

Critical Illness Insurance Claim

1. Critical Illness Insurance Claim Information

When should a Critical Illness Insurance claim be made?

- If you are insured under Critical Illness Insurance for CIBC Mortgages, and
- You have suffered a Critical Illness as defined in your Certificate of Insurance

What information is required for a Critical Illness Insurance claim?

- The following sections of this claim form: **Banking Centre Statement, Claimant Statement** and the **Attending Physician Statement**; and
- If the insured client is deceased, the original or notarized copy of proof of death.

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

CIBC Insurance, PO Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2
Fax Number 1 877 735-4900 or 905 306-4900

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

What happens after a Claim is submitted?

- You are responsible for your Mortgage loan payments and insurance premiums until the claim is approved;
- You will be advised if further information is required to process your claim;
- On approval of your claim, The Canada Life Assurance Company (Canada Life) will make your benefit payment to CIBC. A notice will be sent to you indicating the payment made;
- If your claim is denied Canada Life 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 Helpline at 1 800 465-6020**

2. Your Privacy Matters - a note from the Insurer

- Creditor Insurance for CIBC Mortgages is underwritten by The Canada Life Assurance Company (Canada Life). This insurance product is administered by Canada Life and CIBC, and is subject to certain terms, conditions, limitations and exclusions, which are set out in the Certificates of Insurance, which are provided upon enrolment.
- When you requested coverage, you gave Canada Life personal information about yourself, which Canada Life added to a client file. The purpose of this file, which is strictly confidential, is to allow Canada Life and their reinsurers to conduct all the necessary business of insurance, including, setting fair premiums, receiving payments, assessing and paying claims, and keeping you informed of the status of your coverage. Canada Life keeps client files at their head office or at another secure location authorized by Canada Life.
- Only authorized personnel have access to personal information about you. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. If you want to know or correct any personal information in your claim file, just call the Creditor Helpline at 1 800 465-6020 and we will be happy to assist you.
- **Protecting your personal information:** At Canada Life (in this section “we” or “us”), we’re committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.
- **How we use your personal information:** Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It’s also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations.
- **Who we share personal information with:** We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, technology suppliers, other insurance or reinsurance companies, and your financial institution. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. If there is a change of insurer, your personal information will be disclosed to the subsequent insurer that provides the insurance. We take protecting your personal information seriously and we’ll never sell your personal information to anyone.

Critical Illness Insurance Claim

- **You're in control of your personal information:** We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request through our privacy centre at canadalife.com/privacy. This includes how you want to receive information from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre, such as access to or correction of your personal information.
- If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.
- Want to learn more? Please visit canadalife.com/privacy.

3. Banking Centre Statement (*Banking Centre use only*)

Complete this Banking Centre Statement fully (please print) and give to the Claimant to have the **Claimant Statement** and the **Attending Physician Statement** completed. If the insured person is deceased, give the form 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 Helpline at 1 800 465-6020 or email "*Creditor Helpline*".

Claimant Information:

First Name _____ Middle Initial(s) _____ Last Name _____

Please complete the information below for each Lending Product:

Mortgage 1: _____ Is there also Life Insurance for this Mortgage? Yes No
Mortgage Number

Mortgage 2: _____ Is there also Life Insurance for this Mortgage? Yes No
Mortgage Number

Mortgage 3: _____ Is there also Life Insurance for this Mortgage? Yes No
Mortgage Number

Banking Centre Information:

Banking Centre Long Dater (transit/address/date) _____ Banking Centre Telephone Number _____

_____ X _____
Date (Month day, year) Banking Centre Officer Name and Title Banking Centre Officer Signature (sign within box)

Please give this document to the Claimant or Authorized Representative for completion.

Critical Illness Insurance Claim

4. Claimant Statement

Claimant Information:

Title	First Name	Middle Initial(s)	Last Name	
Date of Birth (Month day, year)		Gender	Telephone Number	
Mailing Address (number and street name)		City	Province/Territory	Postal Code

Claimant Authorization to Release Personal Information:

If you wish to authorize someone other than yourself (such as a family member or friend) to communicate with The Canada Life Assurance Company on your behalf with respect to your claim, please complete this Authorization Form. Communication will be limited to matters related to the claim for benefits. This authorization shall remain valid for the duration of the claim for benefits or until otherwise revoked by you.

I authorize Canada Life to communicate personal information that relates to my claim for benefits with:

Title	First Name of appointed person	Middle Initial(s)	Last Name	
Relationship		Telephone Number		
Address (number and street name)		City	Province/Territory	Postal Code

Please select one option (If no selection, medical information will not be released to the authorized appointed person)

- Excluding medical information Including medical information

I certify that the statements in this form are true and complete. I understand that The Canada Life Assurance Company will investigate the claim.

I understand that my personal information will be collected, used and shared as set out in the Privacy section and I authorize Canada Life, its agents and service providers to collect, use and exchange personal information about me (including all consultation and medical reports) needed by it for administration and adjudication of claims and by CIBC for the purpose of administering my claim under these Group Policies, with any person or organization who has relevant information pertaining to this claim, including health professionals, institutions, investigative agencies, insurers and reinsurers and administrators of government benefits and other benefits programs.

A photocopy of this authorization shall be as valid as the original and shall continue to have effect throughout my claim.

_____	_____	X	_____
Date (Month day, year)	Name		Signature (sign within box)

5. Attending Physician Statement (Note: Any charge for completion of this form is the responsibility of the claimant)

Patient Information:

First Name _____ Middle Initial(s) _____ Last Name _____

Date of Birth (Month day, year) _____ Diagnosis _____

Date symptoms first appeared (Month day, year) _____ Exact Date of First diagnosis (Month day, year) _____

Has the patient ever had a similar condition? Yes No
If yes, please give details (i.e. date of first symptoms, date of diagnosis, duration, etc.)
From: _____ To: _____

Has the patient ever been hospitalized? Yes No
If yes, provide length of stay (Month day, year)
From: _____ To: _____

Hospital Name _____ Hospital Telephone Number _____

Please tell us any additional information which would help us assess this claim.

Please attach copies of all specialist consultation notes, admission/discharge records relating to the cause of claim. For the following conditions, please ensure attached documentation includes but is not limited to:

Heart Attack: ECG's from the day of event and lab results supporting diagnosis including previous and new cardiac enzyme levels.

Stroke: Diagnostic evidence supporting stroke diagnosis and current neurological deficits that have been present for over 30 days.

Cancer: Diagnostic evidence to confirm malignant neoplasm including relevant pathology report.

Name of Attending Physician _____ Specialty _____

Name of Facility (Hospital, Medical Centre) _____

Address (number and street name) _____ City _____ Province/Territory _____ Postal Code _____

Telephone Number _____ Fax Number _____

By signing here, you acknowledge that the answers given above are true and complete to the best of your knowledge.

Date (Month day, year) _____ Name of Attending Physician's _____ X _____
Signature of Attending Physician's (sign within box)

Please return this form to your patient.