

AIG Insurance Company of Canada

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Toronto, ON M5J 0A8

416-596-4005 | 1-877-317-8060

ahclaimscan@aig.com | www.aig.com**EMPLOYER / ADMINISTRATOR STATEMENT
Accidental Death or Dismemberment****Name of Policyholder:****Policy No.:**

Employer / Administrator Name:

Address:

1. a) Insured Employee / Member full name:
b) Address:
c) Date of birth (MM/DD/YY):
d) Occupation: e) Date of employment (MM/DD/YY):
f) Please indicate: ☐ Hourly ☐ Salaried ☐ Commissioned ☐ Other (explain):
2. a) Date of incident (MM/DD/YY):
b) Details of incident (if known):
3. a) Effective date of insurance coverage (MM/DD/YY):
b) Class of eligible Employee / Member: c) Amount of insurance:
d) Date premium paid to (MM/DD/YY): e) Salary on date last worked:
f) Was the premium for this Employee / Member paid in? ☐ Canadian \$ ☐ US \$
g) Date Employee / Member last worked (MM/DD/YY):
h) Status of the Employee / Member on date of incident:
☐ Active ☐ Retired ☐ Premium waiver for disability
☐ Approved leave (explain): ☐ Other (explain):
i) Date of last benefit increase (MM/DD/YY):
j) Is the Employee / Member receiving Workers Compensation benefits? ☐ Yes ☐ No
k) Is the Employee / Member receiving any other insurance benefits? If yes, provide name of company and policy no.:

IF CLAIM IS FOR DEPENDENT, PLEASE PROVIDE THE FOLLOWING:

Dependent's name:

Date of birth (MM/DD/YY):

Relationship:

Amount of insurance:

PLEASE ATTACH THE MOST RECENT BENEFICIARY DESIGNATION**EMPLOYER / ADMINISTRATOR SIGNATURE****A person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim containing false, incomplete or misleading information, commits a fraudulent Insurance Act, which is a crime.**

Name of Authorized Personnel:

Signature of Authorized Personnel:

Title of Authorized Personnel:

Email:

Date (MM/DD/YY):

City, Province:

Phone number:

The furnishing of forms shall not be an admission of liability by the AIG Insurance Company of Canada.**Reset**