

Life Claim Information Request



Canadian Premier Life Insurance Company - a Securian Financial company
Claims Department
1400-2025 Willingdon Avenue, Burnaby, BC V5C 0J3
1-800-763-1300 • Fax 1-866-987-5330 • bcclaims@canadianpremier.ca

CLAIM NUMBER

Claim Checklist

- ☐ Has the Certification of Death form been completed by the attending physician, coroner, or family doctor?
- ☐ Attach an original or a copy of the death certificate.
- ☐ Has the lender either completed the claim submission online or completed the Statement of Lending Institution form?

Deceased Information

Name of deceased (first, middle, last)

Date of birth (mo/day/yr)

Date of death (mo/day/yr)

Medical Information

Cause of death

Was deceased hospitalized?

☐ Yes ☐ No If yes, date admitted:

Name of hospital

Address (street, city, province, postal code)

Name of attending physician at time of death

Address (street, city, province, postal code)

Telephone number

Name of family physician

Address (street, city, province, postal code)

Telephone number

List the name and address of all physicians who treated the insured in the last 2 years (attach a separate sheet if needed)

Physician name

Address

Physician name

Address

Physician name

Address

Employment Information

Occupation

Date last worked (mo/day/yr)

Employer

Address (street, city, province, postal code)

Telephone number

Reason insured stopped working

☐ Normal retirement ☐ Disability retirement ☐ Illness ☐ Death ☐ Other (please specify):

****See Reverse Side****

By furnishing this form or any other form, the Company does not admit that any coverage is in force nor waive any of its rights or defenses.

Next of Kin Information for	
Name of next-of-kin	Relationship to insured
Address	Telephone number

Authorization

The statements above are true and complete. I/we certify that I/we are authorized as the Next of Kin or authorized representative of the Deceased or the Deceased's estate, to provide, obtain, and access this information and agree that the Insurer may rely upon them as part of the proofs of death under the claim made above. Any physician who has attended the Deceased, and/or any hospital or employer(s) of the Deceased or other institution in which the Deceased was treated or confined, is hereby authorized to furnish Canadian Premier Life Insurance Company or its representative (cumulatively Insurer), any and all information and records with respect to any illness or injury, medical history, consultations, prescriptions, or treatments pertaining to the Deceased. Such information may be included as part of the proofs of death submitted to the Insurer. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that as next-of-kin I may request a copy of this authorization. This authorization shall be valid for the duration of the claim.

SIGN HERE ➤	Signature of next-of-kin	Date signed (mo/day/yr)
	X	