

GENERAL INFORMATION

FAMILY NAME: GIVEN NAME: IDENTIFICATION NUMBER:

CHANGE OF ADDRESS

ADDRESS: RESIDENCE OFFICE MODIFICATION DATE:

CITY AND PROVINCE: POSTAL CODE:

TEL. (OFFICE): TEL. (RESIDENCE): EMAIL:

CHANGE OF OPTION

	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
OPTION 1 - LESS THAN AGE 65 (DRUG AND TRAVEL INSURANCE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTION 2 - LESS THAN AGE 65 (DRUG - HEALTH AND TRAVEL INSURANCE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTION 3 - LESS THAN AGE 65 (DRUG ONLY - RAMQ LIST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTION B - AGE 65 AND OVER (HEALTH AND TRAVEL INSURANCE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE: Participant must maintain his choose of option for a minimum period of two (2) years before requesting a change of option.

CHANGE OF STATUS

A - Marriage
 B - When the spouse becomes eligible (12 months of cohabitation or birth of a child)
 C - Birth or adoption of a dependent child
 D - On termination of a dependent child's eligibility
 E - When the spouse acquires or loses the right to enrol in employer's group plan
 F - Separation/divorced

PLEASE INDICATE THE EVENT JUSTIFYING THE CHANGE: DATE OF THE EVENT:

COVERAGE

	INDIVIDUAL	COUPLE	SINGLE PARENT	FAMILY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT NAME: SEX: DATE OF BIRTH: STATUS OF DEPENDENT:
E: Full time student (aged 21 to 25 inclusively)

DENTAL CARE

I WISH TO CANCEL THIS COVERAGE

Note that you will not be eligible to enroll in this option in the futur. You can cancel only if this option has been in place for 3 years or more.

CANCELLATION

I WILL BE COVERED UNDER MY:

SPOUSE EMPLOYER OTHER GROUP PLAN

It is important to note that Law 33 requires you to have a drug insurance coverage. Furthermore, you are not eligible to the RAMQ drug insurance plan if you are less than 65 years old.

SIGNATURE _____

DATE _____