

Sample of Additional Receipts Letter

Date

From:

Name of CAIP member

Complete Address

Phone number

e-mail address

To:

SSQ Insurance Company Inc.

1225, rue St-Charles

Bureau 200

Longueuil, Québec

J4K 0B9

Re: Canadian Athlete Insurance Program (CAIP) Policy no. 1PA25

Please find attached additional receipts for my existing claim.

Sincerely,

(signature)