La Capitale

MEDICAL AUTHORIZATION

Proposed insured's last name

Proposed insured's first name

Date of birth: Year Month Day

Application No. or Contract No.

1. For pricing, underwriting, studies, research and development, regulatory and contractual compliance, the offering of insurance and financial services, and for fraud, error and misrepresentation prevention and detection purposes, I hereby authorize any person, organization or public or parapublic institution holding personal information about me, including healthcare professionals, medical establishments, MIB, Inc., financial institutions, credit rating agencies, insurance and reinsurance companies, personal information agents, investigation or consumer reporting agencies, my employer or my previous employers to disclose this information to the Insurer or to its reinsurers. I further authorize the Insurer and its reinsurers to disclose the personal information they hold to such individuals or organizations, including MIB, Inc., for such purposes.
2. For these same purposes, I authorize the Insurer and its reinsurers to request an investigation report relating to me and to make a brief report to MIB, Inc., providing personal information about my health.
3. This Authorization is also valid with regard to the collection, use and communication of personal information regarding my minor children, insofar as they are concerned by my application.
4. A photocopy of this Authorization is considered as valid as the original.

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

PROPOSED INSURED'S SIGNATURE

Proposed insured's signature (authorized to sign if age 14 or over in Quebec and if age 16 or over outside Quebec)

Signature of a parent or legal guardian if proposed insured is a minor

Please print the parent's or legal guardian's name

ADVISOR'S SIGNATURE

Advisor's signature

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

IND177E (05-2021)