



IDENTIFICATION

Last name and first name of contract holder	Contract number (reference number)
Address _____ _____	Telephone number (home) Area code + number
	Telephone number (office) Area code + number

TO BE FILLED OUT BY THE CONTRACT HOLDER

I am requesting non-smoker rates for the insured: _____
Name of the insured (in block letters)

Signature of contract holder _____
Date

TO BE FILLED OUT BY THE INSURED

I declare that I have not used tobacco in any form (cigarette, cigar, cigarillo, the pipe, marijuana, patch, nicotine gum or any medication to help stop smoking) in the past 12 months.

I declare that the above statement is accurate and complete and I authorize that it be added as an integral part of my file.

Signature of insured _____
Date

Return to: GetWell Insurance **by fax** at 1-866-301-7131 or
by mail to 200, rue des Commandeurs, Lévis, Québec, G6V 6R2