

CREDIT CARD INFORMATION		
MasterCard Account Number	I	

IDENTIFICATION OF INSURED

IDENTIFICATION OF INSURED	
Name (maiden name if applicable)	
First name	Sex
DECLARATION OF INSURED	
1- Date of birth	
2- Address (no., street, city, province)	Postal Code
Telephone ()	
3- Employer's Name	Telephone ()
Address (no., street, city, province)	Postal Code
4- What was your occupation?	
5- List your specific duties	
6- Was this position 🔲 full time	
part-time – Hours worked per week	Y M DI I Y M DI
seasonal – Annual dates of employment From	
self-employed	
7- How long have you been at this job continuously? From	to Y M D
8- Indicate the date you last worked	
9- Please give reason(s) you are presently unemployed	
10- When do you expect to return to work?	
11- If you are not eligible for E.I. benefits, please state reason	
12- Are you now eligible for work? \Box yes \Box no \rightarrow explain _	
13- When did you apply for E.I. benefits?	
14- If you were laid off, when were you first advised?	
SIGNATURE OF INSURED	
I hereby certify that I have answered all the above questions to the best of my knowle that should I become employed at any time, I am obligated to notify the Insurer.	dge, and believe this to be a true and accurate statement. I understand
SIGNATURE	DATE

IMPORTANT

In addition to completing this form, the following items are required:

- Please attach Record of Employment Form completed by your employer.
- Copy of E.I. Benefits Statement Notice of Claimant Slip.

CONTINUE OVERLEAF

Insurer: National Bank Life Insurance Company. National Bank Insurance is a trademark used by National Bank of Canada and some of its subsidiaries.

EMPLOYER'S STATEMENT		
1- Name of employee:		
2- Occupation:		
3- Description of job duties:		
4- Type of employment:		
contract permanent permanent part time		
seasonal temporary on call		
self-employed Y M D 5- (a) Date employed (b) Date terminated Y M D		
6- Was this a continuous period of employment? yes no		
If no, how long was the period of employment immediately prior to the termination date?		
7- (a) Average number of hours worked per week: (b) Expected return date		
8- Reason for termination:		
9- (a) When was employee first notified of termination?		
(b) Was a severance package given?		
10- Company name:		
Address:		
Telephone ()		
Name of person who completed this statement:		
Signature Date Title Title		
National Bank Insurance is a trademark used by National Bank of Canada and some of its subsidiaries.		
CREDIT CARD BALANCE Date Balance amount Interest Rate Premium Rate		
_ Y M D \$ % \$		

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