



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.

Instructions

- Plan Administrator: Please complete and sign Part 1.
- Plan Member/Claimant: Please complete Part 2, as well as the Authorization and Declaration form on Page 3.
- Attach accident reports (i.e., police report, employer's accident report, etc.).
- Attach Certificate of Attending Physician – Dismemberment or Loss – M4442.

Submit the fully completed forms and supporting documents to:

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

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

Enrollment form and/or beneficiary designation is:

☐ Attached ☐ Held by Canada Life ☐ Member Self-Service Enrollment (MSSE)

Part 1 Plan Sponsor's or Administrator's Statement			
Name of group plan		Policy number	
Plan member's first name	Plan member's last name	Phone number	
Mailing address			
City		Province	Postal code
Date of Birth (mm/dd/yyyy)	Date of Loss (mm/dd/yyyy)	Date of Employment (mm/dd/yyyy)	Last day worked (mm/dd/yyyy)
Reason for leaving			Total amount of AD&D coverage
Earnings as of last day worked	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Other _____		Completed by (please print)
Title	Email address	Phone number	
Signature			Date (mm/dd/yyyy)


Part 2 Plan Member/Claimant's Statement			
Describe how the accident occurred:			
Date of accident (mm/dd/yyyy)	Did the accident occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date admitted (mm/dd/yyyy)
Hospital name		Date discharged (mm/dd/yyyy)	<input type="checkbox"/> Still hospitalized
Name of attending physician		Physician's address	
City		Province	Postal code
Please advise how you wish to receive these proceeds: <input type="checkbox"/> Cheque <input type="checkbox"/> EFT (Electronic Fund Transfer to Canadian bank account - please attach a personalized void cheque or an electronic bank form) <input type="checkbox"/> Please arrange for a financial advisor to visit and discuss my options. The best time to call me is _____			
Have you declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, enclose copies of the Trustee in Bankruptcy documents.		Email address (enter your email address if you would like Canada Life to communicate with you by secure email)	

I have read and understand and agree with the contents of the section entitled “Group life privacy disclosure” on this form.

I authorize Canada Life, any healthcare provider, the plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life or working with the deceased’s plan administrator, within or outside Canada, to exchange personal information, when necessary to investigate and assess my claim, to administer the group benefits plan and to audit the assessment of the claim. I further authorize the use of my social insurance number for income tax reporting. I also consent to the use of my personal information for Canada Life and its affiliates’ internal data management and analytics purposes.

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, Canada Life has met its obligation to me. By signing below, I confirm that: I have read, understand and agree with the contents of this form and authorize Canada Life to collect, use, and disclose my personal information, all statements I have made about my claim are true and complete, my authorization is valid until I cancel it in writing, and a photocopy or electronic copy of this authorization is as valid as the original.

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

Print name	
Signature 	Date (mm/dd/yyyy)