



Change form – special campaign DEADLINE March 31,2026

**Retired management personnel of the Quebec
public and parapublic sectors
Contract Y9999-R**

**I would like to increase my Accident and Health Insurance coverage from the
BASIC Plan to the INTERMEDIATE Plan.**

If you wish to maintain the Basic Plan, you do not need to do anything.

| | | | |
|-----------|------------|-------------|--------------------|
| Last Name | | First Name | Certificate number |
| Apartment | Street no. | City | |
| Province | | Postal code | |
| Email | | | |

The Intermediate Plan will take effect on the first day of the month following Beneva’s receipt of your request.

Signature of the retired participant

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Date

Please return this form using one of the following methods:

By email

**Scan this completed form and
return it to the following
address:**

retraite-public@beneva.ca

Do not send questions to this
address, as they will not be
answered. For electronic
submission of forms only.

By mail

Return your completed form to: 1 866 333-7503

2525 boul. Laurier,
P.O. Box 10500
Stn. Sainte-Foy
Quebec QC G1V 4H6

By fax