

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
-----	----	---

Other information :

Signature _____ Date _____ Referred by : _____

DD/MM/YYYY