



CREDIT INSURANCE LIFE CLAIM FORM

Please indicate the type of Policy under which the claim is being submitted and complete appropriate section on reverse side as well as the information below:

Credit Life

Line of Credit
 (including credit card)

Group Mortgage Protection

FINANCIAL INSTITUTION INFORMATION

Financial Institution _____ Phone No. (____) _____

Address _____ Fax No. (____) _____

Date _____ Email _____

Signature of Financial Institution representative _____

Please print name of Financial Institution representative _____

CLAIMANT INFORMATION

Name _____
Last First Initial

Address _____
Street City Province Postal Code

Date of Birth month ____ day ____ year ____ Date of Death month ____ day ____ year ____

Cause of Death _____ Financial Institution Account # _____

Name and address of Family Physician _____

Name and address of previous Family Physician *(if above has not been Claimant's physician for the past 3 years)* _____

Name and address of specialist who last attended Claimant _____

AUTHORIZATION FOR RELEASE OF MEDICAL & EMPLOYMENT INFORMATION

(To be completed by Next of Kin)

I hereby authorize any physician, hospital, insurer, employer or any other organization or person having any records, data or information concerning _____ to furnish such records, data or information as may be requested, by the CUMIS Life Insurance Company.

I understand that the personal information furnished herein will be used by CUMIS for claims administration purposes, and for such other lawful purposes in accordance with applicable federal and provincial laws, as may apply.

A photocopy of this Authorization shall be considered as effective as the original and I hereby waive any privilege with respect to such information.

Dated this ____ day of _____, 20 ____ Witness _____

Signature _____

CLAIM REQUIREMENTS

CREDIT LIFE CLAIMS

- Requirements: Copy of
- Loan application
 - Promissory note
 - Proof of Death Physician's Statement if death occurred within 2 years of effective date of coverage and/or if balance on date of death is more than \$75,000
 - Funeral Director's Certificate or Provincial Death Certificate if death occurred outside of 2 years of effective date and/or if balance on date of death is less than \$75,000

DATE LOAN ADVANCED	TOTAL AMOUNT OF LOAN	IF REFINANCED OR RENEWED, AMOUNT OF NEW MONEY ADVANCED	INTEREST RATE ON DATE OF LAST PRIN/ INT PAYMENT PRIOR TO DEATH	DATE OF LAST PRINCIPAL OR INTEREST PAYMENT PRIOR TO DEATH	PRINCIPAL BALANCE DUE PRIOR TO DEATH
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____

LINE OF CREDIT CLAIMS

- Requirements: Copy of
- Line of Credit application
 - Line of Credit agreement
 - 12 months of statements showing line of credit loan activity prior to death
 - Proof of Death Physician's Statement

DATE LINE OF CREDIT ADVANCED	LINE OF CREDIT LIMIT	IF REFINANCED OR RENEWED, AMOUNT OF NEW MONEY ADVANCED	INTEREST RATE ON DATE OF LAST PRIN/ INT PAYMENT PRIOR TO DEATH	DATE OF LAST PRINCIPAL OR INTEREST PAYMENT PRIOR TO DEATH	PRINCIPAL BALANCE DUE PRIOR TO DEATH
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____

GROUP MORTGAGE PROTECTION CLAIMS

- Requirements: Copy of
- Original mortgage document
 - Most recent renewal agreement (if applicable)
 - 6 months of mortgage statements prior to death
 - Proof of Death Physician's Statement if death occurred within 2 years of effective date of coverage and/or if balance on date of death is more than \$75,000
 - For all other mortgage claims, a Funeral Director's Certificate or Provincial Death Certificate

DATE MORTGAGE ADVANCED	TOTAL AMOUNT OF MORTGAGE	IF REFINANCED OR RENEWED, AMOUNT OF NEW MONEY ADVANCED	INTEREST RATE ON DATE OF LAST PRIN/ INT PAYMENT PRIOR TO DEATH	DATE OF LAST PRINCIPAL OR INTEREST PAYMENT PRIOR TO DEATH	PRINCIPAL BALANCE DUE PRIOR TO DEATH
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____

Were any of these loans/mortgages in arrears? If "YES", which one and for what time period?

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