

Witness' signature

## La Capitale Civil Service Insurer Inc. 625 Jacques-Parizeau St, PO Box 1500, Quebec QC G1K 8X9 418 644-4200 or 1 800 463-4856

## STATUS STATEMENT SMOKER OR NON-SMOKER

	Group No.	Group No.				Employer No.					Iden	tificatio	n No.	ı No.							
				Į	j	<u> </u>		Į.		_						ļ.					
1.	INFORMATIO	ON AE	BOUT F	PART	ICIP/	ANT															
	First same													D . (1:4 0000/19/25)							
	First name						Last name							Date of birth (YYYY/MM/DD)							
	No., street, apt.												City								
	Province		Postal C	ode			Main I	phone				Ext.		Phone	e (other)				Ext.		
2.	STATEMENT		<b>,</b>			•			1 1		1 1	1				,	1 1		1		
	During the las	During the last 12 months, have you or has your spouse made use of tobacco in any way?																			
	Participant:																				
	Spouse:	☐ Ye	es			No															
	Have you or h	Have you or has your spouse ever smoked and quit? Please, indicate date when you definitively quitted smoking:																			
	Participant:(year-month-day)																				
	Spouse:																				
	(year-month-day)																				
3.	SIGNATURE																				
	I hereby state t contract. Any fals	hat the se decla	aforeme aration m	entioned ay rest	d infor ult in a	mation cance	is con lation o	nplete, of the i	true a	nd in c ce.	onform	ity with	the co	ondition	n and o	disposi	tions of	f my gr	oup ins	surance	
	Signed in							, on					_ day o	of					20		
	Participant's sign	ature																			
	Spouse's signatu	ıre																			