



PARTICIPANT COMPLETES SECTIONS 1-2-3-7 AND SECTIONS 4 AND 6 IF NECESSARY
 EMPLOYER COMPLETES SECTION 5
 SECTION 8 IS FOR USE OF SSQ ONLY

P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6

1 General information - Participant

1.1 Last Name _____ 1.2 First Name _____ 1.3 Social Insurance Number _____

1.4 Address _____ 1.5 Postal Code _____ 1.6 Telephone (at work) _____

1.7 Email _____ 1.8 Telephone (at home) _____ 1.11 Date of Birth _____ 1.12 Gender M F Fr. Eng.

1.9.1 Are you working for 2 employers or more? No Yes 1.10.1 Do you have another position or other duties with this employer? No Yes

1.9.2 If yes, names of the employers _____ 1.10.2 If yes, title or occupation: _____

1.10.3 Are you on unpaid leave? No Yes 1.14.1 Are you already insured with SSQ? No Yes 1.14.2 If yes, your Certificate No. _____

1.14.3 Is this request the result of a transfer from one employer to another? No Yes

1.15 Event justifying the request for change. Indicate the date of the event (For cohabitation, indicate the start date) _____ (Complete section 4, if necessary)

1. COHABITATION → 1.1 Was a child born of the union? → If yes, child's date of birth _____ 4. BIRTH 8. BEGINNING OR TERMINATION OF SPOUSE'S INSURANCE

2. MARRIAGE OR CIVIL UNION _____ 5. CUSTODY OF A CHILD

3. ADOPTION _____ 6. SEPARATION 7. DIVORCE

2 Plans

2A - Application **2C - Change**

• You must select a coverage status from the following:

	2.A. ADD				2.C.R. REMOVE							
	IND	SINGLE-PARENT	FAM	EXEMPTION	IND	SINGLE-PARENT	FAM	EXEMPTION				
2.1 COMPULSORY ACCIDENT AND HEALTH INSURANCE PLAN	2.A.1 <input type="checkbox"/>	2.A.2 <input type="checkbox"/>	2.A.3 <input type="checkbox"/>	2.A.4 <input type="checkbox"/>	2.C.A.1 <input type="checkbox"/>	2.C.A.2 <input type="checkbox"/>	2.C.A.3 <input type="checkbox"/>	2.C.A.4 <input type="checkbox"/>	2.C.R.1 <input type="checkbox"/>	2.C.R.2 <input type="checkbox"/>	2.C.R.3 <input type="checkbox"/>	2.C.R.4 <input type="checkbox"/>
2.2 COMPULSORY BASIC LIFE INSURANCE PLAN (including life insurance and accidental dismemberment insurance for the participant, the spouse and the dependents)	COMPULSORY											
2.3 COMPULSORY BASIC LONG-TERM DISABILITY INSURANCE PLAN	COMPULSORY											
2.4 COMPULSORY ADDITIONAL LONG-TERM DISABILITY INSURANCE PLAN (CAP)	COMPULSORY											
2.5 OPTIONAL ADDITIONAL LIFE INSURANCE PLAN (See note 1 on back)					INCREASE TO				DECREASE TO			
a) Participant's additional life insurance (the total amount of coverage can be 1, 2, 3, 4, or 5 times the annual salary)	2.A.5 _____ times (indicate total times requested)				2.C.A.5 _____ times (indicate total times requested)				2.C.R.5 _____ times (indicate total times requested)			
b) Spouse's additional life insurance (amount may vary from 1 to 10 units of \$10,000)	2.A.6 _____ units of \$10,000 (indicate total number of units requested)				2.C.A.6 _____ units of \$10,000 (indicate total number of units requested)				2.C.R.6 _____ units of \$10,000 (indicate total number of units requested)			

3 Beneficiary: life insurance

3.1 Insurance proceeds shall be payable to the Estate of the participant
 OR
 3.2 Beneficiary is revocable* (may be changed at any time)
 3.3 Beneficiary is irrevocable* (cannot be changed without beneficiary's written consent)

3.4 I hereby designate as my beneficiary in the event of my death: Spouse (married or civil union) (1) Common-law spouse (7) Sons-daughters (2)
 Spouse (married or civil union) and sons-daughters (6) Father-mother (3) Common-law spouse and sons-daughters (8) Brothers-sisters (4) Other (5)

Name(s) of the Beneficiary(ies): _____

* Under Quebec law, when no beneficiary status is specified, designation of the married or civil union spouse is irrevocable and designation of any other beneficiary is revocable.

4 Designation of spouse: compulsory accident and health insurance plan, survivor's pension plan.

4.1 Last Name _____ 4.2 First Name _____ 4.3 Date of Birth _____ 4.4 Gender _____

Note: To be entitled to the survivor's pension plan, it must be provided for in the participant's working conditions or be pursuant to decree.



Management personnel
 of the Quebec public and parapublic sectors

APPLICATION FORM
 Complete the sections that apply REQUEST FOR CHANGE
 PLEASE PRESS FIRMLY AND WRITE LEGIBLY

5 Employer

5.1 Employee No. _____ 5.2 Retraite Québec Employer No _____ 5.3 Received from the employee _____ 5.4 Start Date _____ 5.5 Group No. _____

5.6 Ministry _____ 5.7 Employment category (PS) _____ 5.8 Occupation code (HSS) _____ 5.9 Name of employer, organization or establishment _____

5.10 Employment status

5.10.1 Permanent 5.10.2 Temporary / Eligible 5.10.3 Casual 5.10.4 Full-time 5.10.5 Part-time 5.10.6 _____ %

5.10.7 If Temporary / Eligible, duration of employment: From _____ to _____

5.11.1 Title or occupation of the participant: _____ 5.11.2 Basic annual salary: \$ _____

5.11.3 Date of beginning of the participant's absence _____ 5.11.4 Salary category _____

5.12 Is the employee entitled to maintain the insurance coverage under the group plan for Management personnel of the Quebec public and parapublic sectors No Yes
 (For employers of the public sector only. See Note 2 on back.)

5.13 Existing Position No Yes 5.13.1 If no = Create new position
 (See note 3 on back) Yes 5.13.2 If so, which manager stepped down when this position was taken? _____

5.13.3 SIN _____

5.13.4 Departure date: _____ 5.13.5 Reason for departure: _____

5.14 I certify that the information is complete and accurate.

5.14.1 Identification of the individual who completed the form: _____ First and Last Name in block letters

5.14.2 Date: _____

5.14.3 Telephone: (____) _____ - _____ Extension: _____

5.14.4 Name of the employer's representative _____

5.14.5 Date: _____

5.14.6 Signature of the employer's representative (see note 4 on back) _____

5.15 Comments

6 Non-smoker's statement

"I, the undersigned, declare that I do not smoke and have not smoked any tobacco products such as cigarettes, electronic cigarettes (vaporizers), cigarillos or pipe, nor consumed any drugs during the past twelve (12) months." It is understood that SSQ, Life Insurance Company Inc., may periodically require a confirmation of the non-smoker status. A failure to provide this information shall result in the insured person's loss of non-smoker status, and the associated premium reduction shall cease to apply as of the date of the request by SSQ, Life Insurance Company Inc. I also acknowledge that a false or incomplete declaration may result in coverage becoming null and void.

For yourself 6.1 Date: _____ 6.2 Participant's signature: _____

For your spouse 6.3 Date: _____ 6.4 Spouse's Signature: _____

7 Mandatory signature

I hereby authorize my employer to deduct the premiums applicable to the coverage I have selected from my salary. I authorize my employer and the insurer to use the information contained on this form, including my Social Insurance Number, for administrative purposes. I certify that all of the information I have provided on this form is true and complete. Furthermore, I acknowledge having read the Personal Information and Insurance File notice provided on the back of this form and having kept a copy of this form.

7.1 Date: _____ 7.2 Participant's signature _____

8 SSQ Section

N° groupe	N° certificat						En vigueur				Classe	Adhérent sélection	
MAL.	FRAIS DENT.	I.H.	R.I.P.	VIE	M.M.A.	VIE P.A.C.	M.M.A.	VIE CONJOINT	M.M.A.	VIE ENFANTS	RENTES SURV.		
											Non <input type="checkbox"/>	Oui <input type="checkbox"/>	
BASE													
ADD.													

Adhérent fumeur oui non
 Conjoint fumeur oui non
 Codifié par _____ le _____

Code certificat _____

CHOICE OF COVERAGE

Note 1

Optional Additional Life Insurance - Add or remove

In the "Add" or "Remove" column, enter the total number of units you wish to have and not the number of units you are adding or subtracting. For example, if you have 3 times your salary and you indicate "2" on the "Decrease to" line of the "Remove" column, we will subtract 1 times your annual salary from your amount of additional life insurance.

MANAGEMENT PERSONNEL OF THE PUBLIC SECTOR

Note 2

All departments and agencies whose personnel is appointed in accordance with the Public Service Act are included in the public sector (CQLR, chapter F-3.1.1)

SECTION 5.13

Note 3

The information contained in this section is for the exclusive use of Retraite Quebec

EMPLOYMENT STATUS

Note 4

Attach to the application form, depending on the sector in question, the employment letter, the appointment certificate, the appointment letter, the description of work tasks and the organisation chart must be attached to the yellow copy for the Retraite Québec. These documents must be sent to the following address:

Retraite Québec
P.O. Box 5500, succursale Terminus
Quebec (Québec) G1K 0G9

For more information about section 5 of this form, contact Retraite Québec at one of the following numbers:

418-643-4640 extensions 2382 or 2383
1-866-627-2505 extensions 2382 or 2383

The form must be signed by the authorized representative of the employer, according to the legal provisions to that effect, or by the designated individual, if there has been a delegation of signing authority.

NOTICE

File and personal information

To maintain the confidentiality of personal information, SSQ, Life Insurance Company Inc., will create an insurance file to hold information about your application for insurance along with information about any insurance claims you make.

Access to this file will be restricted to those employees or authorized agents in charge of underwriting, investigations and claims, and any other person you may authorize. Your file will be in SSQ's offices. You will have the right to consult the personal information held in your file and, if necessary, to have this information rectified by submitting a request in writing to the following address:

Personal Information Protection Officer

SSQ Life Insurance Company Inc.
2525 Laurier Blvd.
P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6

SSQ, Life Insurance Company Inc. has a strict Personal Information Protection Policy. To obtain a brochure outlining this policy, you may send a request in writing to SSQ's Personal Information Protection Officer at the address provided above.

To learn more about our personal information protection practices, go to ssq.ca.