



Protecting your personal information

At Canada Life, 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. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

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 your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. 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. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

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 updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers 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.



Critical Illness Insurance Claimant's Statement

Please print in ink and fully complete the form.

Claimant name	Plan number	Plan member I.D. number
Address (number, street, city, province, postal code)		
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed <input type="checkbox"/> Other	Phone number (including area code)

Please advise how you wish to receive these proceeds:

- ☐ Cheque
- ☐ Electronic Funds Transfer (EFT) to a Canadian financial institution. Please attach a personalized "void" cheque or an electronic banking form.

Claim and Related Details

1. Please describe the nature and extent of your critical illness:

On what date was your condition diagnosed or surgery performed? Date (dd/mm/yyyy) _____

2. On what date did symptoms start? Date (dd/mm/yyyy) _____

Please describe these symptoms:

3. On what date did you first consult a medical practitioner in connection with your illness? Date (dd/mm/yyyy)

Please indicate the name and address of the physician seen:

Name	Phone number (including area code)
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Address (number, street, city, province, postal code)

4. Have you undergone any tests or investigations related to the diagnosis? If yes, please provide details and dates:

5. Have you previously suffered from, or received treatment for, a similar or related condition? ☐ Yes ☐ No

If yes, please give details, including dates:

Medical Consultations

1. Please provide the name and address of your personal physician:

Name

Phone number (including area code)

Address (number, street, city, province, postal code)

2. Please provide details of any physicians who have been consulted in connection with your illness:

Name	Address (number, street, city, province, postal code)	Phone number (including area code)	Dates seen (dd/mm/yyyy)

3. If you have been treated at a hospital or similar institution, please supply the following information:

Name of hospital	City or town	Date of admission (dd/mm/yyyy)	Date of discharge (dd/mm/yyyy)

4. What other treatment have you received and are you currently receiving for your condition? (e.g., medications, therapy)

Type of treatment	Institution	Prescribing physician	Dates (dd/mm/yyyy)

General

1. Has any blood relative suffered from a similar or related condition? ☐ Yes ☐ No If yes, please indicate:

Relationship	Nature of illness	Age at which illness was first diagnosed

2. Are you insured for benefits related to this condition from another company? ☐ Yes ☐ No If yes, please indicate:

Name of insurer	Type of benefit	Amount of benefit insured \$	Has a claim been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Do you smoke or use tobacco products?

☐ Yes If yes, please indicate amount per day: _____ How long have you used tobacco? _____

☐ No If no, did you previously use tobacco products? ☐ Yes ☐ No

On what date did you quit? (dd/mm/yyyy) _____

4. Please provide any further information that might be helpful in support of your claim:

Notice about MIB, LLC.

IMPORTANT NOTICE

Your personal information will be treated as confidential. Canada Life or its reinsurer(s) may, however, make a brief report to the MIB, LLC., a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another bureau member company for life or health insurance or submit a claim for benefits to such a company, the bureau will upon request supply the company with the information it may have.

Canada Life or its reinsurer(s) may also release information to other life insurance companies to whom you apply for life or health insurance, or to whom you submit a claim for benefits. The company will not, however, reveal to another company or to the bureau the action taken on the basis of your current request for insurance.

If you wish to see the information in your bureau file or have it corrected, please contact the bureau's information office at:

MIB, LLC. 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Tel 781-751-6000

Authorization and Declarations:

I authorize:

- Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations or service providers working with Canada Life to exchange personal information, when necessary for the purpose of assessing my claim, and administering the group benefits plan;
- Canada Life to release information about my claim to an auditor authorized by my employer, plan sponsor or their agent and Canada Life at any time for the purpose of auditing the assessment of the claims;
- Canada Life to use my social insurance number for tax reporting purposes.

Except for audit purposes, this authorization shall remain valid for the duration of my claim for benefits or until otherwise revoked by me.

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

I declare that the statements provided in this claim form and any statements provided in any personal or telephone interview concerning this claim will be true and complete. I agree that all such statements form the basis for any benefit approved as a result of a claim.

I understand that my personal information will be collected, used and shared as set out above.

Print name _____ Signature _____

Date _____ Phone number _____

Please return the completed form and supporting documents to:

The Canada Life Assurance Company
Critical Illness Unit
330 University Ave.
Toronto ON M5G 1R8

OR

Toll Free: 1.866.907.2395
Fax: 416.552.6557
Email: groupCIclaims@canadalife.com

Email Communication – Important Note:

The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.