

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Phone: 604 419-2000 Toll-free: 1 877 722-2583 Fax: 604 419-8055

i Please fill out this form completely and as soon as possible. Failure to do so may delay the review of this application.

PART 1 — EMPLOYEE INFORMATION

Name of member/employee			Identification number		Group life policy number	
Address			City		Province	Postal code
Birthdate (mm-dd-yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Occupation		Hours worked per week	
Employer	Division number	Class number	Date employed (mm-dd-yyyy)		Effective date of insurance (mm-dd-yyyy)	
Date of disability (mm-dd-yyyy)		Date LTD approved/commenced (mm-dd-yyyy)		Salary as of date of disability \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually

PART 2 — COVERAGE & AMOUNTS

Please provide effective date of (mm-dd-yyyy) and volumes of applicable coverage under this plan.

Basic life (mm-dd-yyyy)	\$
Optional life (mm-dd-yyyy)	\$
Optional life – spouse (mm-dd-yyyy)	\$
Optional life – child (mm-dd-yyyy)	\$
AD&D (mm-dd-yyyy)	\$
Optional AD&D (mm-dd-yyyy)	\$

Was claimant's coverage in force and premiums paid on the last day worked? Yes No

PART 3 — AUTHORIZATION

I certify that the information provided above is true and complete to the best of my knowledge and belief, and that premiums have been paid for the above benefits. I am the Plan Sponsor/Employer.

Authorized official's name (please print)		Phone number (10 digits)	Fax number	Email address
Authorized official's signature X		Title		Date (mm-dd-yyyy)

- i 1. If LTD is with PBC, please submit this form with the LTD application.**
- 2. If LTD is with another carrier, the approval letter must be attached to this form.**