

The insurer of this policy is  Co-operators Life Insurance Company  CUMIS Life Insurance Company

Co-operators Life Insurance Company and CUMIS Life Insurance Company are affiliated companies within the Co-operators Group of Companies. The Insurance Company that is underwriting and administering your policy is identified by the check boxes above.

MAILING ADDRESS	INSTRUCTIONS
Mail: Co-operators Life Insurance Company CUMIS Life Insurance Company Life Claims Department 1920 College Avenue Regina SK S4P 1C4  Phone: 1-800-454-8061 Fax: 1-866-240-2153	Please print clearly and be sure all sections are complete to avoid delays in processing the claim.  The Claimant is responsible for the cost of completing this form.  <b>The completed form must be faxed directly from the Physician's office or the original can be mailed to the address provided.</b>

**1. DECEASED INFORMATION**

Name of Deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name Initial Last Name MMM/DD/YYYY

Date of Death \_\_\_\_\_ Place of Death (if hospital or institution, provide name) \_\_\_\_\_  
MMM/DD/YYYY

CAUSE OF DEATH	DATE OF DIAGNOSIS
<b>Immediate cause of death:</b>	
<b>Underlying causes of death:</b>	
<b>Other significant conditions:</b>	

Was the deceased's death due to Cancer?  Yes  No If yes, please provide diagnosis date of primary Cancer \_\_\_\_\_  
MMM/DD/YYYY

If the deceased's death was not the sole result of an illness or disease, please describe the circumstances of death (e.g., an accident, homicide or suicide)

\_\_\_\_\_

\_\_\_\_\_

Was an inquest held?  Yes  No Was an autopsy performed?  Yes  No If yes, by whom \_\_\_\_\_

How long have you treated the deceased? \_\_\_\_\_

Did the deceased receive treatment during the last 3 years from any other physician, or any hospital or institution?  Yes  No

If yes, provide the following:

Name	Address	Nature of illness or injury	Dates (MMM/DD/YYYY)

Was the deceased advised of the nature of his/her illness?  Yes  No If yes, when \_\_\_\_\_  
MMM/DD/YYYY

Did the deceased ever use any form of tobacco, marijuana, nicotine products or substitutes (including nicotine patch and gum)?  Yes  No  Unknown

Did the deceased ever stop smoking?  Yes  No  Unknown If Yes, when and for how long? \_\_\_\_\_

**2. PHYSICIAN ACKNOWLEDGEMENT**

I hereby declare that the answers to the above questions are accurate and complete.

Attending Physician (Please Print) \_\_\_\_\_

Certified Speciality \_\_\_\_\_ Family Physician  Yes  No

Address \_\_\_\_\_  
Street City Province Postal Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

Physician's Stamp

### 3. PRIVACY STATEMENT

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

Co-operators Life Insurance Company and CUMIS Life Insurance Company are committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, retains and discloses in the course of conducting business.

At each of the companies listed above, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. 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 persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. You can find more details about Co-operators Life Insurance and CUMIS Life Insurance Company's privacy policy at [www.cooperators.ca](http://www.cooperators.ca). If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact the Privacy Office at 130 MacDonell Street, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: [privacy@cooperators.ca](mailto:privacy@cooperators.ca) (please include whether you deal with Co-operators Life Insurance Company or CUMIS Life Insurance Company in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.