

Modification form



Last name :	First name :	Member's number :	Client number :
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ADDRESS CHANGE			
Address : <input type="checkbox"/> Home <input type="checkbox"/> Office	Phone (office) : ()	Phone (Home) : ()	
		Email :	
City :	Province :	Postal code :	

Any additions, increases of coverage or other amendments requested which extend the insurer's responsibility, are subject to proof of insurability before becoming effective. **You can find the appropriate forms on our web site at www.sogemec.qc.ca under the section «useful documents» or by communicating with us at 514 350-5070 / 1 800 361-5303**

I wish to modify my guarantees of group insurance B150 :

COVERAGES	REDUCTION	CANCELLATION
	SPECIFY TOTAL AMOUNT OF COVERAGE REQUESTED	SPECIFY REASON FOR CANCELLATION
Life insurance / Member		<input type="checkbox"/> Reason :
Life insurance / Partnership		<input type="checkbox"/> Reason :
Life insurance / Spouse		<input type="checkbox"/> Reason :
Life insurance / Children		<input type="checkbox"/> Reason :
Accident insurance / Member		<input type="checkbox"/> Reason :
Accident insurance / Partnership		<input type="checkbox"/> Reason :
Accident insurance / Spouse		<input type="checkbox"/> Reason :
Accident insurance / Children		<input type="checkbox"/> Reason :
Office overhead expense insurance		<input type="checkbox"/> Reason :
Disability insurance Elimination period Benefit period	30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Payable to age 65 <input type="checkbox"/> 70 <input type="checkbox"/>	<input type="checkbox"/> Reason : _____ _____

Privilege of renunciation to indexation on insurance coverage (if applicable)

	ACTUAL RENEWAL	YEARS TO COME
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>
Accident insurance	<input type="checkbox"/>	<input type="checkbox"/>
Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>
Office overhead expense	<input type="checkbox"/>	<input type="checkbox"/>

Signature of member : _____ Date : _____

Return this completed form to :
SOGEMEC ASSURANCES, 2 Complexe Desjardins, CP 217, Succ. Desjardins, Montréal QC H5B 1G9
 Fax (514) 350-5071 - Email: information@sogemec.qc.ca
For more information :
 Montreal : (514) 350-5070 or 1 (800) 361-5303