

AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

Policy Number if applicable <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Effective Date of Discount Year / Month / Day <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Insurance Company <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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Name of Insured <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Broker/Agent <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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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 of 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 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Date <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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All other terms and conditions of your policy remain the same.