Desjardins Financial Security®

200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Print | New Member

GROUP INSURANCE - CONTRACT ADMINISTRATION

NOTICE OF MODIFICATION

Name of policyholder or employer	Division number

PARTICIPANT		CHANGE OF SALARY			TERMINATION			RETURN TO WORK		
Last name and first name	Identification or certificat No.	Annual salary	Effective date YY	MM	DD	Date YY	MM	DD	Date YY	MM	DD

DISABILITY

Name of disabled person	Identification or certificate No.		Date of YY	MM	DD	
		☐ CSST ☐ Employment insur. (HRSDC) ☐ SAAQ				☐ beginning of disability ☐ return to work
		☐ CSST ☐ Employment insur. (HRSDC) ☐ SAAQ				☐ beginning of disability ☐ return to work

Signature of authorized person

Date

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