

La Capitale Civil Service Insurer Inc.

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GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 – PARTICIPANT’S IDENTIFICATION

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

2 – STATUS

- Single**
- Civil union**
 - Name of spouse : _____
 - Date of birth : _____
 - Date of union : _____
- * Common-law spouse**

I hereby declare to be living permanently with the person undermentioned and I designate this person as my spouse.

 - Name of spouse : _____
 - Date of birth : _____
 - Date of cohabitation : _____
- Divorced**
 - Name of ex-spouse : _____
 - Date of birth : _____
 - Dependent child(ren) of : _____
 - Since: _____
 - Irrevocable judgment handed down on (date of divorce) : _____
- * Married**
 - Name of spouse : _____
 - Date of birth : _____
 - Wedding date : _____
- Separated**
 - Name of ex-spouse : _____
 - Date of birth : _____
 - Dependent child(ren) of : _____
 - Since: _____
 - Date of separation : _____
- Widowed**
 - Name of deceased : _____
 - Date of death : _____

3 – EVENT

- * Birth of first child**
 - Name of the child : _____
 - (if applicable to contract) Date of birth : _____

* **Note :** A delay of 31 days following the date of the event is allowed to apply to the familial coverage without filling out a statement of insurability.

4 –SIGNATURES

Signed in _____, on the _____ day of _____ 20 ____.

Signature of the participant

Signature of the witness (Different from the participant)

Each employer may reprint this form for its needs.