

Please answer all questions fully – it helps us to provide better service.

This form can be completed in ink (please print) and then returned to **SSQ Insurance Company Inc.** at any of the following addresses:

SSQ Place, 110 Sheppard Avenue East,
Suite 500, Toronto, Ontario M2N 6Y8
Fax: (416) 928-0998

2020 University Street, Suite 1800
Montreal, Quebec H3A 2A5
Fax: (514) 282-6672

800 - 6th Avenue S.W., Suite 650
Calgary, Alberta T2P 3G3
Fax: (403) 261-3101

Early filing of the Notice of Claim will help to expedite the claims process.

Policy Number _____ Date notice reported to SSQ Insurance Company Inc. D M Y _____

Employer/Policyholder _____

Address _____

Employee/Member _____ Date of Birth D M Y _____

Home Address _____

Occupation _____ Class/Division _____

Name of person reporting loss _____

Relationship to Employee/Member:

Employer/Policyholder Broker Insured Beneficiary Other _____

E-Mail Address _____ Telephone No. () _____

Injured/Deceased Insured _____ Date of Birth D M Y _____

Relationship to Employee/Member _____

Home Address (if different from Employee/Member) _____

Date of Accident D M Y _____ Place of Accident _____

Date of Loss/Death D M Y _____

Nature of Loss (Life, Paralysis, Loss of Use of One Arm, etc.) _____

Circumstances of Accident _____

Amount of Principal Sum \$ _____ Beneficiary _____

In the event of death of Employee/Member, please advise if he/she left:

Spouse: Yes No Unknown Dependent Child(ren): Yes No Unknown If "Yes" _____

Name of spouse _____ Date of Birth D M Y _____

Name of child(ren) _____ Date of Birth D M Y _____

(if space is insufficient, please use a separate sheet of paper)

Send claim forms to the attention of _____

Email Address _____

Company Name (if applicable) _____

Address _____