AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

Policy Number if applicable	Year Month I	Day		
Name of Insured		Broker/Agent		
On making application for a Retiree Discou	unt, I		_ declare that:	
		Name (please print)		
A) I am retired;				
I do not earn or receive income from any office 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 the 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		
<u></u>				
Policy Number if applicable Effective Date of Disc				
	Year Month I	Day		
Name of Insured		Broker/Agent		
On making application for a Retiree Discount, I declare that:			declare that:	
		Name (please print)		
A) I am retired;				
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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 regis	stered under the Inco	me Tax Act, Canada		
and				

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			

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

C)