ACE INA Insurance
ACE INA Life Insurance
1400 – 25 York Street
Toronto, Ontario M5J 2V5
Telephone: 416-594-2627 1-877-772-7797

ACCIDENTAL DEATH & DISMEMBERMENT
EMPLOYER / ADMINISTRATOR STATEMENT
TO BE COMPLETED BY ADMINISTRATOR OF
GROUP INSURANCE PLAN

Section I: Primary Insured/Employee/Member

(This section must be completed for all types of claims, including dependent claims)

Name of Primary Insured/Employee/Member:		Employee ID #
Name of Group Policyholder:		
Group Policy #	Division #	Certificate #
Name of Employer:	Annual Salary: $	
Occupation:		
Effective Date of Insurance:	Date Employed:	
Actively Working? ☐ Yes ☐ No	If no, please provide date last worked:	
Has there ever been a previous claim submitted for this employee to ACE or any other insurer? ☐ Yes ☐ No		
If yes, please provide details and dates:		
Date of Accident, Sickness or Death:		
Considered an employee/member as defined in the policy at time of death and/or loss? ☐ Yes ☐ No		
Reason for leaving work ☐ Disability ☐ Lay-off ☐ Dismissed ☐ Quit ☐ Leave ☐ Retired ☐ N/A – Actively at work		
Did Accident, Sickness or Death arise out of, or in, the course of employment? ☐ Yes ☐ No		
If Yes, please attach incident report and provide details:		

Section II: Dependent Information

(This section must be completed for a dependent spouse or child)

Name of Dependent:	
☐ Spouse ☐ Child ☐ Other:	
Effective Date of Insurance Coverage:	Amount of Insurance Coverage:
Has there ever been any previous claim submitted for this dependent to ACE or any other insurer? ☐ Yes ☐ No	
If Yes, please provide details:	

Section III: Beneficiary Information

(Please complete for all death claims and attach beneficiary designation and change forms)

Beneficiary name (if applicable):	Relationship:
Address:	Phone #: ( )

Section VI: Administrator/Employer Information

(Please print clearly)

Administrator's Name (please print)	
Signature of Administrator	Date
Company Name	
Mailing Address	City
Province	Postal Code
Phone # ( )	Fax # ( )
Email Address (MANDATORY)	

NOTE: PLEASE ATTACH THE ENROLLMENT CARD TO THIS STATEMENT