Individual Health Claim for Accidental Death, Dismemberment or Specific Loss

CLAIMANT'S STATEMENT

Name of Policyowner: _____

Address: _____

Policy No.: _____ ID No.: _____ Phone No.: _____

Total amount of accidental insurance coverage: $ _____ (amount payable for covered loss may be a percentage of total amount covered. Refer to the Table of Benefits for specific amounts)

Date of Birth: _____ Date of death (if applicable): _____

Date of Accident: _____ Did the accident take place in the course of employment?* ☐ Yes ☐ No

Briefly describe how the accident occurred: _____

_____

_____

_____

_____

Name of hospital if you were confined: _____

Dates of hospitalization: _____

Name of Attending Physician: _____

Physician's Address: _____
STREET CITY PROVINCE POSTAL CODE

Date of first treatment: _____

* If yes, please provide your accident report.

AUTHORIZATIONS AND DECLARATIONS

Protecting your Personal Information
At **The Canada Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information" on this form.

I authorize Canada Life, any healthcare provider, the deceased's plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, government and law enforcement agencies, any person having knowledge about the deceased's health or about the circumstances of the deceased's death, other organizations, or service providers working with Canada Life or the above to exchange personal information when relevant and necessary to investigate and assess this claim and to administer the group benefits plan.

I have provided the information on this form in order to obtain payment of Accidental Death, Dismemberment or Specific Loss proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the policy. I certify that by making payment to me, Canada Life has met its obligation to me. I further declare that the answers given by me are, to the best of knowledge and belief, true and full and I have withheld no material facts from Canada Life.

I confirm that a photocopy or electronic copy of this authorization is as valid as the original.

Print Name _____ Signature _____

Date _____ Social Insurance Number _____

INSTRUCTIONS

1. **ATTACH CERTIFICATE OF ATTENDING PHYSICIAN – DISMEMBERMENT OR LOSS (FORM NO. M4442(IBP).**
2. **ATTACH ACCIDENT REPORT (IE. POLICE REPORT, ACCIDENT REPORT).**

Please return the fully completed form and supporting documents to:

The Canada Life Assurance Company
Group Life Benefits
PO 6000
Winnipeg MB R3C 3A5

Clear