

CREDIT CARD INFORMATION

MasterCard Account Number

IDENTIFICATION OF INSURED

Name (maiden name if applicable)

First name

Sex
 M F

DECLARATION OF INSURED

1- Date of birth Y M D

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

seasonal – Annual dates of employment From Y M D to Y M D

self-employed

7- How long have you been at this job continuously? From Y M D to Y M D

8- Indicate the date you last worked Y M D

9- Please give reason(s) you are presently unemployed _____

10- When do you expect to return to work? Y M D

11- If you are not eligible for E.I. benefits, please state reason _____

12- Are you now eligible for work? yes no → explain _____

13- When did you apply for E.I. benefits? Y M D

14- If you were laid off, when were you first advised? Y M D

SIGNATURE OF INSURED

I hereby certify that I have answered all the above questions to the best of my knowledge, and believe this to be a true and accurate statement. I understand that should I become employed at any time, I am obligated to notify the Insurer.

SIGNATURE _____

DATE Y M D

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

