AUTOMOBILE POLICY - SECTION B - ACCIDENT BENEFITS CONTINUING CLAIM

(For use in provinces except Alberta, Ontario, and Nova Scotia; In Quebec, used with Q.E.F. 34 & 4-34)

Please return immediately after you resume work or after if you are still off work.

Date ______________________

NAME		Claim No./Policy No.
ADDRESS		Telephone No.
Date of Accident	Are you working now? ☐ Yes ☐ No	If back at work, give date of return

WORKERS' COMPENSATION AND OTHER BENEFITS

If still off work, answer the following questions:

Are Workers' Compensation, Quebec Crime Compensation or Quebec Automobile Insurance (Regie) benefits payable as a result of this accident?
☐ Yes ☐ No

Are E.I. Benefits payable as a result of this accident? ☐ Yes ☐ No

Are you entitled to any other benefits as a result of this accident? ☐ Yes ☐ No

If "yes", from whom?

Name Amount $ Per wk/month

Name Amount $ Per wk/month

LOSS OF INCOME BENEFITS CLAIMED

Date From 20	To 20

I hereby state that, during the period for which I am claiming loss of income benefits I have been unable to perform the essential duties of my employment.

Date Signature

Please complete and return this form

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