

- Instructions**
- Plan Sponsor submits the Application for Group Coverage, along with any benefit change requests that have been retained.
 - Claimant completes and submits the *Group Life Claimant Statement*.

Name of deceased				<input type="checkbox"/> Plan member <input type="checkbox"/> Dependent
Date of Birth		Date of Death		
Plan name				
Group Policy Number	Certificate Number	Division Number	Benefit Class	
Benefit Claimed: <input type="checkbox"/> Life	\$ _____	<input type="checkbox"/> Supplemental / Optional Life	\$ _____	
<input type="checkbox"/> Accidental Death	\$ _____	<input type="checkbox"/> Survivor Income Benefit	\$ _____	

If the deceased is the plan member, please provide the following information:

Occupation	Employment Start Date
Last date worked	Reason for leaving work
Salary or wages at last day worked	
Signature and title	Date
Print name	Email address
Mailing address	Phone number

Please return the fully completed form to:

The Great-West Life Assurance Company
Group Life Benefits
60 Osborne St N
Winnipeg MB R3C 1V3

Or

Email: grouplifebenefits@gwl.ca
Fax: (204)946-8783

Who should complete the *Group Life Claimant Statement*

Proceeds payable to:					
Adult beneficiary	Beneficiary who is a minor or who lacks legal capacity, located in Quebec	Beneficiary who is a minor or who lacks legal capacity, located outside Quebec	Claimant unable to handle financial affairs	Estate	Estate in Quebec with no will
1 or 2	2 or 3 or 4	2 or 4	5	6	7
1. Beneficiary 2. Trustee (copies of trust documents required) 3. Legal tutor or curator (copies of judgment required) 4. Court appointed guardian of the beneficiary's property (copies of court order required)			5. Claimant's legal representative (copies of judgment required) 6. Estate's legal representative 7. Legal heirs		

Documents Required for the *Group Life Claimant Statement* (copies are acceptable unless indicated)

Basic and Supplemental Life	Basic and Supplemental Life exceeding \$100,000 in Quebec	Basic and Supplemental Life outside of North America	Optional Life	Accidental Death	Survivor Income Benefit	Paid Up	Insurance proceeds payable to the estate exceeding \$100,000 in Quebec	Insurance proceeds payable to the estate exceeding \$100,000 outside Quebec
1 or 2	9	14	2	1 or 2 and 3, 4	1 or 2 and 5, 6, 7	1 or 2 and 8	9, 10 and 11 or 12	1 or 2 and 13
1. Death certificate or funeral director's statement of death 2. Attending Physician's Certificate (M63) 3. Police report or workplace accident report 4. Medical Examiner's Report, Coroner's Report or Autopsy Report 5. Marriage certificate or sworn affidavit to confirm common law status 6. Birth certificate for all eligible survivors 7. Canada/Quebec Pension Plan statement of survivor benefits, if applicable 8. Original certificate of insurance, if available				9. Act of Death (long form) issued by the Quebec Registrar of Civil Status 10. Will search certificate from the Chambre des Notaires and The Barreau du Quebec 11. Notarial will or holograph will with judgment/minutes 12. Declaration of legal heirs if there is no will 13. Notarized will and probate or certificate of appointment of Estate Trustee or Letter of administration 14. Original death certificate or certified true copy of the death certificate by a notary public				