

Reference number: Case ID, Policy No., Contract No. or
Application No.

Identification of proposed insured 1

First name	Last name	Date of birth (yyyy/mm/dd)
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Identification of proposed insured 2

First name	Last name	Date of birth (yyyy/mm/dd)
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Consent related to the management of your personal information by Desjardins Insurance

1. Why Desjardins Insurance needs your consent

Your consent allows us to collect, use and disclose the personal information we require to:

1. Analyze your insurance applications
2. Manage your file while you're covered under the insurance
3. Process claims

Your consent also allows us to do the following, as required:

- Look at information in any old insurance file you may have with Desjardins Insurance.
- Ask a personal information broker to provide us with an investigation report about you, if necessary.
- Send a summary of your personal information, including health-related information, to MIB, LLC (see text box below), after analyzing an insurance application you've submitted.

MIB, LLC is an organization that operates a database allowing insurance companies in Canada and the United States to collect and disclose information about their clients.

- Send your doctor any medical information that we obtained about you when analyzing your insurance applications or claims, so they can share it with you.
- Provide insurers and reinsurers with any relevant information (medical test results, etc.), so they can assess an insurance application you've submitted.

By giving your consent to us, you also authorize our reinsurers to collect, use and disclose your personal information the same way we would. Our reinsurers are companies that insure us, Desjardins Insurance.

2. Who your personal information will be collected from or disclosed to

You give your consent for the collection and disclosure of the necessary information with you, but also with other people and organizations. These people and organizations include:

- MIB, LLC
- Healthcare professionals or establishments (doctors, hospitals, clinics, etc.)
- Healthcare providers
- Paramedical firms
- Public or parapublic organizations
- Insurance companies other than Desjardins Insurance
- Reinsurers
- Your employer or a former employer
- The policyowner, if you aren't that person
- Other Desjardins components, if they're involved in the insurance
- A personal information broker or an investigation firm

3. If the application concerns your children

You authorize us to collect, use and disclose the necessary information about them, if they're under age 14 (Quebec) or under age 16 (all other provinces and territories).

By signing this form, you authorize Desjardins Insurance and its reinsurers to collect, use and disclose your personal information based on the conditions outlined in this section, the applicable regulations and Desjardins Group's Privacy Policy. You can consult the policy at www.desjardins.com/privacy-policy.

 **Please sign the next page**

Consent related to the management of your personal information by Desjardins Insurance (cont.)

Proposed insureds age **14 or older** (Quebec) or **16 or older** (provinces or territories other than Quebec)

Signed at (city, province or territory) _____ **X** _____
Signature of proposed insured 1 _____ Date (yyyy/mm/dd) _____

Signed at (city, province or territory) _____ **X** _____
Signature of proposed insured 2 _____ Date (yyyy/mm/dd) _____

If the proposed insured is **under age 14** (Quebec) or **under age 16** (provinces or territories other than Quebec), the signature of a parent, guardian or legal representative is required.

Person signing: ☐ Parent (father or mother) ☐ Guardian (Quebec) ☐ Legal representative (provinces or territories other than Quebec)

Signing for: ☐ Proposed insured 1 ☐ Proposed insured 2

Signed at (city, province or territory) _____ First and last names of the person signing for the proposed insured (please print) _____ **X** _____
Signature _____ Date (yyyy/mm/dd) _____

Person signing: ☐ Parent (father or mother) ☐ Guardian (Quebec) ☐ Legal representative (provinces or territories other than Quebec)

Signing for: ☐ Proposed insured 1 ☐ Proposed insured 2

Signed at (city, province or territory) _____ First and last names of the person signing for the proposed insured (please print) _____ **X** _____
Signature _____ Date (yyyy/mm/dd) _____