REVIEW OF AN EXTRA PREMIUM
REVIEW OF AN EXCLUSION

Insured's last name

Insured's first name

Date of birth: Year Month Day

Contract Numbers:

☐ I hereby request a review of the extra premium regarding the above-mentioned contract(s).

☐ I hereby request a review of the exclusion regarding the above-mentioned contract(s).

Important: Please complete and attach the Declaration of Insurability form, including the medical authorization.

Signed at _____ on this _____ day of _____ 20 _____ .

X _____
Signature of policyholder 1

X _____
Signature of policyholder 2

X _____
Proposed insured's signature or his or her legal guardian's signature, if the insured is under age 18 in Quebec or under age 16 outside Quebec

_____
Name of the legal guardian with signing authority (please print)

La Capitale Civil Service Insurer Inc. | La Capitale Financial Security Insurance Company
625 Jacques-Parizeau St, Quebec QC G1R 2G5

IND100E (11-2017)