

Group Insurance Program
Desjardins Insurance – Policy 440303

ANNEXES

Plan A and B

Group Insurance Guidelines for Employers – October 2021

- A. Enrolment form
- B. Evidence of Insurability – Health and Dental Questionnaire (Desjardins N° 20009A)
- C. Full-time Student – Waiver of Coverage
- D. Confirmation of a dependent child's functional impairment (Desjardins N° 09296E)
- E. Request for designation or change of beneficiaries, contingent beneficiaries or trustee (Desjardins – N° 20007A)
- F. Change Form
- G. Conversion of Life Insurance Upon Termination of Employment
- H. Request to extend benefits after a termination of employment (Desjardins N° 12334E)
- I. Coverage During Maternity/Parental Leave
- J. Coverage During the Summer
- K. Agreement – Coverage While Receiving Sickness, Disability, WSIB or Other Benefits
- L. Example of letters – Long term disability (LTD)
 - 1 – Claim approved by the insurer
 - 2 – Claim denied by the insurer
 - 3 – The employee has not applied for LTD
- M. Optional Life Insurance