

Group No. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>							Employer No. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>					Identification No. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>										

1. INFORMATION ABOUT PARTICIPANT

Last name	First name	Date of birth (YYYY/MM/DD) <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>																																	
No., street, apt.		City																																	
Province	Postal code <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>							Main phone <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>											Ext. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>			Phone (other) <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>											Ext. <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>		

Civil status			
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	Since: _____	(year-month-day)
<input type="checkbox"/> Married or civilly united	Since: _____	<input type="checkbox"/> Divorced	Since: _____
<input type="checkbox"/> Common-law spouse	Date of cohabitation: _____	<input type="checkbox"/> Separated	Since: _____
			(year-month-day)

2. INFORMATION ABOUT DEPENDENTS

Spouse
Last name and first name: _____
Date of birth: _____ (year-month-day) Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Child	Name of institution attended	Full-time student ¹ or child with a functional impairment ²
First name: _____ Last name: _____ Date of birth: _____ (year-month-day) Gender: <input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment
First name: _____ Last name: _____ Date of birth: _____ (year-month-day) Gender: <input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment
First name: _____ Last name: _____ Date of birth: _____ (year-month-day) Gender: <input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment
First name: _____ Last name: _____ Date of birth: _____ (year-month-day) Gender: <input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment

Note 1: Full-time student means 4 classes, 12 credits or 180 hours per session. The same criteria apply to correspondence courses offered by recognized institutions. | **Note 2:** Please contact customer service for how to proceed.

3. SIGNATURE

I hereby state that the aforementioned information is complete, true and in conformity with the condition and dispositions of my group insurance contract. Any false declaration may result in a cancellation of the insurance.

Signed in _____, on this _____ day of _____ 20_____.

Participant's signature _____