

VERIFICATION OF EMPLOYEES NOT ACTIVELY AT WORK

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

Policyholder

Policy Number

Group Representative

Effective 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

* The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans, used under licence by Medical Services Incorporated, an independent licensee. 'Trade-mark of the Canadian Association of Blue Cross Plans. 'Trade-mark of the Blue Cross Blue Shield Association. Saskatchewan Blue Cross products are underwritten by a variety of underwriters. For more information, visit sk.bluecross.ca/underwriting.

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