

**Automobile Insurance
Declaration for Retiree Discount**

Policy Number if applicable:	Effective date: Year/Month/Day	Insurance Company:

Name of Insured:	Broker/Agent H.L. Staebler Company Limited
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On making application for a Retiree Discount, I declare that:

- 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 principal operator of the automobile to which the discount is assigned.

I agree that should my status under A, B, 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
X	