Life Insurance Claim

When should a Life Insurance claim be made?

- If the deceased has Life Insurance under Creditor Insurance for CIBC Personal Loans, Creditor Insurance for CIBC Personal Lines of Credit (PLC), Creditor Insurance for CIBC Mortgages or CIBC Business & Farm Loan Insurance

What information is required for a Life claim?

☐ Original or notarized copy of proof of death

☐ For accidental death, attach coroner's report, autopsy report, and police accident report if available

☐ The following sections of this claim form: **Banking Centre Statement, Deceased's Authorized Representative Statement and the Family Physician Statement**

Once all sections are complete, mail the document(s) to:

- For Mortgage Loans:

  CIBC, National Servicing Centre, Commerce Court Postal Station, P.O. Box 115, Toronto, ON M5L 1E5

- For Personal Loans, Personal Lines Of Credit, Business Loans Or Farm Credits:

  CIBC Insurance, P.O. Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2

Note: Any missing information may cause your claim to be delayed

What happens after a Claim is submitted?

- The Mortgage Loan, Personal Loan, Personal Line of Credit, Business Loan or Farm Credit will remain open and payments must continue to be made by the joint account holder or the Estate Representative;
- You will be advised if further information is required to process your claim;
- On approval of your claim, the Insurer will make your benefit payments to CIBC. A notice will be sent to you indicating the payment made;
- if your claim is denied the Insurer will advise you in writing.

Do you need more information?

- Refer to your Certificate of Insurance for information about the terms, conditions, limitations, exclusions and other provisions of your coverage,
- **Call the Creditor Insurance Helpline at 1 800 465-6020.**
- **You may also contact Canada Life at 1 800 387-4495 or visit www.canadalife.com.**

Your Privacy Matters - a note from the Insurers

- Creditor Insurance for CIBC Personal Loans, Personal Line of Credit, Business Loan or Farm Credit and Creditor Insurance for CIBC Mortgages are underwritten by The Canada Life Assurance Company ("Canada Life").
- When the deceased insured client requested coverage for his/her CIBC lending product, he/she gave the insurer information about himself/herself, which the insurer added to a client file. The purpose of this file is to allow the insurer and their reinsurers to conduct all the necessary business of insurance, including setting premiums, receiving payments, assessing and paying claims, and keeping insured clients informed of the status of the coverage. The insurer keeps client files at their head office or another secure location.
- Only authorized personnel have access to information about the insured client. The insured client's Authorized Representative may also arrange to have access to or correct the insured client's personal information, by calling the Creditor Insurance Helpline at **1 800 465-6020**.

BANKING CENTRE STATEMENT *(Banking Centre use only)*

Complete this Banking Centre Statement fully (please print) and give to the deceased's Authorized Representative (either the Liquidator in Quebec, or the Estate Representative in the rest of Canada as defined in the respective Estate Reference Guide). Questions? Call the Creditor Insurance Helpline at 1 800 465-6020 or email *"Creditor Helpline"*

Information about the Deceased

Name of Insured - First Name	Initial	Last Name	Date of Birth *(day, month, year)*	Gender ☐ Male ☐ Female
Mailing Address: *(Number and Street)*				
City			Province	Postal Code

Loan Details *(attach additional claim form if more than 3 loans)*

	Lending Product 1	Lending Product 2	Lending Product 3
Lending Product *(Loan, Mortgage Loan, Personal Line of Credit, Business Loan or Farm Credit)*			
If Business Loan or Farm Credit: **Please specify type of loan** Note: Please include copies of the last 3 monthly account statements from which the premiums were paid			
Account Number			
Original Loan Amount or Credit Limit	$	$	$
Outstanding loan balance as at the day of death			
Effective date of insurance *(day, month, year)*			
Interest rate on account — Fixed or	%	%	%
Interest rate on account — Prime +	%	%	%
Is Lending Product a refinance or renewal of a previous Lending Product?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
For Personal Loans only: If refinanced within twelve (12) months preceding the date of death, specify outstanding balance immediately prior to refinancing and attach a copy of the previous insurance application.	$	$	$

Banking Centre Information

Date *(day, month, year)* _____

Banking Centre Officer Name and Title *(please print)* _____

X _____ Banking Centre Officer Signature

Banking Centre Telephone No. _____

Banking Centre Long Dater *(transit/address)* _____

Please give this document to the Authorized Representative for completion.

DECEASED'S AUTHORIZED REPRESENTATIVE STATEMENT

First Name of Deceased *(please print)*	Initial	Surname	Gender ☐ Male ☐ Female
Details of other life insurance of deceased - company and policy numbers			
Name of Deceased's Authorized Representative		Relationship to the Deceased	
Mailing Address: (Number and Street)			
City	Province	Postal Code	Telephone No.
Name of Deceased's Family Physician in the 24 months prior to the Date of Death			
Address of Deceased's Family Physician			Telephone No.

I authorize any doctor, health practitioner, hospital, clinic, other medical or medically related facility, the Medical Information Bureau (MIB), insurance company, employer, consumer reporting agency, government board or agency, law enforcement agency or other organization, institution or person that has any record or information regarding the above named deceased (including any record or information regarding psychologically related and HIV/AIDS related conditions) to release any such records or information to Canada Life.

A photographic copy of this authorization shall be valid as the original.

Date *(day, month, year)*	Name and Title of Authorized Representative *(please print)*	X	Signature of Authorized Representative

FAMILY PHYSICIAN STATEMENT

Note: Any charge for completing this form is the claimant's responsibility

Name of Deceased - First Name	Initial	Surname	Date of Birth *(day, month, year)*
Place of Death			Date of Death (day, month, year)
Immediate Cause:		Contributory Cause(s):	
Date of First Treatment for conditions causing death WITHIN the 12 month period prior to the date of death *(day, month, year)*			
Was the patient seen in the 12 months prior to date of death? ☐ Yes ☐ No		If yes, provide date of visit	
Date of diagnosis of condition causing death *(day, month, year)*		Date of Last Treatment *(day, month, year)*	
Manner of death *(please tick appropriate box and provide additional details)* ☐ Accident ☐ Suicide ☐ Natural Causes			
Was an inquest held? ☐ Yes ☐ No		If yes, by whom and what were the findings *(attach findings):*	
Was an autopsy performed? ☐ Yes ☐ No		Deceased has been your patient since*:(day, month, year)*	

Give details of **any** conditions for which you treated the deceased during the 12 months prior to death whether or not related to the cause of death.

Date	Diagnosis	Treatment Prescribed	Type of Surgery, if any

Name and Address of any other doctors who, to your knowledge, may have treated the deceased prior to death *(attach note if insufficient space)*

Name	Address

Name of Family Physician *(please print)*			
Name of Facility *(Hospital, Medical Center)*			Telephone No
Address: *(Number and Street)*			
City	Province	Postal Code	Fax No

These statements are true and complete to the best of my knowledge.

		X	
Date *(day, month, year)*	Name and Title of Family Physician *(please print)*		Signature of Family Physician