

## **IDENTIFICATION FORM**

clear form

Year \_\_\_\_\_

| Mr<br>Mrs                       | Deceased Date of death   |            | Yes             | No<br>)/MM/YYYY           | Spouse           | Mr<br>Mrs                | Deceased  Date of deat | h                                | Yes              | No<br>MM/YYYY              |
|---------------------------------|--|------------|-----------------|---------------------------|------------------|--------------------------|------------------------|----------------------------------|------------------|----------------------------|
| Last name                       |  |            |                 |                           | Last nar         | ne                       |                        |                                  |                  |                            |
| First name                      |  |            |                 |                           | First nar        | me                       |                        |                                  |                  |                            |
| Social insurance #              |  |            |                 |                           | Social in        | surance #                |                        |                                  |                  |                            |
| Date of birth                   |  |            | DD M            | M YYYY                    | Date of I        | birth                    |                        |                                  |                  | M YYYY                     |
| Phone                           |  |            |                 |                           | Phone            |                          |                        |                                  |                  |                            |
| Phone                           |  |            |                 |                           | Phone            |                          |                        |                                  |                  |                            |
| Email address                   |  |            |                 |                           | Email ad         | ddress                   |                        |                                  |                  |                            |
| Person with a disabilit         | ty   |            | Yes             | No                        | Person v         | with a disability        | ,                      |                                  | Yes              | No                         |
| I lived alone ALL YEA           | AR   |            | Yes             | No                        |                  | s declaration pr         |                        |                                  | t? Yes           | No                         |
| (Excluding dependants)          |  |            |                 | I<br>I If NO, we          | need the net inc | ome from ; Line          | e 23600 F              | ED                               | į                |                            |
|                                 |  |            |                 |                           | ∥ է              |                          | Line                   | e 275 Qc                         |                  | <u></u> j                  |
| CIVIL STATUS as of              | of December  | · 31st     |                 |                           |                  |                          |                        |                                  |                  |                            |
| Bachelor                        | Married  |            | Com             | monlaw                    | Separat          | ed                       | Divorced               |                                  | Widow            |                            |
| Change of marital state         | marital status Yes No F  |            | Previous status |                           |                  | Date of cl               |                        | geDD/MM/YY                       |                  | /MM/YYYY                   |
| CURRENT ADDRE                   | SS   |            |                 |                           |                  |                          |                        |                                  |                  |                            |
| No Str                          | eet  |            |                 |                           | Apt              | Cit                      | у                      |                                  |                  |                            |
| Postal Code                     | Prov.  |            | Change          | of address ir             | n 2024?          | Yes No                   | Date of cha            | ange                             | DI               | D/MM/YYYY                  |
| Prescription Drug Ins           |  |            |                 |                           |                  | I Prescription I         | 0                      |                                  |                  | . ,                        |
| Are you insured in the          | <b>)</b>   | public     |                 | private                   | Are you          | ı insured in the         | <b>!</b>               | public                           |                  | private                    |
| My own group plan (w            | vork)  | ۱۸<br>From | /lonth          | Month<br>to               | My owr           | n group plan (w          | ork)                   | From                             | Month to         | Month                      |
| With the spouse or parent plan  |  |            |                 | to With the spouse or par |                  |                          | parent plan            | From                             | t                | )                          |
| RAMQ QC prescription drugs From |  |            |                 | to                        | RAMQ             | RAMQ Qc Prescription dru |                        |                                  | t                | 0                          |
| CHILDREN                        | , and the second |            |                 |                           | ···              |                          |                        |                                  |                  |                            |
| Last name                       | First name   | S<br>      | ex<br>          | Date of b                 | oirth<br>YYYY    | S.I.N.                   | Disability             | Pays a pension                   | At my<br>expense | Tax done by<br>Plani-Impôt |
|                                 |  |            |                 |                           |                  |                          | _                      |                                  |                  |                            |
| Other information :             |  |            |                 |                           |                  |                          | Balar                  | HPB<br>drawal<br>nce<br>ase date |                  | \$ \$                      |
| Signature                       |  |            |                 |                           |                  |                          | Amo                    | unt                              |                  | \$                         |
| Date DD/MM/YYYY Referred by :   |  |            |                 |                           |                  |                          | # of c                 | owners                           |                  |                            |