

Benefits Dependent Form

00-1142
10/2001

This form is intended to update your personal information on file so that we may ensure you and your family are appropriately covered under Canadian Pacific Railway's benefit plans.

Please check which of the following updates you would like to make:

- New employee
- Addition of dependent
- Deletion of dependent

Note

*In the event of a divorce, the employee must have full or joint custody in order for the children to be covered under the plans, and the **court document must be supplied as proof** at the time the Benefits Dependent Form is completed. Expenses on or after January 1, 2001 will be covered under these rules for divorce. In the event of separation, spouse and children are still covered.*

Employee

(please print) First Name, Last Name

Employee Number

Dependents

My Spouse:

First Name, Last Name

Effective date _____

Male Female _____
Date of Birth
MM/DD/YYYY

My Children:

First Name, Last Name

Effective date _____

Male Female _____
Date of Birth
MM/DD/YYYY

Full-time Student Disabled*

First Name, Last Name

Male Female _____
Date of Birth
MM/DD/YYYY

Full-time Student Disabled*

First Name, Last Name

Male Female _____
Date of Birth
MM/DD/YYYY

Full-time Student Disabled*

First Name, Last Name

Male Female _____
Date of Birth
MM/DD/YYYY

Full-time Student Disabled*

First Name, Last Name

Male Female _____
Date of Birth
MM/DD/YYYY

Full-time Student Disabled*

Please add more lines, if necessary, or list dependents on an attached sheet of paper

*The definition of "disabled" is the same as that used by Canada Customs and Revenue Agency.

I certify that the above information is full, complete and true.

Employee Signature

Date

Please return form to the HR Service Centre, attention: Union Benefits, Suite 600,
Gulf Canada Square, 401 9th Ave S.W., Calgary, Alberta, Canada T2P 4Z4



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