



# AGE 65 – REIMBURSEMENT OF PRESCRIPTION DRUGS BY INSURER

**La Capitale Civil Service Insurer Inc.**  
625 Jacques-Parizeau St, PO Box 1500, Quebec QC G1K 8X9  
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GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

## 1 – INFORMATION ABOUT THE PARTICIPANT

LAST NAME		FIRST NAME	
ADDRESS	NO.	STREET	APT.
TOWN/CITY		POSTAL CODE	HOME TELEPHONE
			WORK TELEPHONE

## 2 – INFORMATION ABOUT PARTICIPANT REACHING AGE 65

LAST NAME	FIRST NAME
DATE OF BIRTH	

## 3 – COVERAGE FOR PRESCRIPTION DRUGS

Please select one of the following options:

- I wish to continue my prescription drug coverage with La Capitale Civil Service Insurer Inc. by taking on the cost of the extra premium.
- I wish to continue my spouse's prescription drug coverage with La Capitale Civil Service Insurer Inc. by taking on the cost of the extra premium.\*
- My spouse and I wish to continue our prescription drug coverage with La Capitale Civil Service Insurer Inc. by taking on the cost of the extra premium.\*

\* **IMPORTANT:** In order for participants to continue with prescription drug coverage for their spouses, they must have maintained this coverage at age 65. If this is not the case, spouses cannot maintain this coverage with La Capitale.

Please note that the premium will be adjusted on the 65th birthday of the insured in question.

To find out the amount of the extra premium, please contact your employer's representative.

## 4 – SIGNATURE OF PARTICIPANT

Signed at, \_\_\_\_\_ on this \_\_\_\_\_ day of 20 \_\_\_\_ .

Participant's signature

## 5 – SIGNATURE OF EMPLOYER'S REPRESENTATIVE\*

Signed at, \_\_\_\_\_ on this \_\_\_\_\_ day of 20 \_\_\_\_ .

Signature of employer's representative

\***IMPORTANT:** No signature required if the participant is retired.

Please return the original to the Insurer within 30 days of the 65th birthday of the insured in question and keep a copy for your records.