



**PROOF OF LOSS FOR ACCIDENT
STUDENT INSURANCE – DENTAL CLAIM**

SSQ, Insurance Company Inc,
1225 St-Charles Street West, Suite 200 • Longueuil (QC) • J4K 0B9
Fax: 1-855-690-9895 • Email: claims.spgroup@ssq.ca

1. CLAIMANT’S STATEMENT

4.1. Policy No. 1JN25 4.2. Certificate No. (if known) _____

4.3. Insured Name _____ 4.4. Date of Birth
Given Name Family Name

4.5. Is the Injured Person a Canadian resident? Yes No 4.5B. Is the Injured Person a Nova Scotia International Student (NSISP)? _____
 4.5B. Is the Injured Person a Gold Plan member? _____

4.6. If Injured Person is a minor, give Full Name of Parent/Guardian _____

4.7. Address _____
Street City Province Postal Code

4.8. Email (of parent if minor) _____

4.9. Name of the School Board and District _____

4.10. Date of the accident 4.11. Place of accident _____

4.12. Describe injury _____

4.13. Describe fully how accident occurred _____

4.14. Date of first treatment 4.15. Date treated in hospital

4.16. Full Name of Physician _____ Telephone No. () _____

4.17. Name of Hospital if applicable _____

4.18. Do you have any other Hospital or Medical Insurance? Yes No
 Plan Name/Policy Number _____

I certify to the best of my knowledge that the statements made above are true, correct and complete. I understand that the information I have provided will be used by SSQ, Insurance Compagny to adjudicate my claims and that it may be shared with third parties only for the purpose of allowing them to process this claim.

 Insured Person’s Signature (Parent or Guardian if injured member is a minor) () _____
Date Telephone

2. DIRECT DEPOSIT

Please provide the following information if you would like your claim payment deposited to a **Canadian** bank account:

Bank # _____ Transit # _____ Account # _____ **Please attach a “Void” cheque**

3. SCHOOL DECLARATION

3.1. Name of School _____

3.2. Complete Address _____
Street City Province Postal Code

3.3. Name of Administrator _____ 3.4. Official Position _____

3.5. Effective date of Student’s coverage 3.6. Policy No. 1JN25

3.7. Was the student injured during an approved activity? Yes No

 School Official Signature () _____
Date Telephone

