

# HEALTH INSURANCE

- ADDITION OF ELIGIBLE DEPENDENTS
- NOTIFICATION OF CHANGES

POLICY : 096461 IDENTIFICATION No.: \_\_\_\_\_

MAIN INSURED : \_\_\_\_\_

FIRST NAME	LAST NAME	RELATION TO INSURED	DATE OF BIRTH	QUEBEC MEDICARE NUMBER

REASON AND EFFECTIVE DATE OF ADDITION / NOTIFICATION:  
 (If you add a dependent child, aged 21 and over but under 26, please provide the name of school, college or university being attended and the semester of registration as a full time student.)

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TYPE OF COVERAGE TO ADD OR MODIFY:

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PREVIOUS INSURANCE COVERAGE:

Insurer or RAMQ : \_\_\_\_\_

Policy number : \_\_\_\_\_

Identification number : \_\_\_\_\_

Termination date : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Administrator of Insurance Plans for members.