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1. Identification of participant

1.1 Police No.: _____ 1.2 Certificat No. (if known) : _____ 1.3 Effective Date of Coverage: | Y | Y | Y | Y | M | M | D | D |
1.4 Participant Name: _____ 1.5 Date of Birth: | Y | Y | Y | Y | M | M | D | D |
First Name Last Name
1.6 Home Address: _____
Street City Province Postal Code
1.7 Email: _____
1.8 Occupation: _____ 1.9 Class/Division: _____
1.10 Amount of Principal Sum: **Basic:** _____ **Optional:** _____ 1.11 Optional Policy No. (if different): _____
1.12 Beneficiary(ies)*: _____ * Please attached a copy of the beneficiary designation form.

2. Identification of insured deceased / injured

Participant (go to question 2.4) Spouse Dependent Child

2.1 Insured Name: _____ 2.2 Date of Birth: | Y | Y | Y | Y | M | M | D | D |
First Name Last Name
2.3 Address (if different than participant): _____
Street City Province Postal Code
2.4 Date of Accident: | Y | Y | Y | Y | M | M | D | D | 2.5 Place of Accident: _____
2.6 Date of loss/death: | Y | Y | Y | Y | M | M | D | D |
2.7 Nature of Loss (Life, Paralysis, Loss of Use of One Arm, etc.): _____
2.8 Circumstances of Accident: _____
2.9 In the event of death of the participant, please advise if he/she left: Spouse: Yes No Unknown / Dependent Child(ren): Yes No Unknown
Name of Spouse: _____ Date of Birth: | Y | Y | Y | Y | M | M | D | D |
Name of Child(ren): _____ Date of Birth: | Y | Y | Y | Y | M | M | D | D |

3. Identification of employer / Policyholder

3.1 Employer / Policyholder: _____
3.2 Representative Name: _____ 3.3 Telephone No.: _____
3.4 Email: _____

4. Identification of the person reporting the loss

4.1 First Name and Last Name: _____
4.2 Relationship to participant: Employer/Policyholder Broker Participant Beneficiary Other
4.3 Email: _____ 4.4 Telephone No.: _____
4.5 Send claim forms to the attention of: _____
4.6 Address: _____

Signature of the person reporting the loss Date