

Steps to complete the form

1

Click on the download button for save the form on your computer.



2

Fill in the fields of the form and save your information before submitting it to us.

Section A – Employer's declaration

1. Employee's First Name _____ Last Name _____
2. Employer's Name _____
3. Group n° _____ Certificate n° [| | | | | | | | | | | | | |]
4. Date of employment [Y | Y | Y | Y | M | M | D | D]
5. Was the employee's certificate still in effect at the time of death? No Yes
If no, please indicate the date of termination: [Y | Y | Y | Y | M | M | D | D]
Reason of termination: _____
6. Last day at work [Y | Y | Y | Y | M | M | D | D]
7. If the employee is no longer actively at work, specify the reason:
 Disease Vacation Retirement Other: _____
8. Last salary (on an annual basis) \$ _____ since [Y | Y | Y | Y | M | M | D | D]
9. Insurance amount \$ _____ Accidental Death Benefit amount (if applicable) \$ _____
10. Deceased person's First Name _____ Last Name _____
11. Is it the death of a dependant? No Yes
If yes, please indicate since when the individual has been insured [Y | Y | Y | Y | M | M | D | D]
12. Date of the beneficiary's last change* [Y | Y | Y | Y | M | M | D | D]

Administrator's First Name _____ Last name _____
 Job Title _____
 Phone [| | |] [| | |] - [| | | |] Email _____

X _____ [Y | Y | Y | Y | M | M | D | D]
 Signature of the administrator

Section B – Applicant's declaration

Information about the deceased person

1. First name (at birth) _____ Last name _____
2. Social Insurance Number (SIN) [| | | |] [| | | |] [| | | |]
3. Date of birth [Y | Y | Y | Y | M | M | D | D] Place of birth _____
4. Date of death [Y | Y | Y | Y | M | M | D | D] Place of death _____
5. Last address (number, street, apt.) _____
City _____ Province _____ Postal code [| | | | | |]
6. Civil status at death : Single Married Separated Divorced Widowed Common-law partner
7. Cause of death : _____
If the death results from an accident: Date [Y | Y | Y | Y | M | M | D | D]
Place _____ Circumstances _____
8. Did the deceased person own any individual life insurance contract with UV Insurance or other companies acquired by UV Insurance?
 No Yes

* Please send us a copy of the enrollment or change of beneficiary form under confidential cover.

