

Certification of Death - Physician Statement



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

To be completed by attending physician, coroner or family doctor certifying the death of the insured.

I, the undersigned, hereby certify the Deceased was officially pronounced dead:

Full name of deceased

Date of death (mo/day/yr)

Time of death

☐ AM ☐ PM

Immediate cause of death

Due to a consequence of

When did symptoms first appear or accident happen (mo/day/yr)

Cause of death

☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined

Place of death (if institution or hospital, give name)

Was an inquest held?

☐ Yes ☐ No

Was an autopsy performed?

☐ Yes ☐ No

Signature of Person Providing Certification

Name

Title

Address (street, city, province, postal code)

Telephone number

IMPORTANT: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

SIGN
HERE >

Signature

X

Date (mo/day/yr)

