

Policy information

Policy number:
(Please provide a form for each policy)

Policy owner: _____

Insured: _____

I (we), _____, request to modify the effective date of my (our) contract for the date of the signature of the present document, as long as this modification has no effect on the premium.

Please take note that the effective date cannot be the 29th, 30th or 31st. If the present document is signed on the 29th, 30th or 31st, the contract will be dated the 1st of the following month.

Note: This request must be received at Humania Assurance Head office within 10 days of the contract delivery. After this delay, the contract will have to be sent back to be related.

Signed at: _____ on: / /
year / month / day

Signature of a witness: _____

Signature of the policy owner: _____

Signature of the policy owner: _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe (Quebec) J2S 2Z6

