

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.

Certificate

Section A – Identification

To be completed by the employee

- Last name First name
- Gender M F Date of birth
- Language English French Phone number -- Home Mobile Office
- Email address (required)
- Address (number, street, apt.)
City Province Postal code
- Marital status Single Married Common-law partner Cohabitation start date

To be completed by the plan administrator

- Employer Group # Billing unit Class
 - Reference number
 - Occupation Employment start date
 - Salary \$ Annual Weekly Monthly Hourly rate Hours per week
 - Employment status Permanent full-time Temporary full-time* Permanent part-time
 Temporary part-time* Occasional* Seasonal*
- Eligibility date
Notes

* Refer to contract if eligible

Section B – Coverage

Desired coverage:

- Life insurance for dependants N/A Couple Single parent Family
- Health insurance Individual Couple Single parent Family Exemption*
- Dental insurance (if applicable) Individual Couple Single parent Family Exemption*

* To be exempted, you must have similar coverage under another group insurance plan. If this is the case, please provide us with the information below:

- Is your spouse covered under another plan for: Spouse's coverage:
- ↳ Health insurance No Yes Individual Couple Single parent Family
- ↳ Dental insurance No Yes Individual Couple Single parent Family

If your group insurance plan is a **modular plan**, indicate the name of the desired module

Terms of the chosen option are applicable to the employee and, if applicable, to their dependants. The same option is applicable to both health and dental insurance. The insured member must keep the chosen option throughout the term provided in their contract. Please refer to the booklet to consult all the rules concerning module changes.

Section C – Dependants

Make sure you have obtained consent from your dependants before collecting their personal information and completing this section.

Last name, first name	Relationship		Gender		Date of birth	Full-time student (age 21 or older)	Disabled*
	Spouse	Child	M	F			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Proof required

Section D – Beneficiaries

In the event of my death, I authorize the beneficiary, heir or executor of my estate to provide UV Insurance and its reinsurers with the information required to investigate the death claim, including supporting documents such as a death certificate or identification.

Last name, first name	Relationship	Date of birth	Percentage	Irrevocable	Revocable
_____	_____	Y Y Y Y M M D D	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Y Y Y Y M M D D	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Y Y Y Y M M D D	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Y Y Y Y M M D D	_____ %	<input type="checkbox"/>	<input type="checkbox"/>

Important: In Quebec, the designation of a spouse with whom the participant is legally married or in a civil union as beneficiary is irrevocable unless otherwise stipulated. In the event of death or divorce, revocation is automatic.
Attention: If you complete this form by hand, please ensure that you write legibly and do not cross out or use correction fluid. Otherwise, the beneficiary designation will not be valid and you will have to complete the form again.

Trustee appointment

For Quebec: The provisions of the Civil Code apply. **Do not** complete this section.

For all other provinces, except Quebec: Complete this section **only** if you have designated a minor beneficiary.

The designated trustee will receive for the minor beneficiary any amounts under the plan established by UV Insurance. The receipt of such amounts by the trustee constitutes a release for UV Insurance. A designation remains valid until a new trustee is appointed or the beneficiary reaches the age of majority, whichever comes first.

First name of the trustee _____ Last name of the trustee _____

Section E – Direct Deposit

I hereby authorize UV Insurance to deposit my group insurance claim payments into my personal bank account identified on the attached void cheque. I certify that the foregoing information is accurate and I commit to inform UV Insurance of any changes. I accept that the agreement may be cancelled by UV Insurance or by myself upon written notice.

A specimen cheque marked "VOID" must be sent to UV Insurance by the secure site or by mail to the address indicated at the bottom of this form.

Section F – Collection, Use and Disclosure of Personal Information

UV Insurance collects personal information about you and your dependants. The information we collect, retain, and use allows us to verify your identity, validate your eligibility for our products and services, process your claims, administer your file, and meet legal requirements. Only duly authorized employees, agents, and service providers will have access to this information in the normal course of business.

In the event that any of said personal information is inaccurate, incomplete or unclear, you may request that it be corrected by contacting our customer service. You may withdraw your consent to the disclosure or use of your personal information at any time by sending a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud street, Drummondville (QC) J2C 7G7. Withdrawal of your consent may have legal or contractual consequences. For example, UV Insurance may not be able to process a request or claim. We wish to inform you that the use of e-mail as a means of communication to transmit a document or text does not guarantee the protection or confidentiality of the information contained in the e-mail. We invite you to use your "My Universe" member portal.

For more details, please consult our privacy policy at www.uvinsurance.ca/privacy-policy.

Section G – Declarations and Authorizations

I declare that the information contained in this application is complete and true. I consent to the use of this information in the preparation of my insurance file, and I acknowledge that any misrepresentation or omission may result in the termination of all or part of my group insurance coverage, or even the denial of certain benefits payable under this contract.

I hereby apply for the group insurance contract issued to my administrator by UV Insurance, and acknowledge that I have read and understood of the information set out in section F above concerning the collection, use, and disclosure of personal information.

I authorize my employer or the administrator of my group insurance plan to communicate my personal information and that of my dependants to UV Insurance for the purpose of administering my file.

A photocopy of these declarations and authorizations has the same value as the original.

X _____ | Y | Y | Y | Y | M | M | D | D |
Member's signature

Section H – Plan Administrator's Signature

I certify that the statements made above are, to the best of my knowledge, complete and true.

X _____ | Y | Y | Y | Y | M | M | D | D |
Plan administrator's signature Plan administrator's print name

Title _____ Phone number | | | | - | | | | - | | | | |