UV INSURANCE

INDIVIDUAL INSURANCE

Applicant's Statement of Job Loss

EQC073

Important: Please fill out in block letters and complete each section as accurately as possible.

Section A—Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to obtain information about your job loss and current employment status.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B—Identification

1. Contract # _____
2. First name _____ Last name _____
3. Date of birth Y M D

Section C—Information

1. Do you expect to be unemployed for more than 30 days? ☐ Yes ☐ No
2. Was the job you held: ☐ Seasonal ☐ Part-time
3. Are you related to your former employer? ☐ Yes ☐ No
4. Did you leave your job due to pregnancy, childbirth or an abortion? ☐ Yes ☐ No
5. Was the job loss due to:
   ☐ Illness or injury ☐ Alcoholism or drug addiction

Note: For all claims, attach your most recent Record of Employment available on My Service Canada Account.

Section D—Consent and Signature

By signing, you understand that in the event any of your personal information is inaccurate, incomplete, or ambiguous, you may request a correction by contacting UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by contacting the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signature

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ _____ Date Y M D

Applicant's signature — Signatory's name in block letters

Send the form to the following email address: ind.client@uvinsurance.ca

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990