La Capitale
Insurance and
Financial Services

11104

STATUS STATEMENT
SMOKER OR NON-SMOKER

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

Telephone: 418 644-4200
1 800 463-4856
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adm.collectif@lacapitale.com

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 - STATEMENT

2.1 During the last 12 months, have you or has your spouse made use of tobacco in any way?

- Participant ☐ No ☐ Yes
- Spouse ☐ No ☐ Yes

2.2 Have you or has your spouse ever smoked and quit? Please, indicate date when you definitively stopped smoking:

- Participant _____ (Year-Month-Day)
- Spouse _____ (Year-Month-Day)

3 –SIGNATURES

I declare that the information provided above is true and complete.

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

_____ Signature of the participant

_____ Signature of the witness (Different from the participant)

_____ Signature of the spouse

_____ Signature of the witness (Different from the participant)

Each employer may reprint this form for its needs.