



**GROUP PORTABLE LIFE INSURANCE
LIVING ASSISTANCE BENEFIT
PAYMENT REQUEST**

Instructions:

- ▶ Complete this form if you or your spouse are terminally ill and wish to request an advance payment of a portion of your or your spouse's portable life insurance benefit.
- ▶ Please answer all questions fully to avoid delays in processing this form. Indicate whether information does not apply, is unavailable or is unknown.
- ▶ If more space is required to answer any question, continue the answer on a separate sheet and attach it to this form.

Section 1		TERMINALLY ILL PERSON'S INFORMATION	
Terminally Ill:	<input type="checkbox"/> Member's Name _____ <input type="checkbox"/> Spouse's Name _____	Date of Birth (YYYY/MM/DD)	
Group Policy Number	177914	Certificate Number	
Address - Street	City	Province	Postal Code
Email address			Phone Number

Section 2		WITHDRAWAL REQUEST	
<input type="checkbox"/>	Withdrawal amount from member group portable life Insurance (up to 50% of total amount or \$50,000, whichever is less)	_____ %	\$ _____
OR			
<input type="checkbox"/>	Withdrawal amount from plan spouse group portable life Insurance (up to 50% of total amount or \$50,000, whichever is less)	_____ %	\$ _____

Section 3		BENEFICIARY INFORMATION	
Name of beneficiary _____			

Please return the completed form and supporting documents to:

The Canada Life Assurance Company
Group Life Benefits 5W
60 Osborne Street 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.

REQUEST FOR ADVANCE PAYMENT ON MEMBER'S PORTABLE LIFE INSURANCE BENEFIT AND RELEASE

Please review, complete and sign.

NOTE: You are eligible to request an advance payment of up to 50% of your total portable group life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, you must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I certify that I _____, and have group portable insurance coverage under Group Policy No. **177914** (the "Policy") issued to **Canada Life Insurance Company of Canada** (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS I am presently disabled and have been diagnosed as terminally ill; or

WHEREAS pursuant to the terms of the Policy, a portable life insurance benefit of \$ _____ is payable on my death; and

WHEREAS I hereby request that an immediate advance payment of my portable life insurance benefit be made to me in the amount of the lesser of 50% of my portable life insurance benefit and \$50,000, which would otherwise be payable to my beneficiary(ies) or, in the absence of any beneficiary(ies), to my estate (the "Advance Payment"); and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at a rate equal to Canada Life's standard 1 year rate +2 percent per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my death and subject to the condition that my portable group life insurance coverage under the Policy is in effect at the date of my death, pay to my beneficiary(ies), or in the absence of any beneficiary(ies), to my estate, an amount equal to the portable life insurance benefit payable under the Policy at my death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my portable life insurance coverage under the Policy terminate prior to the date of my death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment.

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, I, _____, do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, _____ represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal

this _____ day of _____, 20 _____.

SIGNED, SEALED AND DELIVERED

In the Presence of:

WITNESS NAME (please print)

INSURED NAME (please print)

WITNESS SIGNATURE

INSURED SIGNATURE

REQUEST FOR ADVANCE PAYMENT ON SPOUSE'S PORTABLE LIFE INSURANCE BENEFIT AND RELEASE

Please review, complete and sign.

NOTE: You are eligible to request an advance payment of up to 50% of your spouse's total portable group life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, your spouse must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I certify that I _____, and have group portable insurance coverage under Group Policy No. **177914** (the "Policy") issued to **Canada Life Insurance Company** (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS My spouse is presently disabled and have been diagnosed as terminally ill; or

WHEREAS pursuant to the terms of the Policy, a portable life insurance benefit of \$ _____ is payable on my spouse's death; and

WHEREAS I hereby request that an immediate advance payment of my spouse's portable life insurance benefit be made to me in the amount of the lesser of 50% of my spouse's portable life insurance benefit and \$50,000; and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at a rate equal to Canada Life's standard 1 year rate +2 percent per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my spouse's death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my spouse's death and subject to the condition that my group portable life insurance coverage under the Policy is in effect at my spouse's death, an amount equal to the portable life insurance benefit payable under the Policy at my spouse's death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my portable life insurance coverage under the Policy terminate prior to the date of my spouse's death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment.

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, I, _____, do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, _____ represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal

this _____ day of _____, 20 _____.

SIGNED, SEALED AND DELIVERED

In the Presence of:

WITNESS NAME (please print)

INSURED NAME (please print)

WITNESS SIGNATURE

INSURED SIGNATURE

PROTECTING YOUR PERSONAL INFORMATION

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the office 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 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.

PLAN MEMBER STATEMENT

To be completed by Plan Member

To be eligible for an advance payment of your or your spouse's portable group life insurance, you or your spouse must be suffering from a terminal illness and have a life expectancy of 24 months or less. After you have signed this statement below, your or your spouse's physician should complete the ***Attending Physician's Statement*** on the next page.

I expressly consent, authorize and direct any physician, surgeon or any other person who has examined me, and every hospital or other institution where I have received treatment to exchange with The Canada Life Assurance Company or its duly authorized representatives any knowledge or information required for the purposes of assessing my request for an advance payment of my portable group life insurance. A photocopy of this authorization shall be as valid as the original.

Date _____ Signature _____

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Winnipeg MB R3C 1V3

OR

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

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ATTENDING PHYSICIAN'S STATEMENT GROUP PORTABLE LIFE LIVING ASSISTANCE BENEFIT

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60 Osborne Street N
Winnipeg MB R3C 1V3

OR email: grouplifebenefits@canadalife.com
Fax: 204-946-8783

Physician Name				Telephone Number	
Address				Email Address	
Name of Insured					
Address: Street	City	Province	Postal Code	Group Policy Number 177914	

The above named Insured has requested an advance payment of their Life Insurance proceeds due to a terminal illness. In order to provide consideration to the Insured's request, we require the following information:

Diagnosis: _____

If cancer, is it metastatic? Yes No What stage of cancer? _____

Is the Insured undergoing any treatment? Yes No

If yes, provide details: _____

Future Prognosis: _____

Life expectancy (survival rate): _____

Do you consider the Insured to be mentally competent/mentally able? Yes No

Please provide a description of the Insured's medical condition, including any complications, in the space provided below and attach **medical evidence to support the diagnosis**. (to be completed by a SPECIALIST physician if being followed by a specialist).

Print Name _____ Specialty _____ Telephone _____

Date _____ Signed _____

Address _____
Street City Province

I certify that the information given is true, correct, and complete to the best of my knowledge.

Date _____ Signature _____, M.D.