UV INSURANCE

GROUP INSURANCE
Claim upon death

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

With this form, the collection of personal information allows UV Insurance to contact the institutions/individuals involved, namely the family members, the funeral home, the employer, the broker, the employee's former insurers, as well as the relevant government institutions. This information will be required to process the deceased person's file.

The personal information collected 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 – Employer Declaration

Note: Note that when a dependent dies, only numbers 1–5 and 9–11 are required.

1. Employee first name _____ Last name _____

2. Employer name _____

3. Group no. _____ Certificate no. _____

4. Date of employment Y M D

5. Was the employee's certificate still in effect at the time of death? ☐ Yes ☐ No

If **No**, indicate the date of termination: Y M D

Reason for termination: _____

6. Last day at work Y M D

7. If the employee is no longer actively at work, give the reason:

☐ Sick leave ☐ Vacation ☐ Retirement ☐ Other: _____

8. Most recent salary (annual) $ _____ since Y M D

9. Insured amount $ _____ Insured amount for accidental death (if applicable) $ _____

10. Last name of deceased person _____ First name _____

11. Is the deceased a dependent? ☐ Yes ☐ No

If **Yes**, how long has this person been insured? Y M D

12. Date of most recent **beneficiary change*** Y M D

* Please provide us with a copy of the enrolment or change of beneficiary form, in confidence.

Administrator first name _____ Last name _____

Position _____

Telephone ___ ___-___ Email _____

X _____ _____ Date Y M D

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

Section C – Information about the deceased

1. First name of the deceased (at birth) _____ Last name _____
2. Social insurance number (SIN) ___ ___ ___
3. Date of birth Y M D Place of birth _____
4. Date of death Y M D Place of death _____
5. Most recent address (number, street, apt.) _____
   City _____ Province _____ Postal code _____
6. Marital status at death: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common-law partner
7. Cause of death: _____

   If the death is the result of an accident: Date Y M D
   Location _____ Circumstances _____
8. Was the deceased insured for personal life insurance with UV Insurance or other companies acquired by UV Insurance? ☐ Yes ☐ No

Section D – Information about the applicant

1. Applicant first name _____ Last name _____
2. Date of birth Y M D
3. Social insurance number (SIN) ___ ___ ___
4. Address (number, street, apt.) _____
   City _____ Province _____ Postal code _____
5. In what capacity are you submitting this claim? ☐ Beneficiary ☐ Legatee ☐ Policyholder ☐ Executor ☐ Guardian
6. Relationship to the deceased _____ Telephone ___ ___-___
7. Is the deceased a common-law partner or the child of a common-law partner? ☐ Yes ☐ No

   If **Yes**, when did cohabitation begin? Y M D

Section E – 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 submitting a request to 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 making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see 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.

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 | Name of signatory (please print)

Section E – Send with this application

Note: Copies of documents are now accepted and may be sent by mail, through online access or by fax.

For the death of a member

- ☐ Death certificate (or proof of death from the funeral home)
- ☐ Birth certificate (or photocopy of health insurance card or driver's licence [for Quebec residents only])
- ☐ Coroner's report (only if accidental death, in which case please send us the coroner's report separately)
- ☐ A copy of the most recent will or Register of Testamentary Dispositions and Mandates of the Barreau du Québec (if you are not a beneficiary of this life insurance policy)

Please advise us of any other documents specifying a further beneficiary designation and send it to us as soon as possible.

For the death of a dependent

- ☐ Death certificate (or proof of death from the funeral home)
- ☐ Birth certificate (or photocopy of health insurance card or driver's licence [for Quebec residents only])
- ☐ Proof of full-time education (if the deceased is a dependent child over the age of 21)

Please note that additional documentation may be required.

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