Desjardins Insurance
Life • Health • Retirement

Case postale 3800
Lévis (Québec) G6V 0S1
www.desjardinslifeinsurance.com/send
All provinces or territories – except Quebec: 1-800-278-0669
Quebec: 1-888-558-5525

Occupational status statement
Loss of employment benefits

Last name of the person insured	First name	Date of birth Y Y Y Y M M D D
Address		
	Postal Code	Claim no.

We are currently reviewing your claim for loss of employment benefits and would like you to confirm certain aspects of your occupational status.

1. Are you still unemployed? ☐ Yes ☐ No

   If no, date of return to work _____

2. Have you been employed since _____?

   ☐ Yes ☐ No

   (a) For how long? _____

   (b) Number of hours worked per day _____

   (c) Number of days worked per week _____

3. Have you resumed studies since _____?

   ☐ Yes ☐ No

   If yes, on what date? _____

4. Are you actively looking for work? ☐ Yes ☐ No

5. Have you recently submitted any job applications? ☐ Yes ☐ No

6. Have you applied for government employment insurance benefits? ☐ Yes ☐ No

   If yes, name of government agency _____

   Was your application for benefits approved? ☐ Yes ☐ No

I confirm that the above information is true.

_____ _____

Signature **Date**

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