

## MAIN INSURED

Name:

Identification No.:

Policy No.: 48C00

## DEPENDENTS

First name	Last name	Relation to insured	Date of birth	Sex	Full time student? If so, 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 this form via your VIGILIS | Secure portal.