

**Declaration of Insured**

**LOAN OR CREDIT CARD INFORMATION**

Transit No.

	Loan or card No.	Loan or card No.
<input type="checkbox"/> Loan	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mortgage loan	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MasterCard credit card	<input type="text"/>	<input type="text"/>
	→ The claim concerns	→ The claim concerns
	<input type="checkbox"/> Cardholder	<input type="checkbox"/> Cardholder
	<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 OF INSURED**

1. Date of birth

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

Postal code

3. Telephone No. (    )

4. a) Date of accident

b) Date of first physician consultation

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

Date released

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

**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 


3. Name of employer \_\_\_\_\_

Address \_\_\_\_\_  
(No. and street) (City) (Province) (Postal code)

Telephone No. ( ) 

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4. Employee's last day of work 


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

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

6. Date of return to work:

Regular work	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																															Light duty	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																														
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7. Reason for stopping work (vacation, lay.off, illness, injury) \_\_\_\_\_

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

Date 


 Authorized signature \_\_\_\_\_ Title \_\_\_\_\_

**RESERVED FOR ADMINISTRATIVE USE**

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE 
