



Life Insurance Claim

Instructions

- Branch:** Complete this side of form, attach a copy of the Application of Insurance (with the exception of mortgage life insurance applications), letter of approval or denial for coverage, if applicable, and give to 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 Guides). Questions? Call the Creditor Helpline at 1 800 465-6020 or e-mail "Creditor Helpline".
- Deceased's Authorized Representative:** Complete and sign upper section on reverse side of this form and give to deceased's family physician for completion. Once completed and signed by that physician send to CIBC as instructed in the below section entitled "Where to send claim(s)". Include original or notarized copy of proof of death. For accidental death, also attach coroner's report, autopsy report, and police accident report if available. Be sure to retain copies of all documents for your files.
- Family Physician:** Complete and sign indicated section on the reverse side of this form. Return completed form to the Authorized Representative.

Where to send claim(s) (please note separate instructions for mortgages)

Please submit Life Insurance Claim forms for mortgages to:
CIBC Mortgages Inc., National Servicing Centre, Commerce Court Postal Station, P.O. Box 115, Toronto, ON M5L 1E5.

Please submit Life Insurance Claim forms for personal loan, personal line of credit, business loan or farm credit to:
CIBC Insurance, Creditor Customer Service, P.O. Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2

Information about Deceased

Name of Deceased - Surname First Name Initial

Address of Deceased (number and street)

City Province Postal Code Date of Death

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

	Loan 1	Loan 2	Loan 3
Lending Product: Please specify Personal Loan (Bankplan), Mortgage, 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			
Loan Account Number			
Original Loan Amount or Credit Limit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Outstanding loan balance as at the day of death	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Effective date of insurance (day, month, year)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Interest rate on account	Fixed or Prime + <input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Is loan a refinancing or renewal of a previous loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Branch Information

Branch Long Dater (transit/address/date)

Branch Telephone No.

Branch Officer Name and Title (please print)

Branch Officer Signature

Your Privacy Matters - a note from the Insurers

- Creditor Insurance for CIBC Personal Loans, and mortgage life insurance are underwritten by The Canada Life Assurance Company ("Canada Life"). For claims under Creditor Insurance for CIBC Personal Lines of Credit where the date of death was on or after January 1, 2013, the coverage is underwritten by Canada Life. For claims under Creditor Insurance for CIBC Personal Lines of Credit where the date of death was before January 1, 2013, the coverage is underwritten by Sun Life Assurance Company of Canada ("Sun Life"). Business loan and farm credit life insurance are underwritten by Desjardins Financial Security.
- 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 Helpline at 1-800-465-6020.

This section to be completed by Deceased's Authorized Representative

Name of Deceased - Surname <i>(please print)</i>	First Name	Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Details of other life insurance of deceased - company and policy numbers

Name of Deceased's Authorized Representative

Address *(number and street)*

City	Province	Postal Code	Telephone No.
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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, any CIBC designated administrator, Sun Life, Desjardins Financial Security and each of their respective legal representatives or reinsurers. For a claim under Creditor Insurance for CIBC Personal Lines of Credit where the coverage was applied for prior to January 1, 2013 and the date of death was on or after January 1, 2013, I authorize Sun Life to transfer personal and health information regarding the above named deceased person to Canada Life for the purposes of adjudicating and administering the claim. A photographic copy of this authorization shall be valid as the original.

Signature of Authorized Representative	Date d d m m y y y y
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This section to be completed by Family Physician

Note: Any charge for completion of this form is the responsibility of the claimant

Name of Deceased - Surname	First Name	Initial	Date of Birth d d m m y y y y
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Place of Death	Date of diagnosis of condition causing death d d m m y y y y	Date of Death d d m m y y y y
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Immediate Cause:	Contributory Cause(s):	Date of First Treatment for conditions causing death d d m m y y y y	Date of Last Treatment d d m m y y y y
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Manner of death Accident Suicide Natural Causes *(please tick appropriate box and provide additional details)*

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)*

Life Insurance Claim

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 of Family Physician *(please print)* _____ Telephone No. _____

Address *(number and street)* _____

City _____ Province _____ Postal Code _____

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

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

d	d	m	m	y	y	y	y
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 Signature of Family Physician _____

Note: Deceased's Authorized Representative and family physician to complete this side of form.