

Nature of Claim:  Disability – Income Replacement  Disability – Office Overhead  Waiver of Premiums

**PLEASE ANSWER ALL THE QUESTIONS AND OBTAIN ALL REQUIRED SIGNATURES  
TO MAKE SURE YOUR CLAIM IS PROCESSED AS QUICKLY AS POSSIBLE.**

### Claimant Identification

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

Specialty

Last Name      First Name      Female      Male  
 Sex at birth

Address

City      Province      Postal Code

Main Phone      I authorize Beneva Inc., herein Beneva, to leave messages  
 about my disability file on my voice mail.

Email Address\*      Y Y Y Y M M D D  
 Date of Birth

\*Provide this information only if you authorize Beneva to contact you by email.

### Financial Information

Business structure:  Self-employed  Incorporated (inc.)  Partnership (please provide proof of your stake)  Employee

Please indicate the accounting method used\*\*:

Cash accounting (revenues and expenses recorded when actually received or paid)

Accrual accounting (revenues and expenses recorded when transaction occurs)

\*\*Cannot be modified while on disability leave

1. Do you have disability income replacement and/or office overhead insurance (individual, group or professional order) with another insurer? If so, please complete the following table:

Insurer	Policy No.	Product Type	Elimination Period	Monthly Benefit	Effective Date

I do not have any other disability insurance.

2. Do you have other sources of income?  No  Yes – Check one of the following:

Salary  Vacation Time  Sick Days  Other: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

3. While on disability leave, did you have a second job?  Yes  No

If Yes, specify: \_\_\_\_\_

4. Are you currently receiving benefits or planning to request benefits from one of the following:

Program	No	If Yes						Do you intend to contest this decision?	
		At School	Approved	Reference Number	Amount	Payment Frequency	Denied	Yes	No
Commission des normes en santé et sécurité au travail (CNESST) or similar organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Société de l'assurance automobile du Québec (SAAQ) or similar organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Social Development Canada (ESDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Régie des rentes du Québec (RRQ) disability pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canada Pension Plan (CPP) disability benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please include a copy of all documents received from these organizations, including benefit payment notices.

### Professional Activity Information

1. What is your normal work schedule? \_\_\_\_\_

Average number of hours worked per week? \_\_\_\_\_

2. Please split your work time according to the following tasks:

Task	% of Weekly Hours	Hours

3. Answer Yes or No to the questions below pertaining to the year before your disability leave. If Yes, please explain.

a) Did your responsibilities change?  Yes  No

Explain: \_\_\_\_\_

b) Did your tasks change?  Yes  No

Explain: \_\_\_\_\_





Protecting your personal information is a priority for Beneva.<sup>1</sup> For this reason, we want to inform you that we collect, use and disclose your personal information only with your consent, unless otherwise permitted by law, and only for the time necessary to:

- identify you
- establish and update your profile, needs and objectives
- evaluate your applications and eligibility for our products and services
- provide you with advice related to your situation
- administer your contracts, as well as your products or services (e.g. pricing, underwriting, enrolment, claims processing, etc.)
- comply with legal and regulatory requirements (e.g. preventing, detecting or deterring violations, cyber threats, fraud, etc.)
- obtain your feedback on our products and services
- provide you with personalized offers and advice about our products and services based on your preferences and in compliance with the rules governing electronic and telephone communications
- conduct studies and research, including the design and application of statistical models, some of which may allow for creating or inferring new information about you

### How does Beneva collect your personal information?

We may collect your personal information over the telephone, in person, and through the use of our forms and our digital platforms.

### Who does Beneva share your personal information with?

For the purposes described above, and only in connection with your products and services, we share your personal information with our affiliates and distribution networks and with third parties, some of which may be located outside of Quebec and Canada.

#### These third parties may include:

- other financial institutions, such as insurers and reinsurers
- other organizations or entities that have information about you, including insurance, fraud or claims information
- intermediaries
- credit assessment agencies
- government departments, agencies or regulatory authorities
- employers
- claims-related service providers, such as healthcare professionals and auto repair shops
- other agents and service providers (technology services, printing and mailing services, etc.)

**Please note that in all cases we ensure that they respect the protection of your personal information.**

### What are your rights regarding access and rectification?

You may access your personal information or request the correction of incomplete or inaccurate information. Send us a request to the following address:

#### Chief Privacy Officer

Beneva  
2525 boulevard Laurier  
Québec QC G1V 2L2  
[cpo@beneva.ca](mailto:cpo@beneva.ca)

For more information about our personal information protection practices, please refer to the complete version of our Privacy statement at [beneva.ca/en/legal-notes-confidentiality/personal-information-protection](https://beneva.ca/en/legal-notes-confidentiality/personal-information-protection).

Your consent for the collection, use and disclosure of your personal information is necessary in order to provide the product or service requested or offered. You have the right to withdraw your consent, but Beneva will not be able to continue providing you with its products or services.

1. The term "Beneva" refers to Beneva Inc., its affiliates, their mutuals and distribution networks. Affiliates of Beneva Inc. designates Beneva Investment Services Inc., Beneva Insurance Company Inc., L'Unique General Insurance Inc. and Unica Insurance Inc.