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The following forms are available and can be ordered on www.cooperators.ca>Group>Group Benefits>Forms

Date Ordered _____ Group _____ Account _____ Number of Insured _____
MMM/DD/YYYY

Company Name _____ Contact _____

Address _____
Street City Province Postal Code

Email Address _____ Phone Number (_____) _____ Fax Number (_____) _____

FORM #	DESCRIPTION	REQUIRED	SHIPPED	BACK-ORDERED
GL2325	Critical Disease Physician Statement			
GL1643	Critical Disease Statement			
LC231	Dental Claim Form			
GL2050	Direct Deposit Application - Disability Benefit Payments			
GL1989	Direct Deposit Application - Health Care/Dental Payments			
GL2323	Dismemberment Physician Statement			
GL1346	Dismemberment Statement			
GL2316	Early Intervention - Attending Physician Statement			
GL1800	Early Intervention - Plan Sponsor Statement			
LC241	Extended Health Claim Form			
GL1364	Health Evidence Questionnaire			
GL1444	Living Assistance Benefit - Plan Member Agreement and Application			
GL2234	Long Term Disability - Plan Sponsor Statement			
GL2235	Long Term Disability - Attending Physician Statement			
GL2314	Notice of Death - Claimant Statement			
GL111	Notice of Death - Plan Sponsor Statement			
GL1726	Optional Accidental Death & Dismemberment Insurance Application			
GL1953	Optional Group Life Insurance Application			
GL1821	Plan Member Authorization - Early Intervention			
GL2260	Plan Member Change Form			
GL122	Plan Member Enrolment Form			
GL2337	Plan Member Guide and Application for Early Intervention			
GL2233	Plan Member Guide and Application for Long Term Disability			
GL2237	Plan Member Guide and Application for Short Term Disability			
GL263	Policy Change Form			
GL1243	Pre-Authorized Debit Plan Application			
GL1601	Proof of Death - Physician Statement			
LC278	Return to Work Notice			
GL2238	Short Term Disability - Attending Physician Statement			
GL2236	Short Term Disability - Plan Sponsor Statement			
GL1905	Student Eligibility Form			

EMPLOYEE BENEFIT BOOKLETS (PLEASE SELECT DOCUMENT TYPE)

BOOKLETS ARE SHIPPED SEPARATELY

Electronic file: Email Address _____

Paper Booklets: Quantity Required _____

FOR OFFICE USE ONLY Filled By _____ Date Shipped _____ Shipped Via _____
MMM/DD/YYYY