

Identification Number	Subscription		Year
8 7 0	-		

Client Information:
Business Name _____
Business Address _____
Contact Person (Must be a Client, or Shareholder of the company) _____

Program:						
Hours to Claim: Monday from 2:00 pm to 11:00 pm MT (Alberta)						
<input type="checkbox"/> Fed <input type="checkbox"/> Feeder <input type="checkbox"/> Calf						
Date to Claim: _____ (As offered within the Calendar of Insurance)						
Invoice Number	Policy Number	Option	Total Insured Weight (CWT)	Claim Request (CWT)	Remaining Weight to Claim on Policy (CWT) (Optional)	Office Use Claim Request Number
Need assistance with this form? Call your Local SCIC Office or toll free at 1.888.935.0000						
You may return this form to your local SCIC Office or fax to 1.306.728.7202						

Client Signature
Client Signature _____ / _____ Print Name
Contact Number(s) _____ Date _____

SCIC Office Use Only
Claim completed by _____ SCIC representative Date _____ Time _____
Approved by _____ Program Coordinator Date _____

Do Not Use This Area	Date Stamp	Do Not Use This Area
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SCIC recognizes the sensitivity of your personal information. Any personal or business information given to SCIC for the purpose of the Program, may be shared with the AFSC and/or AAFC for the purposes of the Program. Your personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act (Saskatchewan) (the FOIP Act) and will be protected according to the FOIP Act, The Saskatchewan Crop Insurance Corporation Act, and other applicable Saskatchewan statutes, regulations, and SCIC privacy policies. You agree that SCIC, AFSC, and AAFC may archive your personal information for the purpose of administering the Program and as required by Federal and Provincial legislation, including but not limited to The Archives Act. For all privacy concerns related to this program, please contact SCIC's Privacy Manager at 306.728.7200 or email securityofficer@scic.ca