

Declaration of Insured

LOAN OR CREDIT CARD INFORMATION

Transit No.

	Loan or card No.		Loan or card No.
<input type="checkbox"/> Corporate Credit Services	<input type="text"/>	→ The claim concerns	<input type="text"/>
<input type="checkbox"/> Mortgage loan	<input type="text"/>	<input type="checkbox"/> Cardholder	<input type="checkbox"/> Cardholder
<input type="checkbox"/> MasterCard credit card	<input type="text"/>	<input type="checkbox"/> Insured spouse	<input type="checkbox"/> Insured spouse

IDENTIFICATION OF INSURED

Last name (maiden name if applicable)

First name

Sex

M F

DÉCLARATION DE L'ASSURÉ

1. Date of birth Y M D

2. Address (No., street, city, province)

Postal code

3. Telephone No. ()

4. a) Date of accident Y M D

b) Date of first physician consultation Y M D

5. How did the accident occur? Please explain in detail.

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6. Name and address of your attending physician:

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7. Were you hospitalized? yes no

If yes, please give the name and address of the hospital:

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Date admitted Y M D

Date released Y M D

8. Did you undergo surgery? Please specify:

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9. What is the highest level of schooling you have completed? _____

10. What is your previous work experience? _____

SIGNATURE OF INSURED

I hereby certify that the information provided in this document is true and accurate.

SIGNATURE _____

DATE

Y	M	D

CONTINUE OVERLEAF

Please sign and date any appended document(s).

DÉCLARATION OF EMPLOYER

1. Name of employee _____ 2(A) Occupation _____
(Attach a description of tasks)

2(B) Date hired

Y	M	D

3. Name of employer _____

Address _____
(No. and street) (City) (Province) (Postal code)

Telephone No. () _____

4. Employee's last day of work

Y	M	D

5. Indicate employee's work hours in a normal week:

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

6. Date of return to work:
Regular work

Y	M	D

 Light duty

Y	M	D

Full time

Y	M	D

 Part time

Y	M	D

7. Reason for stopping work (vacation, lay.off, illness, injury) _____

8. Does the disability come under work accident legislation? yes no

Date

Y	M	D

 Authorized signature _____ Title _____

RESERVED FOR ADMINISTRATIVE USE

AUTHORIZED SIGNATURE _____ DATE

Y	M	D