

AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

NAME OF INSURED	POLICY No. IF APPLICABLE
BROKER / AGENT	EFFECTIVE DATE OF DISCOUNT DD MM YY

On making application for a Retiree Discount, I declare that:
Name (Please Print)

A) I am retired;
 I do not earn or receive income from any office or employment;
 I am not engaged in any professional occupation, and am not operating a business; and
 I have not been employed for 26 weeks or more in the last 52 weeks;

and

B) I am age 65 or older, or
 I am in receipt of a pension under the Canada Pension Plan or the Quebec Pension Plan, or
 I am in receipt of a pension registered under the Income Tax Act, Canada

and

C) I am the principal operator of the automobile to which this discount is assigned.

I agree that should my status under A, B or C above change, I will notify my Insurance Company as I acknowledge that such a change in status may affect the premium charged for my automobile insurance.

Signature of Retiree	Date
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