REQUESTED <u>With</u> dependent(s)		<u>Without</u> depend	dents		
CERTIFICA	ATION					
	hat it is my responsability ut spouse, child who is no	to advise my employer of any o longer a dependent)	changes to my s	ituation.		
I, the undersig	ned, certify that the above	e information is complete and	true.			
The Central Q	uébec School Board reserv	res the right to verify the infor	mation mentioned	d in this document.		
It is a criminal	offense to make a false de	eclaration.				

DATE \_