

Credit Insurance

Claims Submission Procedures



Our goal is to ensure you receive the very best service and attention throughout your claims experience. Your needs are important to us and to help make the process simple and personalized, one of our experienced Representatives will speak with you directly.

Simply call our toll-free number (1.800.263.9120) and listen carefully to the menu options. Before you contact us, please take a moment to read the important instructions below. If you need to contact us by fax, mail, or email, the contact information can be found at

the end of these instructions. For your convenience, we have included a Claim Record which can be printed to record details concerning your claim.

During the initial call, you will speak with a Client Service Representative to initiate the claim process. Within 48 hours you will receive a call back from a Claims Examiner who will gather all the relevant details regarding your loss. The Claims Examiner will advise you of what to expect next and answer any questions.

Insurance Claim Record

Insured's Name	
Insured's Telephone Number	Number of Insured Loans
Name and Branch of Financial Institution	
Certificate Numbers*	Loan Account Number
Loan Balance at Date of Disability	Loan Payment Due Date

*Your certificate number, also called enrollment number, can be found on the top portion of your enrollment form

Creditor's group insurance is underwritten by Co-operators Life Insurance Company. Supporting services, such as enrolment intake, medical underwriting and claims administration, are provided by the employees of CUMIS Services Incorporated, a subsidiary of Co-operators Life Insurance Company.

Disability, Loss of Employment and Critical Illness Claims

Please note: Disability, Loss of Employment and Critical Illness Claims can be reported to us by phone.

General Information Required

- > **Identification information** – your name, date of birth, mailing address and phone number
- > **Loan information** – number of insured loans, name of your financial institution, certificate/enrollment numbers, loan account number

Specific Information Required

Disability Claim

- > **Employment information** – the last day that you were able to work, occupation, date of hire, hours worked, job duties, employer's name and address, rate of pay, whether you are self-employed or seasonally employed; if seasonal, the months worked
- > **Medical information** – details about your disabling condition including the cause of your disability, date your disability started, medical treatment you are receiving including dates thereof and the name(s) and address(s) of the doctor(s) that are treating you, return to work plans, and information pertaining to other benefits you are receiving
- > If the premiums for your insurance coverage are paid monthly, we will obtain the following from your financial institution – interest rate, outstanding balance as of your date of loss, and date of last loan advance

Loss of Employment Claim

- > **Loss of Employment information** – date of hire, date of job loss, employer's name, and reason for job loss, details of any severance package received
- > Copy of your Record of Employment filed with Human Resources Development Canada
- > Proof of receipt of Service Canada Benefits from your date last worked and through claim duration

Critical Illness Claim

Conditions specifically covered under this coverage are outlined in your Certificate of Insurance.

- > **Employment information** – the last day that you were able to work, occupation, date of hire, hours worked, job duties, employer's name and address, rate of pay, whether you are self-employed or seasonally employed, if seasonal, the months worked
- > **Medical Information** – date of diagnosis, medical treatment you are receiving including dates thereof and the name(s) and address(s) of the doctor(s) that are treating you

What happens after a Disability, Loss of Employment, or Critical Illness Claim is submitted?

- > Your Claims Service Representative will advise if additional documentation will be required to proceed with your claim
- > The forms we require will be mailed or faxed to you and/or your physician(s), and your employer along with a claim number
- > You will complete and return to us an Authorization for Release of Information
- > You are responsible for any payments due to your financial institution credit card provider until the claim is approved. If the claim is approved, we will pay benefits after the waiting period (applicable to Disability and Loss of Employment Insurance). We will advise you of the length of the waiting period at the time your claim is submitted. There is no waiting period for Critical Illness claims
- > On approval of your claim, a letter will be sent indicating the payment(s) made on your behalf. A copy of the letter or an explanation of benefits will also be sent to your financial institution or credit card provider
- > If your claim is denied, we will advise you in writing

Life Claims

Specific Information Required

The next of kin or executor may contact us by phone to start the claims process. However, our recommendation is that the financial institution be the first point of contact as they have access to the Life Claims forms online and are knowledgeable as to what loan or mortgage information is required.

We require, subject to the information below, a copy of the Funeral Director's Certificate or a Provincial Death Certificate as well as confirmation of the cause of death if not indicated in at least one of those documents.

- > If death occurred within 2 years of the effective date and/or balance on date of death is more than \$75,000, in lieu of the above, we require a Proof of Death Physician's Statement
- > For all claims for lines of credit, in lieu of the above, we require a Proof of Death Physician's Statement

What happens after a Life Claim is submitted?

- > We will coordinate information needed with the financial institution
- > We will need a signed Authorization from the estate representative
- > Once a decision has been made, a letter will be sent to the financial institution who will notify the estate representative
- > The estate representative may contact the financial institution or CUMIS at any time for the status of the claim

Your Privacy

Protecting your privacy is important to us. Privacy legislation requires that we do not disclose information relating to a claim to anyone but the claimant or in the case of a Life Claim, the estate representative. When you are calling for the status of a claim, we will verify key pieces of information with you to ensure you are the claimant or estate representative. If the degree of your disability necessitates that we discuss your claim with someone other than yourself (i.e., your spouse), we require written authorization from you to do so. If we do not have your written authorization to speak with the individual calling, we will ask if you are available to provide verbal authorization for the call. For Life Claims, we will confirm we are speaking with the estate representative.

Claims forms

Our life claim forms are available on our website. Please remember:

- > Any fees incurred for the completion of the forms are your responsibility. Please discuss the fee with your physician.

Contact information

Where to send your claim information:

CUMIS, A Division of Co-operators Life Insurance Company
Attention: Claims Centre
151 North Service Road
P.O. Box 5065 Burlington, ON L7R 1C2

By email: claims.centre@cumis.com
Toll-free phone number: 1.800.263.9120
Toll-free confidential claims fax number: 1.800.897.7065
www.cumis.com