NATIONAL BANK INSURANCE

CLAIM REQUEST
ACCIDENTAL DISMEMBERMENT

Declaration of Insured

LOAN OR CREDIT CARD INFORMATION

Transit No..

	Loan or card No.		Loan or card No.	
☐ Loan				
☐ Mortgage loan				
☐ MasterCard credit card		→ The claim concerns ☐ Cardholder ☐ Insured spouse		→ The claim concerns ☐ Cardholder ☐ Insured spouse

IDENTIFICATION OF INSURED

Last name (maiden name if applicable)

First name

Sex ☐ M ☐ F

DÉCLARATION OF INSURED

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.

6. Name and address of your attending physician:

7. Were you hospitalized? ☐ yes ☐ no

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

Date admitted Y M D Date released Y M D

8. Did you undergo surgery? Please specify:

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