



PROGRAMMED
INSURANCE
BROKERS

For All Your Insurance & Risk Management Needs

Formerly **ROSS** INSURANCE BROKERS

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AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

Policy Number (if applicable) _____ Effective Date of Discount
_____ yy/mm/dd

Insurance Company _____

Name of Insured _____ Broker: Programmed Insurance Brokers

On making application for a Retiree Discount, I _____ declare
that:

Name (Please Print)

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 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 document 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