

Completing the Employer Statement

Employer's Statement, D

Completing the Initial Attending Physician's Statement

Additional Documentation

Where do I send completed forms?

ALL

chdisability@johnstongroup.ca

1.700.

Chambers of Commerce Group Insurance Plan®
1051 King Edward Street,
Winnipeg, MB R3H 0R4
Attn: Life & Disability Services

Processing your Claim

10

ALL

If you have any questions, please contact our office at
1.800.665.3365 – choose Option #3
or email chdisability@johnstongroup.ca