

GROUP BENEFITS CRITICAL ILLNESS PLAN SPONSOR STATEMENT

MAILING ADDRESS

Mail: Co-operators Life Insurance Company
Group Life Claims Department
1920 College Avenue
Regina SK S4P 1C4

Phone: 1-866-442-3098
Fax: 1-866-889-9925

INSTRUCTIONS

Please print clearly and be sure all sections are complete to avoid delays in processing the claim.

For clients not billed by The Co-operators, please attach a copy of the plan member's enrolment form and a copy of the billing.

If the sum insured is based on salary, please attach a copy of the plan member's pay stub for the last full pay period.

1. PLAN MEMBER INFORMATION

Plan Member _____
First Name Initial Last Name

Group _____ Account _____ Certificate _____

Date of Birth _____ Male Female
MMM/DD/YYYY

Date of Employment _____ Date Last Worked _____ Date Returned to Work _____
MMM/DD/YYYY MMM/DD/YYYY MMM/DD/YYYY

Has the plan member been off work due to illness in the last 24 month period? Yes No
 If yes, please provide reason _____

Plan Member occupation as of date last worked _____

Class or union affiliation to which the plan member belongs (if applicable) _____

The plan member is Hourly Salaried Commissioned The plan member is Full-time Part-time

2. EARNINGS/BENEFIT INFORMATION (ATTACH COPY OF PAY STUB FOR LAST FULL PAY PERIOD)

Plan Member Gross Salary \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly Annually
(exclude overtime, commissions, bonuses)

Effective Date of Salary _____
MMM/DD/YYYY

3. DECLARATION

Name of Plan Sponsor _____

Phone Number (_____) _____ Cell Number (_____) _____ Fax Number (_____) _____

Address _____
Street City Province Postal Code

Form completed by _____ Title _____
Name (please print)

I hereby declare that the answers to the above questions are accurate and complete.

Authorized Signature _____ Date _____
MMM/DD/YYYY

Co-operators Life Insurance Company Privacy Statement

Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.