

# GROUP BENEFITS LIFE WAIVER OF PREMIUM PLAN SPONSOR STATEMENT

MAILING ADDRESS	INSTRUCTIONS
Mail: Co-operators Life Insurance Company Group Life Claims Department 1900 Albert Street Regina SK S4P 4K8  Phone: 1-866-442-3098 Fax: 1-866-889-9925 Email: <a href="mailto:group_life_claims@cooperators.ca">group_life_claims@cooperators.ca</a>	Please print clearly and be sure all sections are complete to avoid delays in processing the claim.  For clients not billed by Co-operators, please attach a copy of the plan member's enrolment form, a copy of the billing, and a copy of the LTD approval letter.

**1. PLAN MEMBER INFORMATION**

Plan Member \_\_\_\_\_  
First Name Initial Last Name

Group \_\_\_\_\_ Account \_\_\_\_\_ Certificate \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MMM/DD/YYYY

Address \_\_\_\_\_  
Street City Province Postal Code

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_

**2. COVERAGE INFORMATION**

Class or union affiliation to which the plan member belongs (if applicable) \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date Last Worked \_\_\_\_\_ Date Returned to Work \_\_\_\_\_  
MMM/DD/YYYY MMM/DD/YYYY MMM/DD/YYYY

Is condition due to injury or illness arising out of employment?  Yes  No  
 If "Yes", has the plan member applied for Workers' Compensation benefits?  Yes  No  
 If "No" please provide details. \_\_\_\_\_  
 \_\_\_\_\_

The plan member is  Hourly  Salaried  Commissioned  
 For commissioned or self employed plan members provide T4, notice of assessment, and statement of expenses for the previous two years.

The plan member is  Full-time  Part-time  Contract (please enclose a copy of the contract agreement)

Average hours worked in a normal work week \_\_\_\_\_ What days of the week does the plan member work? \_\_\_\_\_  
(excluding overtime) (ie. Monday to Friday)

Is the plan member involved in shift work?  Yes  No If yes, what is the rotation schedule? \_\_\_\_\_

Date employment terminated (if applicable) \_\_\_\_\_ Reason \_\_\_\_\_  
MMM/DD/YYYY

**3. EARNINGS/BENEFIT INFORMATION (ATTACH COPY OF PAY STUB FOR LAST FULL PAY PERIOD)**

Plan Member Gross Salary \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Semi-monthly  Monthly  Annually  
(exclude overtime, commissions, bonuses)

Effective Date of Salary \_\_\_\_\_ Is any portion of the premium paid by the plan sponsor/employer?  No (non-taxable)  Yes (taxable)  
MMM/DD/YYYY

**4. OCCUPATIONAL INFORMATION**

What was the regular occupation of the plan member immediately prior to their no longer attending work? \_\_\_\_\_

How long has the plan member worked in this position? \_\_\_\_\_

Please describe this plan member's regular occupation as well as any modifications, if any. **Attach a copy of the job description provided by the company.**  
 \_\_\_\_\_  
 \_\_\_\_\_

When did the plan member's illness or injury first appear to affect their work? \_\_\_\_\_  
MMM/DD/YYYY

**4. OCCUPATIONAL INFORMATION (CONTINUED)**

From your observations how did the plan member's performance change? \_\_\_\_\_  
 \_\_\_\_\_

Have you discussed a return to work with the plan member?  Yes  No If yes, provide date and details \_\_\_\_\_  
MMM/DD/YYYY

Has this job been eliminated?  Yes  No

**PHYSICAL DEMANDS ANALYSIS**

The following physical demands analysis of the plan member's occupation is to be completed by their supervisor.  
 In the appropriate column, please specify the average amount of time (in hours) the following activities are regularly performed:

		Continuously	Daily Total
1	Sitting		
2	Standing		
3	Driving		
4	Bending		
5	Climbing up and down stairs		
6	Lifting <input type="checkbox"/> 0-10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> 20-50 lbs <input type="checkbox"/> 50+ lbs with lifting device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Pushing/Pulling <input type="checkbox"/> 0-10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> 20-50 lbs <input type="checkbox"/> 50+ lbs		

Please describe work environment (i.e. temperature, noise levels, chemical/dust exposure, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any machines, tools, or other equipment that the plan member uses in the occupation  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information that may be relevant to this claim which has not been previously provided  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. DECLARATION**

Name of Plan Sponsor \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Province Postal Code

If you would like Co-operators to communicate with you by email about this claim, please provide your email \_\_\_\_\_

You acknowledge that data transmitted over the internet may be intercepted and that such transmission is at your own risk. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to [group\\_life\\_claims@cooperators.ca](mailto:group_life_claims@cooperators.ca).

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

## 6. PRIVACY

### Co-operators Life Insurance Company Privacy Statement

At Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about the Co-operators privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at Co-operators at 1-888-887-7773, or by e-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca)