

## LIFE BENEFITS

Life benefits are intended to provide financial support for plan members and their families in the event of a death.

### THE FOLLOWING INFORMATION IS REQUIRED

#### Notice of Death - Plan Sponsor Statement

Ensure the Plan Sponsor Statement is submitted to our office by your employer.

#### Notice of Death - Claimant Statement

When proceeds are payable to a named beneficiary:

The Claimant Statement should be completed by the beneficiary, except in the following situations:

- If any named beneficiary has predeceased the life insured, proof of death must be provided in the form of a death certificate.
- If a trustee was appointed by the deceased to act on behalf of the beneficiary, the trustee should complete the Claimant Statement.
- If the beneficiary is a minor and the deceased had not appointed a trustee, contact Co-operators to determine who should complete the Claimant Statement. Legislation regarding payment to minors varies from province to province.
- If the beneficiary is not able to handle their own financial affairs, the Claimants Statement should be completed by their legal representative by virtue of a Power of Attorney Document or Court-Appointed Committee. Please submit a copy of your legal appointment with the other claim documents.

In Quebec:

- The beneficiary's tutor should complete the Claimant Statement.

Note: In Quebec, the surviving spouse is automatically appointed as the minor's tutor, unless prohibited by a court order

When proceeds are payable to the insured's estate:

The Claimant Statement should be completed by the estate's legal representative. Please contact us for information as additional information may be required which could include the following:

- A notarized copy of the will and probate, or
- Certificate of Appointment of Estate Trustee with or without a will (Ontario), or
- Letter of Administration

In Quebec:

- A notarial will – a notarized copy
- Holographic Will/Made before Witnesses - a certified copy of a judgement and the will signed by the court clerk or the assistant court clerk which declares duly probated the deceased's will; or a notarized copy of the will as well as the minutes of probate
- No will - a declaration of legal heirs. In this case, each of the heirs should complete a separate Claimant Statement for their share of the insurance proceeds

#### Proof of Death

For claims \$150,000 and under, we will accept an original death certificate and/or a funeral director's statement of death. For claims greater than \$150,000, the Physician Statement is required. Depending on the circumstances surrounding the death, Co-operators may require additional information including, but not limited to the following:

- Coroner's report
- Police investigation reports
- Additional medical information

#### AUTHORIZATION AND PRIVACY

We need your permission to obtain information that will help us assess your claim. By signing the authorization request, you give Co-operators Life Insurance Company permission to obtain this information from the insured's treatment providers, plan sponsor, other insurers and hospitals where they received treatment.

Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, keeps and shares in the course of conducting business.

You can find more details about our privacy policy and how to contact our Privacy Officer at [www.cooperators.ca/privacy](http://www.cooperators.ca/privacy).

#### CONTACT INFORMATION

If you have any questions or if you need help with your life claim, please contact your plan administrator or our office at 1-866-442-3098. Please have your group policy and certificate number available.

**CONTACT INFORMATION**

 Mail: Co-operators Life Insurance Company  
 Group Life Claims Department  
 1900 Albert Street  
 Regina, SK S4P 4K8

 Phone: 1-866-442-3098  
 Fax: 1-866-889-9925  
 Email: [group\\_life\\_claims@cooperators.ca](mailto:group_life_claims@cooperators.ca)
**INSTRUCTIONS**

 Please print clearly and be sure all sections are complete to avoid delays in processing the claim.  
 The completed form can be returned by email, fax, or the original can be mailed to the address provided.

**1. PLAN MEMBER INFORMATION**

 Plan Member \_\_\_\_\_  
First Name Initial Last Name  
 Group \_\_\_\_\_ Account \_\_\_\_\_ Certificate \_\_\_\_\_  
 Plan Sponsor/Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**2. DECEASED INFORMATION**

 Name \_\_\_\_\_  
First Name Initial Last Name  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Province of Legal Residence \_\_\_\_\_  
MMM/DD/YYYY  
 Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
MMM/DD/YYYY  
 Cause of Death (provide details) \_\_\_\_\_  
 Duration of illness, if applicable \_\_\_\_\_  
 Names and addresses of attending physician(s) \_\_\_\_\_  
 Was death accidental?  Yes  No Location and type of accident \_\_\_\_\_  
 Date of Accident \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.  
MMM/DD/YYYY  
 Name and address of investigating police department, if applicable \_\_\_\_\_  
 \_\_\_\_\_

**3. CLAIMANT INFORMATION**

 Claimant \_\_\_\_\_  
First Name Initial Last Name  
 Address \_\_\_\_\_  
Street City Province Postal Code  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MMM/DD/YYYY

If you would like Co-operators to communicate with you by email about this claim, please provide your email \_\_\_\_\_

 You acknowledge that data transmitted over the internet may be intercepted and that such transmission is at your own risk. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to [group\\_life\\_claims@cooperators.ca](mailto:group_life_claims@cooperators.ca).

In what capacity do you claim the insurance money?

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Beneficiary       | <input type="checkbox"/> Executor/Executrix/Liquidator of the Succession | <input type="checkbox"/> Trustee     |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Signing Officer                                 | <input type="checkbox"/> Other _____ |

**4. SETTLEMENT OPTIONS**

I request that any settlement payable under this benefit be paid by:

- Direct Deposit\* - **Please include a personal cheque marked "VOID"**
- Cheque

\*Direct deposit of funds allows us to deposit your benefit directly to your financial institution.

## 5. AUTHORIZATION

I hereby authorize any physician, hospital, clinic or any other medical or health care provider or facility, the group plan administrator and/or adjudicator or their agent, any insurance company, reinsurer, provincial health insurance plan, government department or agency and any other person, organization or institution having any medical or other relevant personal information or records regarding the deceased to release to and exchange with Co-operators, the group plan administrator or their representatives and/or agents, any and all such information necessary for the purposes of investigating and confirming the accuracy and validity of this claim and to administer this claim. I understand that my refusal or withdrawal of consent may delay claims adjudication or result in the denial of this claim. I declare that the information provided in this statement and any statements provided in any personal or telephone interview relating to this claim are/will be true, complete and accurate. This authorization shall remain valid for the duration of the claim unless revoked in writing by me. Any copy of this authorization shall be as valid as the original.

Name of Deceased \_\_\_\_\_ Relation to Deceased \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

MMM/DD/YYYY

## 6. PRIVACY

### Co-operators Privacy Statement

At 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 your province of residence or 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 our privacy policy and how to contact our Privacy Officer at [www.cooperators.ca/privacy](http://www.cooperators.ca/privacy).