

<b>Mr</b>	If deceased,	DD/MM/YYYY
<b>Mrs</b>	Date of death	_____
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 <b>ALL YEAR</b>	Yes	No
(Excluding dependants)		

<b>Spouse</b>	<b>Mr</b>	If deceased,	DD/MM/YYYY
	<b>Mrs</b>	Date of death	_____
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 <b>NO</b> , 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 2025 ?	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 (for prescription drugs)	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 (for prescription drugs)	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
-----	----	---

Other information :

Signature \_\_\_\_\_ Date \_\_\_\_\_ Referred by : \_\_\_\_\_

DD/MM/YYYY