Desjardins Insurance
Life • Health • Retirement

C. P. 3000
Lévis (Québec) G6V 9X8
desjardinslifeinsurance.com

FORM FOR EVIDENCE OF INSURABILITY REQUESTED BENEFITS

Self-administered plans and TED

INSTRUCTIONS

1. Please specify the requested benefits amounts (dollar amount or number of times the salary). Refer to the policy provisions.
2. Include the evidence of insurability report(s) with the form: ☐ No. 20009A ☐ Other: _____
3. Sign and date the form below.
4. The member must return the form with the evidence of insurability report(s) to the above address.

IDENTIFICATION

Name of policyholder	Group number	Division number	Certificate number

Last name of member	First name of member	Annual salary (if applicable)	Date of birth YYYY MM DD	Sex ☐ Male ☐ Female

- Is the application for a late enrollment? ☐ No ☐ Yes
- Has any evidence been previously submitted? ☐ No ☐ Yes
- If this is a late enrollment or modification, please indicate how many days have passed since the submission deadline set out in your policy: _____

	Basic Life Amount ($) or No. of times the annual salary	**Optional Life** Amount ($) or No. of times the annual salary	**Critical Illness** Amount ($)	**Dependent Life** Amount ($)
Total amount requested		Member	Member $	Spouse $
		Spouse $	Spouse $	Each child $
		Each child $	Each child $	
Current amount		Member	Member $	Spouse $
		Spouse $	Spouse $	Each child $
		Each child $	Each child $	
Maximum amount allowed without evidence of insurability		Member	Member $	Spouse $
		Spouse $	Spouse $	Each child $
		Each child $	Each child $	

	Long-Term Disability Amount ($)	**Short-Term Disability** Amount ($)	**Extended Health Care (all of Canada - except Québec)**	**Dental Care**
			☐ Member only ☐ Member and dependents ☐ Dependents only	☐ Member only ☐ Member and dependents ☐ Dependents only
Total amount requested	$	$		
Current amount	$	$		
Maximum amount allowed without evidence of insurability	$	$		

Last name and first name of authorized person _____

Signature _____ **Date** _____

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST