

Contract number (reference number)

Identification of contract holder

Last name	First name		
Address – No., street, apt.	City	Province or territory	Postal code
10-digit phone number (home)	10-digit phone number (work)		

Section to be filled out and signed by the contract holder – Please also sign the next page of this form

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

X _____
Signature of contract holder Date (YYYY-MM-DD)

Declaration to be signed by the insured – Please also sign the next page

I declare:

- That I have not used tobacco in any form (cigarettes, cigars, cigarillos, e-cigarettes, a pipe, patches, nicotine gum or any medication to help stop smoking) in the past 12 months
- That the above statement is accurate and complete and I authorize that it be added as an integral part of my file.

X _____
Signature of insured Date (YYYY-MM-DD)

Consent related to the management of your personal information by Desjardins Group

This consent applies to the contract holder and the insured.

1. Management of your personal information

To serve you on a daily basis and meet our legal obligations, we need to collect, use and disclose information about you. For more details, see Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy.

You may be asked for specific consent to ensure that Desjardins Insurance can deliver or continue to deliver service. This will be done in compliance with Desjardins Group's Privacy Policy.

Desjardins Insurance handles all your personal information confidentially. Your information will be accessed only by employees who require it to complete their tasks.

2. Your rights

You can:

- See the personal information Desjardins Group has about you
- Correct any information that's incomplete, ambiguous or not relevant

To find out how, see Desjardins Group's Privacy Policy.

3. Collection or transfer of your personal information outside of Canada

Desjardins Insurance uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, personal information may be collected in and/or transferred to another country and be subject to the laws of that country.

For information about our policies and practices regarding the collection and transfer of personal information outside of Canada, see Desjardins Group's Privacy Policy. You can also obtain this information, or ask any questions you might have, by calling us a 1-800-463-7870.

By signing this form, you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at www.desjardins.com/privacy-policy
- Authorize Desjardins Group to collect, use and disclose your personal information based on the conditions outlined in the policy and applicable regulations
- Acknowledge and accept that this consent takes precedence over any other consent you've previously signed
- Acknowledge that this consent remains valid for as long as you have a business relationship with a Desjardins Group component

Signatures



X

Signature of contract holder

Date (YYYY-MM-DD)

X

Signature of insured

Date (YYYY-MM-DD)

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