economical INSURANCE®

# Automobile Insurance Declaration for Retiree Discount

Policy number: _____ Effective date of discount: _____

Name of insured: _____ Broker/agent: _____

On making a declaration 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 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 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 (mm/dd/yyyy)

**ECONOMICAL INSURANCE**
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