Desjardins Insurance
Life • Health • Retirement

EARLY ASSISTANCE PROGRAM

Nova Scotia Federation of Municipalities (NSFM) – 140845

Please send via our secure link or by fax:

desjardinslifeinsurance.com/send

1-844-409-6571

Date _____

From _____

EARLY ASSISTANCE – POTENTIAL LTD CLAIM – Please provide the following information.

Last and first name of the employee		Date of birth (YY-MM-DD)
Address of the employee		
City	Province	Postal code
Phone No. ( )		
Division No.	Class No.	Certificate No. = DIV - YYMMDD
Type of employment		Occupation
Hiring date (YY-MM-DD)		Effective date of coverage (YY-MM-DD)
Pre-disability annual salary	Salary	Salary effective date (YY-MM-DD)
Last day worked (YY-MM-DD)		Total hours worked per week
Date of disabilty (YY-MM-DD)		LTD expected date (YY-MM-DD)

PRINT NEW REQUEST