

ORIGINAL

We cannot settle this claim unless all questions are answered adequately.

A. Identification of employee

| | | |
|----------------------------|---------------------------|--|
| Last name Pearce | First name Mary | Date of birth Y 1976-12-28 D |
|----------------------------|---------------------------|--|

B. Identification of individual concerned (if other than the employee)

| | | |
|----------------------------|----------------------------|--|
| Last name Pearce | First name Larry | Date of birth Y 1979-02-11 D |
|----------------------------|----------------------------|--|

C. Identification of employer

| | | |
|--|----------------------|--------------------|
| Name of employer CINUP | | |
| Address - No., Street | | |
| City | Province | Postal code |
| Telephone no. <i>Area code + number</i> | Ext. | |
| Contract/Group no. 641028 | Account/Division no. | Identification no. |

D. Employer's statement

| | | |
|---|---|---|
| 1. Date of hiring <i>YYYY-MM-DD</i> | 2. Coverage effective date <i>YYYY-MM-DD</i> | |
| 3. Does the employee work on a part-time basis (more than 25% and less than 75% of time)? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, specify the % compare to full time work % | 4. Does the employee work on a full-time basis (more than 75% of time)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Was the insured disabled before the event? <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Date of beginning of disability <i>YYYY-MM-DD</i> | |
| 7. Last date worked <i>YYYY-MM-DD</i> | 8. Salary at beginning of disability | 9. Annual salary at the date of the event |
| 10. Return the payment to employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Remarks | | |

E. Declaration

Declaration – I declare that the information provided above is complete and true.

| | |
|---|-------------------|
| Colette Shwetz | HR Manager |
| Name of employer's representative (please print) | Title |
|  | 2022-02-01 |
| Signature of employer's representative | Date |