

- INSTRUCTIONS:**
- Complete this form and return it to Saskatchewan Blue Cross (ATTN: Group Sales)
 - Mail completed form to the above address, fax to 306.652.5751 or submit it in person at our Saskatoon or Regina office

GROUP INFORMATION

PolicyholderPolicy Number

Group RepresentativeEffective Date (YYYY-MM-DD)

This will verify that all eligible employees in the above-named group were actively at work on the effective date of the Blue Cross Life® group benefits, except the following:

Employee Name (First and Last)	Last Day Worked (YYYY-MM-DD)	Reason for Absence (Unpaid leave, Maternity leave, WCB or Disability)	Waiver of Premium (If applicable — Has Life Waiver been assigned by previous carrier?)	
			Yes	No

Signed by the Policyholder holder this _____ day of _____ in the year _____.

Signature

Title