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SSQ insurance

Corporation de service des notaires du Québec

INSURANCE APPLICATION

Enrolment ☐ Increase ☐ Modification ☐

A group insurance plan underwritten by SSQ, Life Insurance Company (SSQ Insurance) and administered by: Sogemec ASSURANCES Financial Services Firm

Policy 88M00

PRESCRIPTION DRUG, HEALTH AND DENTAL CARE INSURANCE

ELIGIBILITY FOR INSURANCE

☐ EMPLOYED MEMBER ☐ SELF-EMPLOYED MEMBER

You must be a member of the Chambre des notaires du Québec to be eligible for insurance.

PERSONAL INFORMATION

Last name _____ First name _____

Date of birth: Y Y Y Y M M D D Sex: ☐ F ☐ M Language preference: ☐ French ☐ English Notary code: _____

Work address

Office name

Office address – No. Street Suite City

Province _____ Postal code _____

Residential address

Plan member address – No. Street Apt. City

Province _____ Postal code _____

Telephone: Office: _____ Residence: _____ Cell: _____

Email address: _____

Date you became a member of the Chambre des notaires du Québec Y Y Y Y M M D D

TRANSFER OF GROUP INSURANCE PLAN

☐ END OF EXEMPTION ☐ TRANSFER OF GROUP INSURANCE PLAN TO ANOTHER ASSOCIATION

Y Y Y Y M M D D Termination date

Reason for termination

Name of previous insurer

Contract no.

COVERAGE CHOICE — MEMBER UNDER AGE 65

All coverage provided by the contract is subject to the provisions concerning limitations, reductions and exclusions.
For Quebec residents only: Legislation provides for a 10-day grace period for cancelling an optional benefit.

PRESCRIPTION DRUG AND HEALTH CARE INSURANCE — The selection is effective for a minimum period of two years.

☐ OPTION 1 – PRESCRIPTION DRUG INSURANCE	☐ OPTION 2 – PRESCRIPTION DRUG AND HEALTH CARE INSURANCE	☐ OPTION 3 – RAMQ PRESCRIPTION DRUG INSURANCE LIST
Deductible: • $200 - Individual and Single-Parent • $400 - Couple and Family	Deductible: • $200 - Individual and Single-Parent • $400 - Couple and Family	Deductible: • $200 - Individual and Single-Parent • $400 - Couple and Family
Coinsurance: 75%	Prescription drug coinsurance: 80%	Coinsurance: 66%
Maximum annual contribution per adult: • The RAMQ maximum amount	Maximum annual contribution per adult: • The RAMQ maximum amount	Maximum annual contribution per adult: • The RAMQ maximum amount
Coverage: • RAMQ Prescription Drug List • Hospitalization – Semi-private room • Physiotherapy	Medical and paramedical expenses coinsurance: 80% of eligible expenses Coverage: • Drugs that can only be obtained on prescription • Travel and trip cancellation insurance • Medical and paramedical expenses	Coverage: • Prescription drugs – RAMQ list
Evidence of insurability may be required. **Please consult the *Transfer of a Group Insurance Plan* section.**		

☐ **DENTAL CARE INSURANCE**

The coverage is optional, but is conditional on selecting Option 2. The selection is effective for a minimum period of three years. Dental care expenses incurred in the first six months of insurance coverage are not reimbursed if enrolment in this benefit is submitted to the insurer 180 days after your eligibility date.

Deductible: $100	Coinsurance: • 100%: Basic and preventive • 80%: Minor restoration • 50%: Major restoration Maximum per calendar year: $1,500 per insured person for all these benefits	Coinsurance: 50% - Orthodontic care Lifetime maximum: $1,500 per insured

Please check the selected or modified coverage: ☐ Individual ☐ Single-Parent ☐ Couple ☐ Family

If this involves a change to coverage: Y Y Y Y M M D D

Event justifying the modification (marriage, birth, divorce, etc.): _____ Date of the event: Y Y Y Y M M D D

INFORMATION ABOUT DEPENDENTS

Complete if you selected Single-Parent, Couple or Family coverage status.

Spouse's name at birth: ______________________ First name: ______________________

Sex: ☐ F ☐ M Date of birth: Y Y Y Y | M M | D D

Child's full name:	Sex	Date of birth	Does the child have a disability?	For children age 18 or over, are they full-time students?	Name of educational institution
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ F ☐ M	Y Y Y Y | M M | D D	☐ Yes ☐ No	☐ Yes ☐ No	

PAYMENT METHOD – Please select one option only: 1 or 2

☐ **OPTION 1: MONTHLY PAYMENTS DEBITED FROM YOUR ACCOUNT (PAD)**

The payments will be debited monthly from the account indicated below.

Types of services: ☐ Personal ☐ Business **Please attach a VOID cheque.**

Name of account holder	**Name of financial institution**	**Bank account no.**
Full address of the financial institution		**Transit number**

Type of account: ☐ Personal chequing account ☐ Savings-chequing account ☐ Direct deposit account ☐ Other

Joint accounts: Is this a joint account requiring only one signature? ☐ Yes ☐ No

If more than one signature is required to authorize debits from this account, both account holders must sign this authorization.

I/We authorize Sogemec Assurances Inc. to debit an amount of $__________ from my/our bank account in payment of the monthly insurance premiums owing on or near the signature date of this authorization or the following business day. The amount debited from my/our account may vary in accordance with the provisions of the insurance contract or as required for managing the contract. I/we waive the right to receive 10-day notice of the amount and date of each debit from my/our account. If the bank or financial institution does not honour a monthly debit on the scheduled date, Sogemec Assurances Inc. may make a second attempt in the following 30 days. Sogemec Assurances Inc. reserves the right to require another payment method if the debit is refused. All single or automatic debits from my/our bank account will be treated as personal preauthorized debits as defined in Rule H1, Pre-authorized Debits (PADS) issued by Payments Canada. I/we can cancel this agreement at any time by sending written notice of 10 days to Sogemec Assurances Inc. It is understood that in the event this preauthorized debit agreement is cancelled, the insurance may terminate unless Sogemec Assurances Inc. receives payment in another way.

You can obtain a form for cancelling the agreement by contacting your financial institution or by going to Payments Canada at payments.ca. If you have questions about any debits from your bank account, please contact us at 1 800 361-5303, email us at **information@sogemec.com** or mail a letter to Sogemec Assurances Inc., CP 217 Succ Desjardins, Montréal QC H5B 1G9.

You have certain recourse rights if any debit does not comply with this agreement. You have the right to be reimbursed for any unauthorized debits or those that do not comply with this agreement. To obtain a reimbursement request form or for further information about your recourse rights, please contact your financial institution or visit the Payments Canada site at payments.ca.

Name of the account holder (IN CAPITAL LETTERS)

Signature of the account holder

Y Y Y Y | M M | D D

Second signature if this is a joint account

Date

☐ **OPTION 2: ANNUAL PAYMENT BY CHEQUE**

Type of services: ☐ Personal ☐ Business

Please attach a cheque made out to Sogemec Assurances Inc.

DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I HEREBY CERTIFY to the best of my knowledge that the information provided in this form is true and complete. I CONFIRM that I am authorized to disclose the information concerning my spouse and my dependent children for establishing their eligibility for any coverage that concerns them. I CONSENT to the information provided in this form being disclosed to Sogemec Assurances Inc. and to SSQ Insurance, its employees, its agents, its reinsurers and its service providers who are responsible for contract management, investigations, underwriting and processing claims under the Chambre des notaires' group insurance plan. I ACKNOWLEDGE that any insurance coverage provided in accordance with this application is subject to the provisions of the policy issued to the Chambre des notaires. I CONFIRM that I have read the Chambre des notaires insurance plan informational booklet. I UNDERSTAND that a photocopy of this statement and authorization is considered as valid as the original. I ACKNOWLEDGE that I have read the notice below concerning the protection of personal information. I CONFIRM that I have kept a copy of this duly completed and signed form.

Plan member's signature: ______________________ Date: Y Y Y Y | M M | D D

IMPORTANT: The signatures below are only required if a representative completed this application form.

Representative's signature: ______________________ Training supervisor's signature (if trainee): ______________________ Date: Y Y Y Y | M M | D D

PROTECTION OF PERSONAL INFORMATION

SSQ Insurance and Sogemec Assurances Inc. (Sogemec) protect the confidentiality of your personal information. SSQ Insurance and Sogemec respectively store this information in a file for the purpose of allowing you to benefit from the group insurance services they offer. This information is only consulted by SSQ Insurance and Sogemec employees who must do so to perform their duties. SSQ Insurance may compile anonymized information for statistical and informational purposes. You have the right to access your file at SSQ Insurance and Sogemec. You may also have any information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or unnecessary. To do so, you must send a written request to one of the following addresses:

SSQ Insurance
Personal Information Protection Officer
2525 boul Laurier
CP 10500 succ Sainte-Foy
Québec QC G1V 4H6

Sogemec Assurances Inc.
2 Complexe Desjardins, Tour de l'est 20e étage
CP 217, succ Desjardins
Montréal QC H5B 1G9

SSQ Insurance and Sogemec may use their client lists for offering an insurance product after their group insurance terminates. If you do not wish to receive these offers, you have the right to have your name deleted from this list. To do so, send a written request to the Personal Information Protection Officer at SSQ Insurance or Sogemec.

Please send this form to Sogemec Assurances: