CUMIS Life Insurance Company
P.O. 5065, 151 North Service Rd., Burlington, Ontario L7R 4C2
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Service en français
Tél: 1-800-361-3936 Télécopieur: 1-800-897-7065

INITIAL CLAIM FORM FOR LOSS OF EMPLOYMENT BENEFITS

PART 1 - AUTHORIZATION TO BE COMPLETED BY MEMBER

CLAIM NO. ____________________

AUTHORIZATION FOR RELEASE OF MEDICAL AND EMPLOYMENT INFORMATION - I authorize any Physician, Hospital, Insurer, Employer or any other organization or person having any records, data or information concerning me to furnish such records, data or information as may be requested by CUMIS Life Insurance Company.

I understand that the personal information furnished herein will be used by CUMIS to administer my claim, and for such other lawful purposes in accordance with applicable federal and provincial laws, as may apply.

A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF MEMBER ____________________ AREA CODE - TELEPHONE NO. ____________________ MONTH/DAY/YEAR ____________________

PART 2 - STATEMENT TO BE COMPLETED BY EMPLOYER

Employer Name ____________________ Phone No. (______) ____________ *Area Code* Fax No. (____) ____________ *Area Code*

Address ____________________ *Number & Street* *City* *Province* *Postal Code*

Office Hours ____________________

1. Employee's Name ____________________ *Last* *Initial* *First*
2. Date employment commenced with your company month _______ day ______ year ______
3. Job title as of date last physically at work ____________________

   Date hired for this position: month ______ day ______ year ______

   Briefly describe duties ____________________

   Normal number of hours worked per week ____________ *(Excluding overtime)* Annual Salary ____________ *(Excluding overtime, shift bonuses, etc.)*
4. Was employee's position classified as "seasonal" employment? ☐ Yes ☐ No If "Yes", dates when work not available ____________ *month/day/year* to ____________ *month/day/year*
5. Was employee's position classified as "contract" employment? ☐ Yes ☐ No If "Yes", dates when work contract ran: from ____________ *month/day/year* to ____________ *month/day/year*
6. Date employee first advised job no longer available month ______ day _____ year ______
7. Effective date when employee's job no longer available month ______ day _____ year ______
8. Reason for loss of employee's job ____________________
9. Is there any possibility of a recall? ☐ Yes ☐ No If "Yes", when might recall be made? month _____ day _____ year _____
10. Date when RECORD OF EMPLOYMENT provided ____________ *month / day / year* **PLEASE ATTACH A COPY**
11. Was a severance allowance provided? ☐ Yes ☐ No If "Yes", amount and date to which severance provides benefits ____________________

I hereby certify that the above information is correct.

Signature ____________________ *(Mr., Mrs., Miss, Ms.)* Title ____________________

Print name ____________________ Date ____________ *month / day / year*

The information furnished herein will be used by CUMIS for claims administration purposes, and for such other lawful purposes in accordance with applicable federal and provincial laws, as may apply.

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