

Group policy n° _____

Policyholder _____

Name of insured employee _____

Social insurance number _____

I, the undersigned, hereby declare that I have been living maritally with _____ since, _____. I hereby apply for dependant benefits for this person, as my spouse, as well as his/her natural children, and I further certify that the said spouse and his/her natural children are not insured under any other group insurance plan. I realize that coverage for a previous spouse, if any, will terminate. The name, date of birth and relationship of such dependants are listed below.

Name	Date of birth	Relationship

I hereby declare that the statements I have made on this form are complete and true.

Signature of insured employee _____

Date _____

This section to be completed by the policyholder

To the best of my knowledge, the above statements are correct.

Date _____

Authorization of policyholder _____

Head office use only: Initial enrolment Later application**Personal information**

The personal information contained in this document will be deposited in the policyholder file. You have the right to examine the personal information contained in this file and, if required, to have it corrected by sending a written request to the policyholder.