

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.

Note: In this document, the masculine gender is used for the sole purpose of lightening the text.

Section A – Employer's declaration

1. First name of employee _____ Last name _____
2. Name of the employer _____
3. Group n° _____ Certificate n° [| | | | | | | | | | | | | |]
4. Date of employment [Y | Y | Y | Y | M | M | D | D] Last job occupied _____
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 worked [Y | Y | Y | Y | M | M | D | D]
7. If the employee is no longer actively at work, give 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 (if applicable) \$ _____
10. Last name of deceased _____ First name _____
11. Is it the death of a dependant? No Yes
If so, since when have these individuals been insured? [Y | Y | Y | Y | M | M | D | D]
12. Date of last change of beneficiary* [Y | Y | Y | Y | M | M | D | D]

First name of the administrator _____ Last name _____
Fonction _____
Phone [| | |] [| | |] - [| | | |] Email _____

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

Section B – Declaration of the applicant

Information about the deceased

1. First name of the deceased (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. Was the deceased insured for personal life insurance 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.

Applicant information

1. First name of the applicant _____ Last name _____
2. Date of birth
3. Social security number (SIN)
4. Address (number, street, apt.) _____
 City _____ Province _____ Postal code
5. In what capacity are you making this claim? Beneficiary Legatee Contractor Executor Tutor
6. Relationship to the deceased _____ Phone -
7. Is the deceased a common-law partner or a child of the common-law partner? No Yes
 If yes, what is the date of the beginning of the cohabitation?

I declare that the information provided is complete and true to the best of my knowledge.

Date

X _____ **X** _____
 Signature of the applicant Signature of a witness

Section C – Send with this application

For the death of a member

- Original death certificate (or proof of death from the funeral home if the sum insured is less than \$20,000)
- Original birth certificate (or photocopy of health insurance card or driver's license (for Quebec residents only))
- Coroner's Report (if death is accidental only. If this is the case, please send us the coroner's report separately)

Please advise us of any other document that provides for a different beneficiary designation and send it to us as soon as possible.

For the death of a dependant

- Original death certificate (or proof of death from the funeral home if the sum insured is less than \$20,000)
- Original birth certificate (or photocopy of health insurance card or driver's license (for Quebec residents only))
- Proof of full-time education (if the deceased is a dependent child over the age of 21)

Please note that additional documents may be required.