

**PLAN MEMBER INFORMATION**

Last name:		First name:	Sex M <input type="checkbox"/> Sex F <input type="checkbox"/>
Identifier:	Phone number:	Email:	
Address (number, street, apartment)			
City:		Postal Code:	

**FORMER SPOUSE INFORMATION**

Last name:		First name:	Sex M <input type="checkbox"/> Sex F <input type="checkbox"/>
Date of birth:	Phone number:	Email:	
Address (number, street, apartment)			
City:		Postal Code:	

**DATES OF THE UNION DECLARATION**

Married <input type="checkbox"/>	United in civil union <input type="checkbox"/>
Starting date: (YYYY/MM/DD)	End date: (YYYY/MM/DD)
Signature of member: (Handwritten signature only)	Signature of former spouse: (Handwritten signature only)

**Please return this form:**
**ADDITIONAL INFORMATION**
**DGPP Member Services**

Monday to Friday, from 8 a.m. to 5 p.m.

**By phone**

Call us at 1-866-434-3166 or 514-285-3166

**By secure messaging**

Write to us via the secure [Contact us](#) section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

**HOW TO SEND YOUR DOCUMENTS**

Via secure messaging through the [Contact us](#) section of the DGPP website at [rcd-dgp.com](http://rcd-dgp.com)

**By mail or internal mail to**

Desjardins Insurance  
 LEV 200 – 4 – B  
 200 rue des Commandeurs  
 Lévis QC G6V 6R2