



Insured Name: _____ **Branch/Account #:** _____

SECTION I - STATEMENT OF INSURED Print or type all information. To be completed, signed and dated by the insured. All dates *must* include the month, day and year (MM/DD/YY).  

Employer's Name: _____

Telephone #: _____

Employer's complete mailing address: _____ City: _____ Province: _____ Postal code: _____

Occupation: Full Time Part Time Seasonal Other _____ Total Hours Per Week: _____

Reason for stopping work: Non-Seasonal Lay-off / Shortage of Work Seasonal Lay-off Lock-out
 Annual or Regularly-Scheduled Shutdown Employer Termination End of Contract
 Other _____

Date of hire: (MM/DD/YY) _____ / _____ / _____ Date last worked: (MM/DD/YY) _____ / _____ / _____

Did you receive severance pay? Yes No Date 1st notified of separation: (MM/DD/YY) _____ / _____ / _____

Registered for: Regular EI benefits Medical EI benefits Not Registered for EI benefits
Date of registration: (MM/DD/YY) _____ / _____ / _____
Date 1st payment approved by EI: (MM/DD/YY) _____ / _____ / _____

Employment centre's complete mailing address: _____ City: _____ Province: _____ Postal code: _____

Date you returned to work: (MM/DD/YY) _____ / _____ / _____ Days per week: _____ Hours per day: _____

I certify that the foregoing statements, including any accompanying statements, are true, correct and complete to the best of my information, knowledge and belief.

Signature: _____ Date: (MM/DD/YY) _____ / _____ / _____

Social Insurance #: _____ - _____ - _____

Date of birth: (MM/DD/YY) _____ / _____ / _____

Complete mailing address: _____ City: _____ Province: _____ Postal code: _____

Insured Name: _____ **Branch/Account #:** _____

SECTION II - STATEMENT OF MOST RECENT EMPLOYER To be completed by your most recent employer. All dates *must* include the month, day and year (MM/DD/YY).

Date of hire: (MM/DD/YY) / /

Date last worked: (MM/DD/YY) / / Hours per week: Months worked:

Job title; If sole proprietor, owner or partner indicate:

Type of employment: Full Time Part Time Seasonal Temporary

Reason for stopping work: Non-Seasonal Lay-off / Shortage of Work Seasonal Lay-off Lock-out
 Annual or Regularly-Scheduled Shutdown Employer Termination End of Contract
 Other _____

Estimated return to work date: (MM/DD/YY) / /

Previous interruption(s) in employment of 30 days or more:

From:	Through:	Reason:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of individual completing: Title:

Printed name: Date: (MM/DD/YY) / /

Company name: Telephone #:

Complete mailing address: City: Province: Postal code: