INDUSTRIAL ALLIANCE *PACIFIC*™
INSURANCE AND FINANCIAL SERVICES

Claims Department
2165 Broadway W
PO Box 5900
Vancouver BC V6B 5H6
Phone: 1-800-556-7411

CERTIFICATE OF EMPLOYER OR SUPERIOR OFFICER

1. Policy Number_____ Certificate Number _____
2. Name of Employee _____
3. Residence Address _____
4. Employee Classification: partners, executive, manager, other _____
5. Date of Employment _____
6. Amount of medical crisis recovery benefits for this employee $_____
7. Effective Date of Insurance _____
8. Was the employee actively at work on the effective date of Insurance? _____

   a) If not, give reason for absence, and date of return to work

   _____

9. Give current employment status: Actively at work _____ Absent _____

   If absent, provide reason _____

10. Employee's: Salary_____

    Occupation_____

11. Date Premium paid to _____
12. This employee is one of our full time permanent employees: Yes _____ No _____

_____ _____
Name of Employer (Please Print) Address

_____ _____
Signature of authorized officer Date

_____
Title of authorized officer

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