

Plans A and B

Optional Life Insurance

Group Insurance Plan - Desjardins Insurance - Policy 440303

Identification			
Name of the employer		Desjardins account no.	Desjardins ID no.
Last name of the employee		First name of the employee	
Hire date		Eligibility date	
Address			Personal phone no.
City		Province	Work phone no.
Postal code	Date of birth (yyyy/mm/dd)	Language preference <input type="checkbox"/> French <input type="checkbox"/> English	Sex <input type="checkbox"/> F <input type="checkbox"/> M

Optional life insurance
Fill out <i>Evidence of Insurability no. 20009A</i> and submit it to the insurer within forty-five (45) days after your request. After that, your request will automatically be cancelled, and you will have to submit a new one.
<input type="checkbox"/> Member _____ Number of \$10,000 increments (minimum of \$20,000 and maximum of \$500,000) <input type="checkbox"/> Spouse _____ Number of \$10,000 increments (minimum of \$20,000 and maximum of \$500,000)

Declaration and authorization to collect and share personal information		
I certify that all the information provided herein is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read the information on this form and that I have received a copy thereof. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide Desjardins Insurance or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to this claim. I authorize Desjardins Insurance, its agents and service providers to collect, use and disclose information about me, my spouse or my dependants to any person or organization, including the pharmacies, health care practitioners, institutions, investigative agencies or insurers, for the purposes of underwriting, optimal health care management, auditing and paying claims. I authorize my employer to deduct the required premium contributions from my salary. A photocopy of this authorization is as valid as the original.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Signature of the employee</td> <td>Date</td> </tr> </table>	Signature of the employee	Date
Signature of the employee	Date	

Management of personal information

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps that information on file so that you may benefit from the group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Quebec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.