

SURROGACY DECLARATION

IMPORTANT – Complete all sections of this form.

SECTION A. Plan member Identification

Plan member's last and first name	Date of birth YYYY MM DD	Group No.	Certificate No.
No., street, apt.	City	Province	Postal code
Telephone Nos. Home	Office	Extension	

SECTION B. Surrogate Identification

Surrogate's last and first name _____

1. Is the surrogate at least 21 years old? ☐ Yes ☐ No
2. Does the surrogate reside in Canada? ☐ Yes ☐ No
3. Is the surrogate one of your dependents? ☐ Yes ☐ No

SECTION C. Declaration

I certify that all the information provided above is complete and true. I acknowledge that the benefit is subject to the limitation or reduction clauses as well as to the applicable exclusions. I acknowledge that I have read the Personal Information Management section.
A photocopy of this declaration is as valid as the original.

YYYY MM DD

➤ Signature of plan member _____ Date _____

SECTION D. Personal Information Management

To serve you effectively every day and fulfill our legal obligations, we need to collect, use and disclose information about you. You can read Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy for full details on how your personal information is processed. Specific consents may be required to begin and maintain a business relationship with Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance. These steps will be taken in compliance with Desjardins Group's Privacy Policy. Desjardins Insurance handles the personal information it has on you in a confidential manner. Access to your file is limited to authorized personnel who need it to access it to perform their duties. Desjardins Insurance may also communicate with plan members to provide them with optimal health management (management claim tools, informative health documentation, etc.) and offer its clients an insurance product following the termination of their group insurance. You have the right to review your personal information in our files and correct anything that is incomplete, ambiguous or not relevant. To do so, please consult our Privacy Policy.

SECTION E. How to return this form

- Send this form and all necessary documents to: Desjardins Insurance
Group Insurance, Health Claims
C. P. 3950, Lévis (Québec) G6V 8C6
- If applicable, claims must first be submitted to your provincial health insurance plan before submitting them to Desjardins Insurance.
- Please use the Claim for health care benefits form (19132A) to submit expenses that are not covered by your provincial health insurance plan.