La Capitale Client Promotion
Application

Refer to the Fact Sheet to verify the policyholder's eligibility for the La Capitale Client Promotion.

1 INFORMATION ABOUT THE POLICYHOLDER ELIGIBLE FOR THE LA CAPITALE CLIENT PROMOTION

Last name	First name

2 INFORMATION ABOUT THE EMPLOYER[1]

Name of employer		
Number Street		
City	Province	Postal code
Employee number (Quebec public and parapublic sector employees only)		

3 ADDITIONAL INFORMATION

Total annual premium for the new insurance contract: $ _____ (must be greater than $500)

Select the product(s) giving the policyholder access to the La Capitale Client Promotion:

- ☐ Accident and Sickness Insurance
- ☐ Automobile and Leisure Vehicle Insurance
- ☐ Carte Capitale card (budget, budget margin, taxes)
- ☐ Critical Illness Insurance
- ☐ Disability Insurance
- ☐ Group Credit Insurance
- ☐ Group Insurance
- ☐ Home Insurance
- ☐ Hospitalization Insurance
- ☐ Individual Health Insurance
- ☐ La Capitale Stow & Grow Account
- ☐ Life Insurance
- ☐ Loans (mortgage or personal)
- ☐ Long Term Care Insurance
- ☐ Savings and Investments
- ☐ Travel Insurance (SOLIS or *SOLIS+*)
- ☐ Other: _____

Reference No. for the product held: _____ (e.g. account No., client No., participant No., policy No., etc.)

4 ADVISOR'S DECLARATION AND SIGNATURE

I hereby declare that I have provided the policyholder with the information necessary for satisfactory understanding of the La Capitale Client Promotion.

I also declare that I have advised the policyholder that, in order for him or her to be entitled to the La Capitale Client Promotion, the Insurer[2] must issue the new insurance contract subject to confirmation of his or her eligibility for the La Capitale Client Promotion.

Signed at _____ on this _____ day of _____ 20_____.

X _____ _____

Signature of advisor | Advisor code

1. If the policyholder is an eligible retiree, indicate the name of the employer on the retirement date.
2. La Capitale Civil Service Insurer Inc.
   La Capitale Financial Security Insurance Company