

MAILING ADDRESS

Mail: CUMIS, A Division of Co-operators Life Insurance Company
P.O.Box 5065, 151 North Service Road
Burlington, ON L7R 4C2

Phone: 1-800-263-9120 Fax: 1-800-897-7065

Email: claims.centre@cumis.com

Website: www.cumis.com

INSTRUCTIONS

Please print clearly and be sure all sections are complete to avoid delays in processing the claim.

The completed form can be faxed to the number provided or the original can be mailed to the address provided.

1. LIFE INSURED INFORMATION

Certificate of Insurance Number(s) _____ Provincial Health Care Number _____

Name _____
First Name Initial Last Name

Date of Birth _____ Date of Death _____
MMM/DD/YYYY MMM/DD/YYYY

Address _____
Street City Province Postal Code

2. AUTHORIZED REPRESENTATIVE

Name _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Phone (_____) _____ Email _____

If you would like The Co-operators to communicate with you by email, about this claim, please provide your email address _____

Co-operators Life Insurance Company uses reasonable safeguards to protect all information it collects, uses, retains and discloses in the course of conducting business. However, the internet is not a secure medium and we do not use email encryption. As such, we cannot guarantee complete privacy and confidentiality of any email transmissions. This includes the email text and any attachments. By authorizing communication by email, you are acknowledging that you have read and understood this notice and disclaimer and are consenting to the transmission of your personal information using email knowing the email and any attachments may be subject to unauthorized access, use or disclosure by third parties. You agree that Co-operators Life Insurance Company is not responsible or liable for any damages or losses you or any other person may suffer as a result of any breach of privacy, confidentiality or security by transmission of your personal information using email communication. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to customer.service@cumis.com.

3. AUTHORIZATION

I hereby authorize any physician, hospital, clinic, pharmacy, other medical or health care provider or facility, insurance company, reinsurer, provincial health insurance plan, government department or agency, medical examiner, coroner, or equivalent officer, any policing authority and any other person having or organization having any medical, employment, vocational, financial or other relevant personal information or records to release to and exchange with the Co-operators Life Insurance Company and, where necessary, its reinsurers any and all such information necessary to investigate and confirm the accuracy and validity of this claim, determine eligibility and entitlement to benefits and administer, or adjudicate this claim for benefits under, this policy of insurance or under any other policy of insurance with any insuring subsidiary of The Co-operators Group Limited. The authorizations contained herein shall remain valid for the duration of this claim unless it is revoked in writing by me. I understand that my refusal or revocation of consent may delay the adjudication or result in denial of this claim. Any copy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____ 20 _____
City, Province Date Month Year

Signature of Authorized Representative

Relationship to the Insured (e.g. Next-of-kin, Executor)

4. PRIVACY STATEMENT

Your Privacy Matters to us

Co-operators Life Insurance Company recognizes and respects the importance of privacy. When you enrol for insurance coverage, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering and servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. We may store or process your personal information in Canada, the United States or other countries and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information.

We may also share your personal information with the Group Policyholder and its affiliates, affiliates of Co-operators Life Insurance Company or with entities with whom the Group Policyholder or Co-operators Life Insurance Company have made arrangements to advise you of products and services that may be of interest to you. You may choose not to have your personal information shared or used for these additional purposes by contacting us.

For more information about our privacy practices please visit www.cooperators.ca. If you have questions about your privacy you may call us, toll-free, at 1-800-667-8164, send an email to us at privacy@cooperators.ca, or write to us at Co-operators Life Insurance Company, 1900 Albert Street, Regina, SK S4P 4K8, Attention: Privacy Officer.

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. CUMIS® is a trademark of CUMIS Insurance Society, Inc., and is used with permission.