

Addition of eligible dependents

Main insured information

Name:

Identification No.:

Policy No.: 50176

Eligible dependents information

First name	Last name	Relation to insured	Date of birth (yyyy-mm-dd)	Sex	Full-time student? If yes, school name.
				F M	No Yes:
				F M	No Yes:
				F M	No Yes:
				F M	No Yes:

Your unmarried children under age 21, or under age 26 if full-time students, are eligible for coverage under the plan. Please note that children are not eligible if they work more than 30 hours a week, unless full-time students.

Reason for the request:

Effective Date:

Previous insurance coverage

Insurer (OR RAMQ):

Policy No. (OR EMPLOYER):

Termination date:

Pre-authorized debit agreement

I understand that an addition of eligible dependents could modify the monthly premium debited. I hereby authorize Gestion VIGILIS to proceed with the new debits.

Signature _____ Date _____

Please complete, sign and return by fax or by email to info@vigilis.ca.