

**AUTOMOBILE INSURANCE  
DECLARATION FOR RETIREE DISCOUNT**

Policy Number (if applicable)	Effective Date of Discount Year / Month / Day	Insurance Company
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Name of Insured	Broker / Agent
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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 or 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	Date
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