Desjardins Insurance
Life • Health • Retirement

C. P. 3000
Lévis (Québec) G6V 9X8
desjardins.com/business

FORM – EVIDENCE OF INSURABILITY REQUESTED BENEFITS

Self-administered plans and EDT

INSTRUCTIONS

1. Complete the Identification section and specify the requested benefits amounts (dollar amount or number of times the annual salary). Refer to the provisions of your contract.
2. Include the evidence of insurability form(s) with this form: ☐ No. 20009A ☐ Other: _____
3. Sign and date this form.
4. The plan member must return this form with the evidence of insurability form(s) to the above address or online at desjardinslifeinsurance.com/send.

IDENTIFICATION

Name of policyholder	Group number	Division number	Certificate number

Last name of plan member	First name of plan 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
- For a late enrollment or modification, indicate how many days have passed since your contract's submission deadline _____

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

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

Last name and first name of authorized person _____

Signature _____ **Date** YYYY - MM - DD _____

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST