

PO Box 4030 Saskatoon SK S7K 3T2 Phone 306.244.1192 or 1-800-USEBLUE® Fax 306.652.5751 sk.bluecross.ca

Policyholder _____

Policy Number _____

Group Representative _____

Effective Date _____

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	Last Day Worked	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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Signature Title

Please complete and return to Saskatchewan Blue Cross ATTN: GROUP SALES

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