



FREEDOM TO CHOOSE™ ACCIDENT INSURANCE SUPPLEMENTARY BENEFITS

INSTRUCTIONS: Please complete this form and a completed Freedom to Choose™ Life Insurance Claimant Statement (in case of accidental death) or a completed Freedom to Choose Accidental Dismemberment Or Specific Loss Claim Statement.

1) CLAIMANT AND PLAN MEMBER INFORMATION

Claimant Name _____ Relationship to plan member _____

Address _____

Plan Member's Name _____ ID# _____ Plan No. **177914**

Plan Name **Canada Life Insurance Company of Canada** Total Amount being claimed \$ _____

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 _____

Child's Current Address _____

2) CLAIM DETAILS

BENEFIT(S) BEING CLAIMED: (Please check appropriate box)

- ☐ **CHILD EDUCATION BENEFIT**
*Attach a photocopy of the child's birth certificate, original educational documents issued by the school's registrar confirming full-time enrollment.
- ☐ **FAMILY TRANSPORTATION BENEFIT**
*Attach original 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 Global Medical Assistance insurance with Canada Life? ☐ Yes ☐ No
If 'yes' please confirm your personal Global Medical Assistance Identification Number. _____
- ☐ **SPOUSE OCCUPATIONAL TRAINING BENEFIT**
*Please provide an original invoice of expenses from an accredited occupational training program.
- ☐ **EDUCATIONAL BENEFIT FOR MEMBER AND SPOUSES**
*Attach original confirmation of enrollment and tuition fees from a post-secondary institution.
- ☐ **WHEELCHAIR BENEFIT**
*Attach original invoices detailing expenses for alterations to your residence and/or your personal vehicle.
- ☐ **REPATRIATION BENEFIT**
*Attach original invoices for eligible expenses incurred.

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.

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AUTHORIZATIONS AND DECLARATIONS

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 person 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 Guideline see: canadalife.com or you can write to Canada Life's Chief Compliance Officer.

I have read and understand and agree with the contents of the section entitled "Protecting your Privacy" 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.

Print Name _____ Signature _____

Date _____ Social Insurance Number _____

INSTRUCTIONS:

1. Attach a completed Freedom to Choose Life Insurance Claimant Statement (in case of accidental death) or a completed Freedom to Choose Accidental Dismemberment Or Specific Loss Claim Statement.
2. Attach receipts for all eligible expenses.

Please return the **fully completed form** and supporting documents to:

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

OR

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

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.