

## Mortgage plan

# Information on the creditor/loan

### IDENTIFICATION

Name of the Insured: JANE DOEPolicy No.: 123456

### INFORMATION ON THE LOAN

**Type of loan** ☐ Mortgage loan (provide a copy of the mortgage statement) ☐ Mortgage line of credit (provide loan contract)Loan No.: LOAN01-ABCDAmount of the payments: \$ 800 . 50Frequency of payments: ☐ weekly ☐ every 2 weeks ☐ bi-monthly ☒ monthlyName of the creditor: ICICI BANKAddress of the creditor: 123 DOWNTOWN STREET, TORONTO, ON. L5L5L5Term of the loan: 5 YEARS ☒ months ☐ year(s) Amortization period, in years: ☐ 20 ☐ 25 ☒ 30 ☐ other \_\_\_\_\_Is this loan covered by another insurer: ☒ yes ☐ noIf yes, please specify: Name of the insurer: TD INSURANCE Insurance policy No.: 34567**Type of loan** ☐ Mortgage loan (provide a copy of the mortgage statement) ☒ Mortgage line of credit (provide loan contract)Loan No.: LOAN01-EFGHIAmount of the payments: \$ 600 . 50Frequency of payments: ☐ weekly ☐ every 2 weeks ☐ bi-monthly ☒ monthlyName of the creditor: BMO BANKAddress of the creditor: 345 DOWNTOWN STREET, TORONTO, ON. L5L5L5Term of the loan: 5 YEARS ☒ months ☐ year(s) Amortization period, in years: ☐ 20 ☐ 25 ☒ 30 ☐ other \_\_\_\_\_Is this loan covered by another insurer: ☒ yes ☐ noIf yes, please specify: Name of the insurer: RBC INSURANCE Insurance policy No.: 54321**Type of loan** ☐ Mortgage loan (provide a copy of the mortgage statement) ☐ Mortgage line of credit (provide loan contract)

Loan No.: \_\_\_\_\_ Amount of the payments: \$ \_\_\_\_\_ . \_\_\_\_\_

Frequency of payments: ☐ weekly ☐ every 2 weeks ☐ bi-monthly ☐ monthly

Name of the creditor: \_\_\_\_\_

Address of the creditor: \_\_\_\_\_

Term of the loan: \_\_\_\_\_ ☐ months ☐ year(s) Amortization period, in years: ☐ 20 ☐ 25 ☐ 30 ☐ other \_\_\_\_\_Is this loan covered by another insurer: ☐ yes ☐ no

If yes, please specify: Name of the insurer: \_\_\_\_\_ Insurance policy No.: \_\_\_\_\_

### PERSONAL INFORMATION DECLARATION

I declare that all information given above is, to my knowledge, true, current and complete. By sending us this form, you understand that we will process your personal information in accordance with the terms of our Privacy Policy. We invite you to read our Privacy Policy available on our web site, which provides, without limitation, information about the categories of third parties to whom it is necessary to communicate and/or to obtain your personal information, sometimes outside your province of residence, and your rights to access and correct your personal information.

JANE DOE01/01/2023

Signature of the Insured

Date

**Please read carefully the IMPORTANT NOTICE on the back of this document.**

# IMPORTANT NOTICE

The **Loan Information** form is required if you file a claim for disability benefits related to the monthly reimbursement of a loan or a mortgage.

- As your claim is related to a work stoppage, you must complete the claim forms for Disability benefits. You will find these forms in the Claimant's Guide – Disability Insurance .
- Complete all sections of the forms, attach required documentation, and submit your claim within 90 days of the onset of disability.
- **Include the following documents to this form:**
  - Claimant's Statement
  - Authorization (6)
  - Copy of mortgage loan statement or, if you have a mortgage line of credit, loan contract
  - Copy of the last mortgage renewal
  - Employer's Statement or Self-Employed Worker's Statement
  - Attending Physician's Statement and medical file
- **Do not attach:**
  - Request for Payment by Direct Deposit. It is not required as payments are made directly to your creditor.
  - Proof of income as requested in the Claimant's Guide. It is not required as your claim is not related to a salary replacement.
- Send your claim to the appropriate address listed below based on your province of residence.

If you have any questions, contact us before sending your file in order to avoid unnecessary delays. Please note that calls to our claims department are recorded for training, quality control and verification purposes.

**Blue Cross Canassurance**  
**Claims, Life and Disability Insurance**  
**Telephone:** 1 800-300-5002

**Ontario Residents**  
P.O. Box 4433, Station A  
Toronto, Ontario M5W 3Y7  
**Secure Website:** [on.bluecross.ca/depot](https://on.bluecross.ca/depot)

**Québec Residents**  
1981 McGill College Avenue, Suite 105  
Montreal, Quebec H3A 0H6  
**Secure Website:** [qc.bluecross.ca/depot](https://qc.bluecross.ca/depot)