

Group No.							
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Employer No.				
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Identification No.															
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### 1. INFORMATION ABOUT PARTICIPANT

First name	Last name	Date of birth (YYYY/MM/DD)			
No., street, apt.		City			
Province	Postal Code	Main phone	Ext.	Phone (other)	Ext.

### 2. STATEMENT

<b>During the last 12 months, have you or has your spouse made use of tobacco in any way?</b>
Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you or has your spouse ever smoked and quit? Please, indicate date when you definitively quit smoking:</b>
Participant: _____ (year-month-day)
Spouse: _____ (year-month-day)

### 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 \_\_\_\_\_

Spouse's signature \_\_\_\_\_

Witness' signature \_\_\_\_\_