

**DRUG AND HEALTH INSURANCE PLAN
MODIFICATION REQUEST**

MODIFICATION/CANCELLATION REQUEST

GENERAL INFORMATION

FAMILY NAME: GIVEN NAME: IDENTIFICATION NUMBER:

CHANGE OF ADDRESS

ADDRESS: RESIDENCE OFFICE MODIFICATION DATE:

CITY AND PROVINCE: POSTAL CODE:

TEL. (MOBILE): TEL. (RESIDENCE): EMAIL:

OPTION CHANGE

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

DENTAL CARE OPTION

***IMPORTANT:** You must be insured under Option 2 - Drug, Health and Travel Insurance and the same status must apply to both coverages. Dental expenses incurred during the first six (6) months following the effective date are excluded. A member must maintain Option 2 and Dental Care for a minimum period of 3 years before being able to make a change or terminate coverage.

STATUS CHANGE

- 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"/>
DEPENDENT NAME:	SEX:	DATE OF BIRTH:	STATUS OF DEPENDENT: E: Full time student (aged 21 to 25 inclusively)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

DENTAL CARE

I WISH TO CANCEL THIS COVERAGE

Note that you will not be eligible to enrol in this option in the future. 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 the Drug Insurance Act requires you to have coverage at all times. Furthermore, you are not eligible to the RAMQ drug insurance plan if you are less than 65 years old.

SIGNATURE

DATE

KINDLY SEND US THE SIGNED DOCUMENT VIA OUR SECURE DEPOSIT LINK: <https://sogemec.com/en/client-area/medical-specialist-file-deposit/>