

## Steps to complete the form

1

Click on the download button for save the form on your computer.



2

Fill in the fields of the form and save your information before submitting it to us.



7. Have you been instructed to self-isolate and/or quarantine?  No  Yes, as of this date: | Y | Y | Y | Y | M | M | D | D |

a) When do you expect the self-isolate and/or quarantine to end? | Y | Y | Y | Y | M | M | D | D |

b) When is your next appointment with your physician? | Y | Y | Y | Y | M | M | D | D |

c) When do you expect to return to work? | Y | Y | Y | Y | M | M | D | D |

d) Can you work from home?  No  Yes

8. Any other details relating to your illness you would like us to know:

### Section C – Attestation and Authorization

We would reserve the right to pursue recovery of benefits improperly paid for any reason, fraud or otherwise. The submission of fraudulent claims is a criminal offence and is taken seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

I certify that the foregoing information is accurate and complete and authorize any doctor, hospital, clinic, insurance company or other organism, including workers' compensation board, S.A.A.Q. and employment insurance and immigration Canada or any other institution or person in custody of a file or personal information or on my health condition to transmit to UV Insurance, any information on my health condition and my medical history. A photocopy of this authorization shall be as valid as the original.

| Y | Y | Y | Y | M | M | D | D |

**X**

\_\_\_\_\_  
Employee's signature

**A photocopy of this authorization shall be as valid as the original.**

Please return the original copy at the following address: P.O. Box 696, Drummondville (Québec) J2B 6W9 or through the online portal at: <https://apps.uvmutuelle.ca/CollectifAdherents/>. Keep a copy for your records.

UV Insurance is a business name and trademark of The Union Life Mutual Assurance Company.