

Work and Study Permit Questionnaire

First Name: _____ Last Name: _____

Policy Number: _____ Date of Birth (DD/MM/YYYY): ____/____/____

Date of arrival in Canada (DD/MM/YYYY): ____/____/____

1. I intend to stay in Canada. Yes No
2. I have enclosed a copy of my Canadian work permit with my application. Yes No
3. I have enclosed a copy of my study permit and proof that I'm registered as a full-time student at a Canadian college or university. Yes No

The following question is to be completed if my Canadian work permit is expiring in the next three months:

4. I have applied for permanent residence in Canada or submitted my work permit renewal application. Yes No
If yes, please provide one of the following documents with your application:
 - Copy of my application for permanent residence in Canada
 - Copy of my work permit renewal application
 - Copy of the receipt which, I confirm, represents payment for my application for permanent residence in Canada
 - Copy of the receipt which, I confirm, represents payment for my work permit renewal application

5. Additional information: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of proposed insured Date (DD/MM/YYYY)