


Application number(s)

 **This consent applies to the proposed insured.**

Instructions for the representative

- The proposed insured's consent is **is not required** for an insurance application.
- Any supplementary personal information the representative may obtain about the proposed insured from Desjardins Insurance **can only be shared with the proposed insured.**

 In the section 3 below, we have used the term **representative** to refer to:

- the representative the policyowner does business with; **and**
- certain designated members of the administrative staff of the financial centre to which the representative is attached.

1. Proposed insured

First name	Last name	Date of birth (yyyy/mm/dd)
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2. Representative

First name	Last name	Representative's code
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3. What this consent is used for

As part of the insurance application process, you need to provide personal information, such as details about your health and lifestyle. When we are reviewing the insurance application, we may get information in addition to what you have already provided. We want you to know that we are not allowed to share this **supplementary** information with the representative, unless you give us your consent to do so.

By signing this consent, you authorize us to share this supplementary information with the representative so that they can explain our decision regarding the insurance applied for.

Examples of supplementary personal information we may share with the representative:

- Results of medical exams or lab tests
- Details about your health, including specific illnesses or health problems (mental illnesses, infectious diseases, use of prescription drugs, illicit drugs or alcohol, etc.), treatments you have received or rehabilitation programs you have participated in
- Any information about your health and lifestyle that we may learn about when reviewing your insurance application that you were unaware of when you signed the insurance application
- Your work history and financial situation
- A Highway Safety Code offence (or any offence to other similar laws)
- A Criminal Code offence

 **We want you to know that even if you give us your consent to share supplementary personal information with the representative, we will not share any information that we deem to be highly confidential with them** (for example, test results confirming a critical illness).

End of consent

This consent ends **60 days** after we notify the representative of our decision regarding the insurance applied for.

Cancellation of consent

You can cancel this consent at any time by calling us at 1-877-315-8484.

A photocopy of this consent is as valid as the original.

