



**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

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: _____ (year-month-day)		
CHILD	Name of educational institution attended	Full-time student¹ or afflicted with a functional impairment²
Last name: _____ First name: _____ Date of birth: _____ (year-month-day)	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment
Last name: _____ First name: _____ Date of birth: _____ (year-month-day)	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> Functional impairment
Last name: _____ First name: _____ Date of birth: _____ (year-month-day)	_____	<input type="checkbox"/> Full-time student From _____ to _____ <input type="checkbox"/> 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.