



RETIRED CUSTOMER RECORDS SHEET

clear form

Year _____

Mr	Deceased	Yes	No
Mrs	Date of death	_____ DD/MM/YYYY	
Last name _____			
First name _____			
Social Insurance # _____			
Date of birth		_____ JJ MM AAAA	
Phone _____			
Phone _____			
Email address _____			
Person with a disability		Yes	No
I lived alone ALL YEAR		Yes	No
(Excluding dependants)			

Spouse	Mr	Deceased	Yes	No
	Mrs	Date of death	_____ DD/MM/YYYY	
Last name _____				
First name _____				
Social Insurance # _____				
Date of birth		_____ DD MM YYYY		
Phone _____				
Phone _____				
Email address _____				
Person with a disability			Yes	No
Spouse's declaration processed by Plani-Impôt ?			Yes	No
If NO , we need the net income from			Line 23600 FED	_____
			Line 275 Qc	_____

CIVIL STATUS as of December 31st

Bachelor	Married	Commonlaw	Separated	Divorced	Widow
Change in marital status	Yes	No	Previous status _____	Date of change _____	DD/MM/YYYY

CURRENT ADDRESS

No _____	Street _____	Apt _____	City _____
Postal Code _____	Prov. _____	Change of address in 2023 ?	Yes No Date of change _____ DD/MM/YYYY

Prescription Drug Insurance

Are you insured in the	public	private
	Month	Month
My own group plan (work)	From _____	to _____
With the spouse or parent plan	From _____	to _____
RAMQ government insurance	From _____	to _____

Spousal Prescription Drug Insurance

Are you insured in the	public	private
	Month	Month
My own group plan (work)	From _____	to _____
With the spouse or parent plan	From _____	to _____
RAMQ government insurance	From _____	to _____

DEPENDANTS

Last name	First name	Sex	Date of birth	S.I.N.	Disability	Pays a pension	At my expense	Tax done by Plani-Impôt
_____	_____	_____	_____ DD MM YYYY	_____	_____	_____	_____	_____

HOME SUPPORT - 70 YRS AND OVER

Yes	No	If YES, complete the <u>Home Support</u> document
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Other information :

Signature _____ Date _____ Referred by : _____

DD/MM/YYYY