



## 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](https://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](https://canadalife.com/privacy).



## Accidental Death, Dismemberment and 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, M62(CS) in the case of accidental death.

**Plan Member and/or Claimant:** Please complete part 2 and 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, M62(CS), in the case of accidental death.

### 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](mailto:grouplifebenefits@canadalife.com)  
or Fax: 204-946-8783

Part 1 To be completed by the Plan Administrator				
Plan member's first name		Plan member's last name		
Date of birth (mm/dd/yyyy)	Date of loss (mm/dd/yyyy)		Certificate number	
Group policy name		Group policy number	Division number	Class
Plan sponsor's mailing address				
City		Province		Postal code
Plan administrator's name			Title	
Phone number	Fax	Email address		
Signature			Date (mm/dd/yyyy)	

Part 2 Claimant Information - To be completed by the Plan Member or Claimant		
Your first name	Last name	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 first name		Last name
Parent/Guardian address		
City	Province	Postal code
Child's address		
City	Province	Postal code

**Benefit(s) being claimed – Please check appropriate box(es)**☐ **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 number

☐ **Repatriation benefit**

Do you have Out-Of-Country coverage with Canada Life? ☐ Yes ☐ No

Plan number

ID number

☐ **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.**

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.

Plan Member/Claimant's Signature



Date (mm/dd/yyyy)