

The current coronavirus (COVID-19) pandemic means that we must take the preventive measures necessary to protect the health of our customers and our partners. In order to comply with public health regulations, these measures have a direct impact on the organization of face-to-face meetings with clients. SSQ Financial Services Firm now requires that this declaration be completed prior to meetings with clients, and included as an integral part of the file.

This declaration must be signed by each participant and any other party who may be asked to join (associates, professionals, agents, etc.). At any given meeting, there may be two or three participants: the customer, their spouse and a certified financial services advisor.

The disclosure of being exposed to COVID-19 or contracting the disease is required to protect the health and safety of all parties and to limit the spread of infection. **A positive response to any of the following questions will result in the cancellation of the face-to-face meeting. Instead, a virtual meeting will be held, or the meeting will have to be postponed.**

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

Date of the meeting

Location (full address)

Declaration of participant 1

	Yes	No
1. Have you been in close contact with someone diagnosed or suspected of having COVID-19 in the past 14 days?	<input type="radio"/>	<input type="radio"/>
2. Have you experienced any of the following symptoms in the past 14 days?		
• Fever (approximately 90% of patients)?	<input type="radio"/>	<input type="radio"/>
• Cough (especially dry cough, approximately 80% of patients)?	<input type="radio"/>	<input type="radio"/>
• Shortness of breath (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Feeling tired/unwell (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Loss of smell (with no nasal congestion)	<input type="radio"/>	<input type="radio"/>
3. Do you have a chronic disease or health condition that makes you more at risk of complications?	<input type="radio"/>	<input type="radio"/>

Name of participant 1

Title

Signature of participant 1

Date

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

Declaration of certified representative

	Yes	No
1. Have you been in close contact with someone diagnosed or suspected of having COVID-19 in the past 14 days?	<input type="radio"/>	<input type="radio"/>
2. Have you experienced any of the following symptoms in the past 14 days?		
• Fever (approximately 90% of patients)?	<input type="radio"/>	<input type="radio"/>
• Cough (especially dry cough, approximately 80% of patients)?	<input type="radio"/>	<input type="radio"/>
• Shortness of breath (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Feeling tired/unwell (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Loss of smell (with no nasal congestion)	<input type="radio"/>	<input type="radio"/>
3. Do you have a chronic disease or health condition that makes you more at risk of complications?	<input type="radio"/>	<input type="radio"/>

Name of certified representative

Title

Signature of certified representative

Date

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

Declaration of participant 2

	Yes	No
1. Have you been in close contact with someone diagnosed with or suspected of having COVID-19 in the past 14 days?	<input type="radio"/>	<input type="radio"/>
2. Have you experienced any of the following symptoms in the past 14 days?		
• Fever (approximately 90% of patients)?	<input type="radio"/>	<input type="radio"/>
• Cough (especially dry cough, approximately 80% of patients)?	<input type="radio"/>	<input type="radio"/>
• Shortness of breath (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Feeling tired/unwell (approximately 30% of patients)?	<input type="radio"/>	<input type="radio"/>
• Loss of smell (with no nasal congestion)	<input type="radio"/>	<input type="radio"/>
3. Do you have a chronic disease or health condition that puts you more at risk of complications?	<input type="radio"/>	<input type="radio"/>

Name of participant 2

Title

Signature of participant 2

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

Date

Number of people at the meeting: _____

The *Information for clients and certified representatives* document outlines the additional safety measures required by SSQ Financial Services Firm that will have to be respected with regard to face-to-face meetings. These measures must be followed by all meeting participants. Failure to comply with these measures by any of the participants will result in the cancellation or interruption of the meeting.

The information on this form is confidential and will be kept in compliance with applicable regulations. No information on this form will be disclosed unless required by law, or with the express consent of the parties who signed this document.

¹ Symptoms may be mild (similar to a cold) or more severe (such as those associated with pneumonia and pulmonary or kidney failure).

Sources: [Dialogue](#), [Public Health Agency of Canada](#), [québec.ca/coronavirus](#)

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