

## GROUP BENEFITS DISMEMBERMENT PHYSICIAN STATEMENT

## MAILING ADDRESS INSTRUCTIONS

Mail: Co-operators Life Insurance Company

Group Life Claims 1900 Albert Street Regina SK S4P 4K8 The plan member is responsible for the cost of completing this form.

Medical Information is to be completed by the physician providing treatment.

Fax: 1-866-889-9925

1.	PLAN MEMBER INFORMATION & AUTHORIZATION (TO BE COMPLETED BY THE	IE PLAN MEMBER)			
Plan Member First Name   Initial Last Name					
	pup Account				
Pla	n Sponsor/Employer Name	Telephone Number (	.)		
Da	Date of Birth				
I hereby authorize my physician to release any medical information supporting my claim for disability benefits to the plan administrator, the plan adjudicator and my insurer.					
I understand that I am responsible for obtaining this form and for any amounts charged by my physician to complete this form.					
Pla	Plan Member Signature Date Date				
2.	MEDICAL INFORMATION (TO BE COMPLETED BY THE PHYSICIAN)				
	Please attach copies of chart notes, test results, and consultation reports.				
	Diagnosis Date of Diagnosis	(A)	<i></i>		
2.	If an accident		ح ال		
	Nature of injury (location and extent)	Right Arm	Leff Arm		
	Date of first treatment for this injury				
3.	Dismemberment	Right Leg	leff leg		
	Was amputation necessary as a result of the accident/disease indicated above? ☐ Yes ☐ No				
4.	Loss of use ☐ Hand ☐ Arm ☐ Foot ☐ Leg ☐ Paraplegia ☐ Hemiplegia ☐ Quadriplegia				
	Did the accident/disease result in total and irrecoverable loss of use/paralysis? ☐ Yes ☐ No  If yes, provide details				
	ii yes, provide details		'		
	Has the loss of use/paralysis been continuous for 12 months? ☐ Yes ☐ No				
_		Ma M	AC		
5.	Loss of Speech Hearing  Percentage of loss%				
	Will vision, speech or hearing be recovered or partially recovered by the use of a device or rehabilitative program? ☐ Yes ☐ No	Right Foot	leff Foo		
	If yes, provide details				
	late on which loss of sight occurred If accident/disease required removal of eye, date MMM/DD/YYYY				
	Vision in each eye prior to accident/disease: Right Left Present vision	on, if any, in each eye: Right _	Left		
6.	Was the accident/disease described above solely responsible for the loss? $\ \square$ Yes $\ \square$ No				
	If no, provide details of any contributing cause(s)				

3. PHYSICIAN ACKNOWLEDGEMENT AND AUTHORIZATION					
I acknowledge that the information in this statement will be kept in a disab to whom access has been granted or those authorized by law. By providir					
If you would like The Co-operators to communicate with you by email about t	his claim, please provide your email				
Co-operators Life Insurance Company uses reasonable safeguards to protect all information it collects, uses, retains and discloses in the course of conducting business. However, the internet is not a secure medium and we do not use email encryption. As such, we cannot guarantee complete privacy and confidentiality of any email transmissions. This includes the email text and any attachments. By authorizing communication by email, you are acknowledging that you have read and understood this notice and disclaimer and are consenting to the transmission of your personal information using email knowing the email and any attachments may be subject to unauthorized access, use or disclosure by third parties. You agree that Co-operators Life Insurance Company is not responsible or liable for any damages or losses you or any other person may suffer as a result of any breach of privacy, confidentiality or security by transmission of your personal information using email communication. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to Group_life_claims@cooperators.ca.  Attending Physician (Please Print)					
Address	City	Province Postal Code			
Certified Speciality	_ Family Physician ☐ Yes ☐ No	Physician's Stamp			
Phone Number () Fax Number ( Physician Signature					

Last Name

## 4. PRIVACY

Plan Member \_

## **Co-operators Life Insurance Company Privacy Statement**

First Name

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: privacy@cooperators.ca