Desjardins Insurance
Life • Health • Retirement

C. P. 3000
Lévis (Québec) G6V 9X8
desjardinslifeinsurance.com

GROUP INSURANCE – CONTRACT ADMINISTRATION

NOTICE OF MODIFICATION

Name of policyholder or employer	Division number

PARTICIPANT		CHANGE OF SALARY				TERMINATION				RETURN TO WORK			
Last name and first name	Identification or certificate no.	Annual salary	Effective date			Date				Date			
			YYYY	MM	DD	YYYY	MM	DD		YYYY	MM	DD	

DISABILITY						
Name of disabled person	Identification or certificate no.		Date of			
			YYYY	MM	DD	
		☐ CNESST ☐ Employment insur. (HRSDC) ☐ SAAQ				☐ beginning of disability ☐ return to work
		☐ CNESST ☐ Employment insur. (HRSDC) ☐ SAAQ				☐ beginning of disability ☐ return to work

Signature of authorized person **Date**

Please send the original to Desjardins Insurance and keep a copy for your records.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT RESET