CPA ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC

INSURANCE PLANS

ADDITION OF ELIGIBLE DEPENDENTS

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 by email to cpa@vigilis.ca