

**Life  
Waiver**

*Employee Authorization Only*



## Group Life Waiver of Premium Benefit

This guide contains the form you need to apply for premium free continuance of your life insurance benefits and some important information about the claim process.

This guide is used when your Group Life Insurance benefits are with Canada Life and your Long Term Disability benefits are covered by a different insurance carrier.

### Authorization Request

We need your permission to obtain information that will help us assess your claim. By signing this authorization request you give Canada Life permission to obtain this information from your doctor, your employer, other insurers and hospitals where you received treatment.

This authorization request is considered notice of claim and should be submitted at least 8 weeks before the end of the Elimination Period. Your authorization request and a copy of your Long Term Disability decision letter should be submitted to the Canada Life disability management services office assigned to assess your claim.

Should you wish to submit your information directly to Canada Life, please contact your employer for the appropriate mailing address.

Please complete all sections on the form and be sure to include your Group Plan Number and Canada Life Employee Identification Number.

### WHAT YOU SHOULD KNOW ABOUT THE CLAIM PROCESS

#### Employer's Statement

Before we can assess your claim, we need a statement from your employer confirming the date your insurance coverage began, your job duties and earnings. We have asked your employer to supply this information directly to us.

#### Claim Assessment

We will assess your claim as soon as we receive these completed forms from you and your employer. We will notify you promptly if you are eligible for premium free continuance of your life insurance benefits.

# Your consent

Before we can process your claim for benefits, you must read this agreement and sign in the *signature* box below.



## Sharing your personal information

### We collect, use and disclose your personal information to:

- investigate and assess your claim
- administer your claim and the group benefits plan
- work out a rehabilitation plan to get you back to work
- audit the assessment of the claim.
- manage internal data for analytics purposes

We may also use your social insurance number for income tax reporting and as an identification number if this is required in the administration of your benefits.

### We may collect and exchange your personal information with these persons or groups when relevant and necessary for the purpose above:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of discussing return to work planning
- Your employer's occupational health services
- Your union representative
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside Canada.
- An auditor authorized by us, your employer, plan sponsor or their agent

## By signing below, you confirm that:

- You have read, understand and agree with the contents of this form and authorize us to collect and disclose your personal information.
- Except for audit purposes, your authorization is valid for the duration of your claim or until you cancel it in writing.
- All statements you have made about your claim are true and complete
- A photocopy or electronic copy of this authorization is as valid as the original.

Your group plan number	Print your name	Telephone number
Your Canada Life ID number	Email Address	<i>Enter your email address if you would like Canada Life to communicate with you by secure email about your Disability Services claim.</i>
Your signature 		Date (mm/dd/yyyy)



## 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 persons 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 Guidelines see [canadalife.com](http://canadalife.com) or you can write to Canada Life's Chief Compliance Officer.



