

MAILING ADDRESS

 Mail: Co-operators Life Insurance Company
 Disability Claims Department
 1900 Albert Street
 Regina, SK S4P 4K8

 Fax: 1-866-889-9926

INSTRUCTIONS

To avoid delays, complete all sections and attach a copy of your cheque stub/pay stub.

1. PLAN MEMBER INFORMATION

 Plan Member _____
First Name Initial Last Name
 Group _____ Account _____ Certificate _____
 Plan Sponsor/Employer _____ Phone Number (____) _____

2. INCOME INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

 Pay Period From: _____ To: _____ Pay Date: _____
MMM/DD/YYYY

Gross Pay:	\$ _____	Hourly Pay:	\$ _____	Vacation Pay:	\$ _____
CPP/QPP Deducted:	\$ _____	EI Premium Deducted:	\$ _____	OT Pay:	\$ _____
Income Tax Deducted:	\$ _____	LTD Premium Deducted:	\$ _____	STAT Pay:	\$ _____
Registered Pension Plan (RPP) contributions Deducted:	\$ _____	Salary/Shift Premiums:	\$ _____	Sick Pay:	\$ _____

On the schedule below:

- Specify the hours worked during the pay period(s)
- The earnings listed, and the pay stub(s) provided must match.
- If a return to full hours occurs in this period, only indicate the hours and pay related to the gradual return to work plan.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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3. DECLARATION

Form completed by _____ Title _____

Name (please print)

Phone Number (_____) _____ Cell Number (_____) _____ Fax Number (_____) _____

I hereby declare the answers to the above information are accurate and complete.

Authorized Signature _____ Date _____

MMM/DD/YYYY

4. 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 Co-operators privacy policy at 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