



**AUTOMOBILE INSURANCE
DECLARATION FOR RETIREE DISCOUNT**

Policy Number if applicable	Effective date of Discount Year Month Day	Insurance Company
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Name of Insured	Broker/Agent FAIR INSURANCE BROKERS LTD.
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On making application for a Retiree Discount, I

.....declare that:
(Insured's Name)

- A) I am retired;
I do not earn or receive income from any office or employment;
I am not engaged in any professional occupation, and am not operating a business; and
I have not been employed for 26 weeks or more in the last 52 weeks;
and
- B) I am age 65 or older, or
I am in receipt of a pension under the Canada Pension Plan or the Quebec Pension Plan,
or
I am in receipt of a pension registered under the Income Tax Act, Canada
and
- C) I am the principal operator of the automobile to which this discount is assigned.

I agree that should my status under A, B, or C above change, I will notify my Insurance Company as
I acknowledge that such a change in status may affect the premium charged for my automobile insurance.

Signature of Retiree	Date
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