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GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 – PARTICIPANT’S IDENTIFICATION

FAMILY NAME		FIRST NAME			
ADDRESS	NO.	STREET	APT.	PHONE AT HOME	()
CITY	POSTAL CODE		PHONE AT WORK	()	

2 – STATUS OR EVENT

Single

Civil union Name of spouse : _____
Date of union : _____

* **Common-law spouse** I hereby declare to be living permanently with the person undermentioned and I designate this person as my spouse.
Name of spouse : _____
Date of birth : _____
Since : _____

Divorced Absolute judgment delivered on : _____
Name of ex-spouse : _____
Dependent child(ren) on : _____
Since : _____

* **Married** Name of spouse : _____
Wedding date : _____

* **Birth of first child** Name of the child : _____
(if applicable to contract) Date of birth : _____

Separated Date of separation : _____
Name of ex-spouse : _____
Dependent child(ren) on de : _____
Since : _____

Widowed Name of deceased : _____
Date of death : _____

* **Note :** A delay of 31 days following the date of the event is allowed to apply to the familial coverage without filling out a statement of insurability.

3 –SIGNATURES

Signed in _____, on the _____ day of _____ 20 ____.

Signature of the participant

Signature of the witness (Different from the participant)

Each employer may reprint this form for its needs.