Equitable Life of Canada®

Head Office
Group Disability Claims Department
One Westmount Road North
P.O. Box 1603 Stn. Waterloo, Waterloo Ontario N2J 4C7
TF 1.800.265.4556 **T** 519.886.5210

GROUP DEPENDENT LIFE CLAIM - STATEMENT OF EMPLOYER

1. Name of Insured: _____

2. Group Policy No.: _____ Certificate No.: _____

3. Occupation: _____

4. Prior to date of claim, date employee last at work on a full-time basis:	DD / MM / YYYY
5. Is the employee retired? ☐ Yes ☐ No If "Yes", date of retirement:	DD / MM / YYYY

6. How many hours was this employee working per week? _____

7. Name of Deceased: _____ Relationship to Employee: _____

8. Date of Death:	DD / MM / YYYY

9. Cause of Death: _____

10. If the insured's dependent is a child over the age of 18, please complete the following (if applicable):

i) Date full-time schooling was to have been completed:	DD / MM / YYYY
ii) Date dependent became employed full time:	DD / MM / YYYY

iii) Dependent unmarried at the time of death? ☐ Yes ☐ No

11. Other:

Date: _____ Employer name: _____

Authorized signature and title: _____

Name of Authorized Employer representative (please print: _____

Please forward completed form by logging on to the Plan Administrator website and securely forwarding information OR by FAX at 1.888.505.4373 OR mail to: (do not use staples):

Equitable Life of Canada
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Please keep a copy of this form for your records.

Please note: Equitable Life cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.265.4556.