

Statement of plan administrator

Title:

Telephone: (

Extension:

Net \$ (gross salary less federal and provincial income taxes, QPP, and Employment Insurance)

Provincial TP1015.3 \$

On call Other (specify):

to day workday: from time to time

14

year	month	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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18 Does the disability result from a work-related accident? an occupational illness?

19 Does the disability coincide with:

a dismissal? no yes → Date: / /

a lay-off? no yes → from / / to / / Date of notification: / /

an elimination of a position? no yes → Date: / /

an unpaid leave? no yes → from / / to / /

other: specify from / / to / /

20 During the period of disability, have you made any payments to this employee? no yes **Nature** **Period**

If yes, specify the nature, the period and the amount of any such payments:
(E.g.: holiday, sick-leave)

21 Is there any other information concerning the present claim that we should be aware of? no yes

If yes, please specify:

22 If the employee is capable of performing a function with this condition, is there any work available in your organization? no yes

If yes, please specify:



The insured must complete this section

- ①
 - ②
 - ③
 - ④
 - ⑤
- Y Y Y Y M M D D

Declaration of the attending physician (Complete in block letters and give to the patient)

4. Questions specific to the contract

5. Identification of the physician

NOTE: THE INSURED MUST PAY THE FEES REQUESTED TO COMPLETE THIS FORM

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The insured must complete this section

①

③

②

④

⑤

Y Y Y M M D D

Declaration of the attending physician (Complete in block letters and give to the patient)

3. Follow-up and prognosis

4. Questions specific to the contract

5. Identification of the physician

NOTE: THE INSURED MUST PAY THE FEES TO COMPLETE THIS FORM.

SSQ, LIFE INSURANCE COMPANY INC. • DISABILITY INSURANCE SERVICES • 2525 LAURIER BOULEVARD • P.O. BOX 10500 • STATION SAINTE-FOY • QUEBEC • QC • G1V 4H6
PHONE NO.: 1-877-317-1406 (TOLL FREE) • FAX NO.: 418-651-5569

FA1257A (2014-06)

SSQ vous offre la possibilité d'adhérer au dépôt direct de vos prestations d'assurance salaire. Il s'agit d'un moyen **simple et efficace** de recevoir le remboursement de vos prestations directement dans votre compte bancaire. Prendre note que vous ne recevrez pas d'avis de dépôt.

Pour vous prévaloir de ce service, remplissez ce formulaire, imprimez-le et joignez-y un spécimen de chèque portant la mention « annulé ». Postez le tout à l'adresse indiquée ci-dessus.

Avertissement : Veuillez vous assurer que votre groupe permet le dépôt direct de vos prestations avant de compléter ce formulaire.

Pour information :

Région de Québec (418) 651-2307 - Région de Montréal (514) 223-2503 - Autres régions 1 888 651-2307 - Télécopieur (418) 651-5569

ADHÉSION AU DÉPÔT DIRECT

Nom :

Prénom :

Numéro de contrat :

N.A.S. :

Adresse :

Code postal :

N° de téléphone : ()

AUTORISATION

Par la présente, j'autorise SSQ, Société d'assurance-vie inc. à déposer mes prestations d'assurance salaire dans mon compte bancaire identifié par le spécimen de chèque ci-joint. Je peux renoncer en tout temps à ce service en téléphonant au Service de l'assurance salaire de SSQ.

JOINDRE UN SPÉCIMEN DE CHÈQUE PORTANT LA MENTION « ANNULÉ »

Signature :

Date :

Veuillez prendre note que cette adhésion est valide pour le dépôt direct des prestations d'assurance salaire uniquement.

Veuillez nous informer de tout changement au sujet du compte bancaire spécifié ci-dessus.

SSQ is pleased to offer you Direct Deposit, an easy way to receive your Income Insurance benefit payments without delay. With Direct Deposit, benefits are paid directly into your bank account, and no notice of payment is sent by mail.

To take advantage of this service, complete the form provided below, print it out and mail it to the above address. Please include a cheque specimen marked "Void."

N.B.: Please check to make sure your group allows benefits to be paid by direct deposit before completing the form.

For more information: Tel.: 1 877 317-1406 (toll free) - Fax: (418) 651-5569

APPLICATION FOR DIRECT DEPOSIT

Last Name:

First Name:

Contract No.:

S.I.N.:

Address:

Postal Code:

Tel.: ()

AUTHORIZATION

I hereby authorize SSQ, Life Insurance Company Inc. to deposit my Income Insurance benefit payments into the bank account indicated on the enclosed cheque specimen. I understand that I may cancel this service at any time by telephoning SSQ's Income Insurance Department.

PLEASE ENCLOSE A CHEQUE SPECIMEN MARKED "VOID."

Signature:

Date:

Please note that this application is valid only for direct deposit of Income Insurance benefits.

Please remember to inform us of any changes to your bank account details in the future.