

GROUP BENEFITS NOTICE OF DEATH PLAN SPONSOR STATEMENT

FOR OFFICE USE ONLY

MAILING ADDRESS

Mail: Co-operators Life Insurance Company
Group Life Claims Department
1920 College Avenue
Regina SK S4P 1C4
Fax: 1-866-889-9925

INSTRUCTIONS

Please print clearly and be sure all sections are complete to avoid delays in processing the claim.
For clients not billed by The Co-operators, please attach a copy of the plan member's enrolment form and a copy of the billing.
If the sum insured is based on salary, please attach a copy of the plan member's pay stub for the last full pay period.

1. PLAN MEMBER INFORMATION

Plan Member _____
First Name Initial Last Name
Group _____ Account _____ Certificate _____
Date of Birth* _____ ☐ Male ☐ Female
MMM/DD/YYYY
* If age is over 60, please attach a copy of the plan member's birth certificate
Date of Employment _____ Date Last Worked _____
MMM/DD/YYYY MMM/DD/YYYY
If plan member has been absent from work for more than 1 week, please provide reason _____
Plan Member occupation as of date last worked _____
Class or union affiliation to which the plan member belongs (if applicable) _____
The plan member is ☐ Hourly ☐ Salaried ☐ Commissioned The plan member is ☐ Full-time ☐ Part-time

2. CLAIM INFORMATION

Death of: ☐ Plan Member ☐ Dependent Relationship to Plan Member _____
Name of Deceased _____
First Name Initial Last Name
Date of Death _____
MMM/DD/YYYY

3. EARNINGS/BENEFIT INFORMATION

Plan Member Gross Salary (exclude overtime, commissions, bonuses) \$ _____ ☐ Hourly ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually
(attach copy of pay stub for last full pay period)
Effective Date of Salary _____
MMM/DD/YYYY

4. DECLARATION

Name of Plan Sponsor _____
Phone Number (_____) _____ Cell Number (_____) _____ Fax Number (_____) _____
Address _____
Street City Province Postal Code
Form completed by _____ Title _____
Name (please print)
I hereby declare that the answers to the above questions are accurate and complete.
Authorized Signature _____ Date _____
MMM/DD/YYYY

Co-operators Life Insurance Company Privacy Statement

Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.