

V2023113020

ADULT DEPENDENT DECLAR	ATION		
INSTRUCTIONS: Please do not forget to sign and date this form.	IMPORTANT: This form will be returned if incomplete or unsigned.		COMPLETED FORM: Can be mailed, faxed, or emailed to admin@quikcard.com.
1. Cardholder Information			
Name	Group #	Certificate #	# Employer Name
Address	City	Province	Postal Code
2. Patient Information (if no	t the cardholder)		
Name	Date of Birth D/M/Y		
cardholder or of the cardhold b) The person is dependent on the	child, parent, grandparer's spouse. ne cardholder for supp nada at some time in t	rent, brother, sistement, at some time the year. This res	er, uncle, aunt, niece or nephew of the in the year. idence requirement does not apply if
3. Disclaimers			
PRIVACY NOTICE: The information requadministration purposes. For these pur with others. For more information, cons DECLARATION: I declare that all information complete. Each of the Employer and the	poses Quikcard will, whoult Quikcard's privacy ation and statements	nere necessary, o policy or contact in this Adult Depe	collect from and exchange information : Quikcard by phone or mail. endent Declaration form are true and
inaccuracy or change in the informatic mentioned dependant.	·		· ·
Signature of Cardholder		Date	
Signature of Employer		Date	