

Instructions

As part of this declaration, you **must** attach a proof of residence showing your name and address. The proof of residence to be supplied is specified on the document that the Régie sent you.

On this declaration, indicate:

- your first and last names
- your complete address

Sign and date the declaration.

This declaration is valid for 45 days from the date of its signature.

To be completed by the person making the declaration

I, the undersigned, _____, domiciled at

First name and last name

Number, street, apartment, municipality and postal code

declare that I am currently residing at the above-mentioned address.

I am attaching to this declaration a proof of residence. I also undertake to inform the Régie of any future change of domicile (address).

I confirm that all the information I have provided herein is accurate and complete.

X

Signature of the person making the declaration

Date

A person who knowingly provides false or misleading information to the Régie is committing an offence and is liable to a fine (section 9.3 of the Health Insurance Act [CQLR, chapter A-29]).