

Mr	If deceased,	DD/MM/YYYY	Spouse	Mr	If deceased,	DD/MM/YYYY
Mrs	Date of death		Mrs		Date of death	
Last name _____			Last name _____			
First name _____			First name _____			
Social Insurance # _____			Social Insurance # _____			
Date of birth _____ JJ MM AAAA			Date of birth _____ DD MM YYYY			
Phone _____			Phone _____			
Phone _____			Phone _____			
Email address _____			Email address _____			
Person with a disability		Yes	Person with a disability	Yes	No	
I lived alone ALL YEAR (Excluding dependants)		Yes	Spouse's declaration processed by Plani-Impôt ?	Yes	No	
		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 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 DD MM YYYY	S.I.N. _____	Disability	Pays a pension	At my expense	Tax done by Plani-Impôt
-----------------	------------------	-----------	-----------------------------	--------------	------------	----------------	---------------	-------------------------

HOME SUPPORT - 70 YRS AND OVER

Yes

No

 If YES, complete the Home Support document

Other information :

Signature _____

Date _____

Referred by :

DD/MM/YYYY