

Dear member, i am contracted by your association to provide you with reliable insurance protection. Find out more by filling out this information request form

## Inquiry form

Profession:	
Full Name :	Date of Birth :
Phone Number :	Cellular :
Address :	
Postal Code :	Province :
What the best moment to contact you?	
Are you currently covered by another private insurance	ce plan? Yes No
Marital Status: Single Single parent Married or common-law	
Any known health issues? Yes No If yes, please specify:	

This form must be filled out and sent to <u>valerie.castonguay@sf-vc.com</u>. An advisor contracted by your association will get in touch with you upon receiving your contact information. For any details or inquiries, please call VALÉRIE CASTONGUAY (819–578–2273).



