

Contract number (reference number)

### Identification of contract holder

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

### 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 (YYYY-MM-DD)

### To be filled out by the insured

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.

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 (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