

### La Capitale Insurance and Financial Services Inc.

625 Jacques-Parizeau St. P.O. Box 1500, Quebec QC G1K 8X9  
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GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

### 1 – PARTICIPANT'S IDENTIFICATION

LAST NAME		FIRST NAME	
ADDRESS	NO.	STREET	APT.
			PHONE AT HOME
CITY	POSTAL CODE		PHONE AT WORK

### 2 – CIVIL STATUS OF THE PARTICIPANT

- Single                       Civil union                       Separated                       Widowed  
 Married                       Common-law spouse  Divorced

Effective date if applicable: \_\_\_\_\_

### 3 – IDENTIFICATION OF THE DEPENDENT(S)

#### SPOUSE

Last name, first name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender :  M  F  
 (year-month-day)

#### CHILD

#### Name of educational institution attended

#### Full-time student<sup>1</sup> or afflicted with a functional impairment<sup>2</sup>

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 (year-month-day)  
 Gender :  M  F

\_\_\_\_\_

Full-time student  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Functional impairment

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 (year-month-day)  
 Gender :  M  F

\_\_\_\_\_

Full-time student  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Functional impairment

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 (year-month-day)  
 Gender :  M  F

\_\_\_\_\_

Full-time student  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Functional impairment

**NOTES:** 1 Full-time signifies 4 courses, 12 credits or 12 hours per session. The same criteria apply to correspondence courses offered by recognized institutions.

2 A physician's letter confirming impairment and a certificate from the Regie des rentes du Quebec, Revenu Quebec or Canada Revenue Agency must be submitted.

### 4 – SIGNATURES

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

Signed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
Signature of the witness (Different from the participant)