

TO ENSURE PROMPT PROCESSING OF YOUR REQUEST, PLEASE ATTACH TO THIS CLAIM THE SUPPORTING DOCUMENTS FOR THE GENERAL EXPENSES MENTIONED BELOW OR A STATEMENT OF INCOME

Statement of the insured person

Policy No. Certificate No. Sogemec No. Licence No.

Specialty
Plan member's full name Female Male
Sex at birth

Address
City Province Postal code

Main phone no. I authorize Beneva Inc. (Beneva Inc.) to leave messages regarding my disability file on my voicemail.
Email address* Date of birth

*Please provide this information only if you authorize Beneva Inc. to contact you by email.

Please provide the month of disability for you which you are submitting this disability benefits claim as well as your actual monthly expenses incurred, on a reasonable and current basis, for each of the elements below. For partial disability only, your net income is used to calculate the benefit. Please subtract your total expenses from your gross income.

Disability month: Gross income earned while on partial disability: Net income while on partial disability:

General expenses

	Amount
Salary of your employees, employer's contribution to employee group insurance and pension plans, and contributions to any other payroll taxes.	\$ _____
Utilities (electricity, telephone, water)	\$ _____
Lease or equivalent rental expenses, taxes, interest/principal on mortgage plan for the space occupied by your firm	\$ _____
Laundry, janitorial and maintenance services.	\$ _____
Fees for professional services (accounting, legal and billing)	\$ _____
Leasing expenses (if not insured) or equivalent expenses, taxes, interest/principal for supplies, equipment or material required to practise your profession	\$ _____
Fixed expenses for the automobile with percentage of use for work (_____%)	\$ _____
Your contributions to various professional associations	\$ _____
Other current fixed expenses (please specify): _____	\$ _____
	\$ 0
Total expenses:	\$ 0

Note: Please exclude your income, your replacement's income, the cost of merchandise and other supplies, and the expenses for which you were not responsible before the onset of your disability.

Protection of Personal Information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Privacy statement* located at beneva.ca.

I hereby CONFIRM that the statements made on this form, and in any personal or telephone interview related to this application are true and complete to the best of my knowledge.

Full name of person who completed this form (please print)
Signature of person who completed this form Date
Signature of insured person Date