



Accidental Death, Dismemberment & Specific Loss Supplementary Benefits Claim Form

Use this form to apply for supplementary benefits along with or following an accidental death or dismemberment claim.

Plan Administrator: Please complete part 1 of this form and submit it with a Group Life Benefit Claim for Accidental Dismemberment or Specific loss (M4337) in the case of dismemberment or loss, or Group Life Plan Sponsor Statement (M62PS) in the case of accidental death.

Plan Member and/or Claimant: Please completed part 2 & 3 of this form and attach receipts for all eligible expenses. Submit this form with a completed Group Life Benefit Claim for Accidental Dismemberment or Specific loss (M4337) in the case of dismemberment or loss, or Group Life Claimant Statement (M62CS) in the case of accidental death.

The claim forms and supporting documents should be sent to:

The Canada Life Assurance Company
Group Life Benefits
60 Osborne St. N
Winnipeg MB R3C 1V3

OR

Email: grouplifebenefits@canadalife.com
Fax: 204-946-8783

1) To be completed by the Plan Administrator					
Plan Member's Name (first, last)					
Group Policy Name			Group Policy Number		
Division Number	Class	Certificate Number	Date of Birth (MM/DD/YYYY)	Date of Loss (MM/DD/YYYY)	
Plan Sponsor's Mailing Address – Street			City	Province	Postal Code
Plan Administor's Name			Title	Phone Number	
Email Address				Fax	
Signature				Date (MM/DD/YYYY)	

2) Claimant Information - To be completed by the Plan Member or Claimant			
Your Name (first, last)			
Relationship to Plan Member			
Mailing Address:	City	Province	Postal Code
If claimant is a minor child please confirm the name and address of parent or Legal Guardian and the current address for the minor child if different than above.			
Parent/Guardian's Name (first, last)			
Parent/Guardian Address	City	Province	Postal Code
Child's Address	City	Province	Postal Code

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3) CLAIM DETAILS

BENEFIT(S) BEING CLAIMED: (Please check appropriate box)

CHILD EDUCATION BENEFIT

*Attach a photocopy of the child's birth certificate, educational documents issued by the school's registrar confirming full-time enrollment.

SPOUSE OCCUPATIONAL TRAINING BENEFIT

*Please provide an invoice of expenses from an accredited occupational training program.

EDUCATIONAL BENEFIT FOR EMPLOYEES AND SPOUSES

*Attach confirmation of enrollment and tuition fees from a post-secondary institution.

FAMILY TRANSPORTATION BENEFIT

*Attach receipts for eligible transportation, lodging and/or telephone expenses. If a personal vehicle was used, provide a detailed travel log of kilometres traveled

Do you have Out-Of-Country coverage with Canada Life? Yes No Plan Number _____ ID# _____

If yes, have benefits been paid Yes No. Provide amount / details: _____

REPATRIATION BENEFIT

Do you have Out-Of-Country coverage with Canada Life Yes No Plan Number _____ ID# _____

If yes, have benefits been paid Yes No. Provide amount / details: _____

WHEELCHAIR BENEFIT

*Attach invoices detailing expenses for alterations to your residence and/or your personal vehicle.

Alterations to the plan member's principal residence (work must be done by person(s) experienced in home alterations for wheelchairs and the alterations are recommended by an organization recognized for providing support to wheelchair users)

Modifications to a motor vehicle used by the plan member (work must be done by person(s) experienced in vehicle modifications for wheelchairs and the modifications are approved by the provincial vehicle licensing authority)

With the exception of the spousal retraining benefit and education benefits all expenses for any one benefit must be claimed together. Claims for subsequent costs for a claim that has already been submitted are not eligible.

Protecting your Privacy

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only person with access to the information are: people working at Canada Life and those we've authorized, who need the information to do their jobs and manage your claim, those whom you've given access, those authorized by law both within Canada and in any other jurisdiction where your personal information is held. For a copy of our Privacy Guideline see: canadalife.com or you can write to Canada Life's Chief Compliance Officer.

Plan Member/Claimant's Signature _____ **Date** _____