AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
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.