

Benefits Dependent Form

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 take a moment to complete the following information and return this form in the enclosed envelope by **April 13, 2001**. If we do not receive your completed and signed form by **April 13, 2001**, your benefits coverage will be considered to be that of a **SINGLE** status employee.

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

Male Female

Date of Birth
MM/DD/YYYY

My Children:

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*

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



**CANADIAN
PACIFIC
RAILWAY**

Help us help you! Emergency Contact Information

Have you thought of what would happen if CPR needed to get in contact with your family in the event of an emergency?

It is important for you to ensure that your employer has the necessary emergency contact information.

This form should be completed and returned with your *Benefits Dependent Form* to the HR Service

Centre, Suite 600, 401 9th Ave. S.W., Calgary, AB T2P 4Z4. If there are any questions, please call the HR Service Centre at 1-866-319-3900, or 319-3900 in Calgary.

The information you provide will be kept on file and used only in the event of an emergency.

Please print the information clearly.

Employee Name _____
First Name, Last Name

Employee Number _____

Emergency Contact Name _____

Relationship _____

Address _____

Home Telephone Number Area code () _____

Business Telephone Number Area code () _____

Cellular Number Area code () _____

Pager Number Area code () _____

Fax Number Area code () _____



**CANADIAN
PACIFIC
RAILWAY**