



La Capitale Insurance and Financial Services Inc.

Delta 3 Building, 2875 Laurier Blvd, Suite 400
P.O. Box 1500, Quebec QC G1K 8X9

| 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 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 : _____
 - Since : _____
- Divorced**
 - Absolute judgment delivered on : _____
 - Name of ex-spouse : _____
 - Dependent child(ren) on : _____
 - Since : _____
- * Married**
 - Name of spouse : _____
 - Wedding date : _____
- Separated**
 - Date of separation : _____
 - Name of ex-spouse : _____
 - Dependent child(ren) on de : _____
 - Since : _____
- Widowed**
 - Name of deceased : _____
 - Date of death : _____

3 – EVENT

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