



**Children covered by another plan – Please provide the following details :**

Indicate for which child the following applies – Child # : \_\_\_\_\_

Health care	Dental care
<input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent <input type="checkbox"/> Coverage by the plan of an educational institution: <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage <b>If the parents are separated, divorced or not living together :</b> Are you the sole custodial parent? <input type="checkbox"/> <b>or</b> Does the other parent have sole custodial? <input type="checkbox"/> <b>or</b> Do you have shared custody? <input type="checkbox"/> If you share custody, please indicate other parent's date of birth : (YYYY/MM/DD) : _____	<input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent <input type="checkbox"/> Coverage by the plan of an educational institution: <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage <b>If the parents are separated, divorced or not living together :</b> Are you the sole custodial parent? <input type="checkbox"/> <b>or</b> Does the other parent have sole custodial? <input type="checkbox"/> <b>or</b> Do you have shared custody? <input type="checkbox"/> If you share custody, please indicate other parent's date of birth : (YYYY/MM/DD) : _____

Indicate for which child the following applies – Child # : \_\_\_\_\_

Health care	Dental care
<input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent <input type="checkbox"/> Coverage by the plan of an educational institution: <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage <b>If the parents are separated, divorced or not living together :</b> Are you the sole custodial parent? <input type="checkbox"/> <b>or</b> Does the other parent have sole custodial? <input type="checkbox"/> <b>or</b> Do you have shared custody? <input type="checkbox"/> If you share custody, please indicate other parent's date of birth : (YYYY/MM/DD) : _____	<input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent <input type="checkbox"/> Coverage by the plan of an educational institution: <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage <b>If the parents are separated, divorced or not living together :</b> Are you the sole custodial parent? <input type="checkbox"/> <b>or</b> Does the other parent have sole custodial? <input type="checkbox"/> <b>or</b> Do you have shared custody? <input type="checkbox"/> If you share custody, please indicate other parent's date of birth : (YYYY/MM/DD) : _____

Initials : \_\_\_\_\_

**QUEBEC RESIDENTS ONLY  
BILL 33 - « DID YOU KNOW ... »**

- ✓ On January 1<sup>st</sup>, 1997, Bill 33 (Quebec Universal Drug Plan) became effective for all Quebec residents.
- ✓ All Quebec residents under 65 years of age that have access to a group insurance plan, are obliged to join the group plan. If a person is covered by another group plan or if a person is covered by a spouse's group plan, proof of such coverage must be filed with your employer.
- ✓ On the group insurance application form with your employer, you are obliged to insure all eligible dependents, spouse and children, unless these dependents are already covered by another group plan.
- ✓ Your eligible dependents cannot be insured with R.A.M.Q. (Quebec Universal Drug Plan) if you are covered by your employer's group plan, with the exception of a spouse, aged 65 years and over.
- ✓ When filing your Quebec tax return, you will be asked if you have met the requirements according to this law.

**For further information, please do not  
hesitate to contact Customer Service  
at the following numbers :**

**Montreal area:                    514-935-5444**  
**Elsewhere in Quebec:        1 800 363-6217**  
**Fax:                                    514-935-1147**