

GROUP LIFE PLAN SPONSOR STATEMENT

- 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 Canada Life Assurance Company
 Group Life Benefits
 60 Osborne St N
 Winnipeg MB R3C 1V3

Or

Email: grouplifebenefits@canadalife.com
 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				

GROUP LIFE CLAIMANT STATEMENT

INSTRUCTIONS ON REVERSE

Deceased information		
Name of deceased		<input type="checkbox"/> Plan member <input type="checkbox"/> Dependent
Date of birth	Date of death	Cause of death
Address		
Plan name	Group Life policy number	Plan member ID number
When proceeds are payable to the estate, please include social insurance number _____		

Claimant information	
Claimant's name	Relationship to the deceased
Address	
Phone number	Claimant's date of birth
Social insurance number, security number or taxpayer account number _____	
Claimant's basis of claim (check one)	
<input type="checkbox"/> Named beneficiary <input type="checkbox"/> Beneficiary's guardian/legal tutor or curator <input type="checkbox"/> Estate's legal representative <input type="checkbox"/> Trustee <input type="checkbox"/> Other, please specify _____	
The life insurance proceeds are non-taxable. Please advise how you wish to receive these proceeds:	
<input type="checkbox"/> I have chosen a lump sum payment of these proceeds. <input type="checkbox"/> Please arrange for a financial advisor to visit and discuss my options. The best time to call me is _____	

For Paid Up life insurance claims or terminated plans, proceeds are paid as a lump sum only.

Protecting your Privacy
We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only person with access to the information are: people working at Canada Life and those we've authorized, who need the information to do their jobs and manage your claim, those whom you've given access, those authorized by law both within Canada and in any other jurisdiction where your personal information is held. For a copy of our Privacy Guideline see canadalife.com or you can write to Canada Life's Chief Compliance Officer.

Authorizations and Declarations
I authorize Canada Life, any healthcare provider, the plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life or working with the deceased's plan administrator, within or outside Canada, to exchange personal information, when necessary to investigate and assess my claim, to administer the group benefits plan and to audit the assessment of the claim. I further authorize the use of my social insurance number for income tax reporting. I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes
I have provided the information on this form in order to obtain payment of Group Life 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 Group Life Policy. I certify that by making payment to me, Canada Life has met its obligation to me. By signing below, I confirm that: I have read, understand and agree with the contents of this form and authorize Canada Life to collect, use, and disclose my personal information, all statements I have made about my claim are true and complete, my authorization is valid until I cancel it in writing, and a photocopy or electronic copy of this authorization is as valid as the original.

 Claimant signature

 Claimant's name (please print)

 Date

 Witness signature

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Email Communication – Important Note:

The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.