

**Part 1: Plan Sponsor's Statement** *This section should be completed by the plan sponsor.*

**INSTRUCTIONS ON REVERSE**

Name of deceased \_\_\_\_\_  Plan member  Dependant  
 Plan sponsor name \_\_\_\_\_  
 Group life policy number \_\_\_\_\_ Certificate number \_\_\_\_\_  
 Great-West Life division number \_\_\_\_\_ Class code \_\_\_\_\_  
 Benefit claimed:  Life \$ \_\_\_\_\_  Supplemental/Optional Life \$ \_\_\_\_\_  
 Accidental Death \$ \_\_\_\_\_  Survivor Income Benefit \$ \_\_\_\_\_

**If the deceased is the plan member, please provide the following information:**

Occupation: \_\_\_\_\_ Employment start date: \_\_\_\_\_  
 Last date worked: \_\_\_\_\_ Reason for leaving work: \_\_\_\_\_  
 Salary or wages at last date worked \$ \_\_\_\_\_

**Signature and title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Mailing address** \_\_\_\_\_ **Phone number** \_\_\_\_\_

*Please see the instructions on the reverse for information regarding form completion and supporting documents.*

**Part 2: Claimant's Statement** *Please refer to the instructions on the reverse to determine who should complete this section.*

**Information about the deceased**

Deceased's full address \_\_\_\_\_  
 Deceased's date of birth \_\_\_\_\_ Date of death \_\_\_\_\_  
 Cause of death \_\_\_\_\_

Did the deceased have insurance coverage under any other Great-West policy?  Yes  No

If yes: policy number \_\_\_\_\_ Type of coverage \_\_\_\_\_

**Information about the claimant**

Claimant's name: \_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

Claimant's full address: \_\_\_\_\_

Claimant's phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Claimant's date of birth: \_\_\_\_\_

Claimant's social insurance number, social security number or taxpayer account number \_\_\_\_\_

When proceeds are payable to the estate, please include insured's social insurance number.

**Note:** Failure to provide your social insurance number (unless the claimant is a minor) may result in a penalty from the Canada Revenue Agency (subsection 162(6) of the Income Tax Act).

Claimant's basis of claim (check one)

- Named beneficiary  Beneficiary's guardian/legal tutor or curator  Estate administrator/Estate executor  Trustee  
 Other, please specify: \_\_\_\_\_

This policy may offer alternate ways in which the proceeds may be paid. If you would prefer payment other than a lump sum, Great-West would be pleased to arrange for a financial advisor to discuss settlement options with you. Please check one of the following:

- I have chosen a lump sum payment of these proceeds.  
 Please arrange for a financial advisor to visit and discuss my options. The best time to call me is \_\_\_\_\_

**Protecting Your Personal Information**  
 At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

**Authorizations and Declarations**

I authorize Great-West Life, any healthcare provider, the deceased's plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or working with the deceased's plan administrator to exchange personal information, when necessary to assess my claim and to administer the group benefits plan.

I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to me, Great-West Life has met its obligation to me. I further declare that the answers given by me are, to the best of my knowledge and belief, true and full, and I have withheld no material facts from Great-West Life.

I confirm that a photocopy or electronic copy of this authorization is as valid as the original.

\_\_\_\_\_  
 Claimant signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Claimant name (please print)

\_\_\_\_\_  
 Witness signature

# Instructions

## Supporting Documents *Please include the following documents.*

This request for documents addresses the most common situations. We may need to request more information before making a decision about your claim.

The **plan sponsor** should submit the original Application for Insurance, along with any benefit change requests that have been retained.

The **claimant** should submit the following documents to the plan sponsor along with the completed claim form.

### For Basic and Supplemental Life Insurance claims

Proof of Death (if death occurred) document(s) as follows:

*Outside Quebec:*

- A photocopy of the original death certificate *or* Attending Physician's Certificate (M63) *or* a funeral director's statement of death

*In Quebec:*

- For claims under \$50,000: a photocopy of the original death certificate, *or* Attending Physician's Certificate (M63) *or* a funeral director's statement of death
- For claims over \$50,000: a photocopy of the Act of Death (long form) issued by the Quebec Registrar of Civil Status

*Outside North America:*

- Original death certificate *or* certified true copy of the death certificate by a notary public

### For Optional Life Insurance claims

- Attending Physician's Certificate (M63) confirming medical cause and manner of death

### For Accidental Death claims

- Police report or workplace accident report *and*
- Medical Examiner's Report (Manitoba, Nova Scotia, Newfoundland and Labrador); Certificate of Medical Examiner (Alberta); *or* Coroner's Report (rest of Canada); for British Columbia, Saskatchewan, Quebec, New Brunswick, the Northwest Territories, Nunavut and Yukon, where coroners are not physicians, an autopsy report is required

### For Survivor Income Benefit claims

- Marriage certificate or sworn affidavit to confirm common law status
- Birth certificate for all eligible survivors *and*
- Canada/Quebec Pension Plan statement of survivor benefits, if applicable

## Please send the completed form and supporting documents to:

**Mail to:** The Great-West Life Assurance Company  
Group Life Benefits  
PO 6000  
Winnipeg MB R3C 3A5

**Send via courier to:** The Great-West Life Assurance Company  
Group Life Benefits  
60 Osborne Street N  
Winnipeg MB R3C 1V3

## Who should complete the Claimant's Statement

### When proceeds are payable to a named beneficiary

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

- If a trustee was appointed by the deceased to act on behalf of the beneficiary, the trustee should complete the Claimant's Statement.
- *Outside Quebec* - If the beneficiary is a minor and the deceased has not appointed a trustee, the court-appointed guardian of the beneficiary's property should complete the Claimant's Statement (submit copy of birth certificate and confirm name and address minor is residing with).
- *In Quebec* - If the beneficiary is a minor or lacks legal capacity, and the deceased has not appointed a trustee by separate contract, the beneficiary's legal tutor or curator should complete the Claimant's Statement unless the deceased has appointed a trustee by separate contract (submit copy of birth certificate issued by registrar of civil status).
- If the claimant is not able to handle his or her own financial affairs, the Claimant's Statement should be completed by the claimant's legal representative by virtue of a power of attorney document or court-appointed committee (submit a notarized copy of your legal appointment with the other claim documents).

**Note:** Legislation regarding a minor beneficiary is subject to the province or territory where the member enrolled.

### When proceeds are payable to the Insured's estate

The Claimant's Statement should be completed by the estate's legal representative. When insurance proceeds **exceed \$50,000.00**, the following documents must also be attached:

*Outside Quebec:*

- A notarized copy of the will (if the insured left a will) and probate, *or*
- Certificate of Appointment of Estate Trustee with or without a will (Ontario), *or*
- Letter of administration, as applicable.

*In Quebec:*

- In all cases, include a will search certificate from the Chambre des Notaires and The Barreau du Quebec.
- A notarial copy of the will if the deceased's will is done before a notary, *or*
- For a will made before two witnesses or a holograph will, a copy of the will and the minutes of the probate from the notary or the judgment from the court.

If there is no will, please submit a declaration of legal heirs. In this case, **each** of the heirs should complete a separate Claimant's Statement for their share of the insurance proceeds. The Plan Sponsor's Statement (Part 1 of this form) needs to be completed only once.