

MAILING ADDRESS

Mail: CUMIS, A Division of Co-operators Life Insurance Company
PO 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. FINANCIAL INSTITUTION INFORMATION

Financial Institution _____

Address _____
Street City Province Postal Code

Representative Name _____ Representative Signature _____

Phone (_____) _____ Fax (_____) _____ Email _____

Insured's Financial Institution Account Number _____ Date _____
MMM/DD/YYYY

2. DECEASED INFORMATION

Name _____
First Name Initial Last Name Date of Birth _____
MMM/DD/YYYY

Date of Death _____ Place of Death _____
MMM/DD/YYYY City Province Country

Cause of Death _____

Was death accidental? Yes No Death Occured in a hospital at home Other _____

Provide names and locations of physicians, hospitals or specialists where the insured was treated in the past 5 years.

Name of Physician/Specialist/Hospital	Address	Dates	Reason for Visit

Tobacco Use: Did the insured ever use any form of tobacco, marijuana, nicotine products or nicotine substitute (including nicotine patch or gum)? Yes No

If yes, indicate period of use: From _____ To _____
Year Year

3. AUTHORIZATION (TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE)

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 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.

Name of Next of Kin _____
Signature of Next of Kin

Name of Deceased _____
Relationship to the Deceased

Date _____
MMM/DD/YYYY

4. LOAN INFORMATION AND REQUIREMENTS

SINGLE PREMIUM LIFE CLAIMS

Requirements:

- Loan application
- Promissory note
- Proof of Death
 - Proof of Death Physician Statement (completed by last attending physician or Coroner, if applicable)
 - If balance is greater than \$75,000 and/or less than 2 years from the effective date of insurance
 - Funeral Director's Certificate or Provincial Death Certificate
 - If balance is less than \$75,000 and greater than 2 years from the effective date of insurance

Date of Insured Loan Advanced	Total Amount of Insured Loan	Amount of New Money Advanced (ie refinanced)	Interest Rate on the Date of Death	Date of last payment prior to death (principal or interest)	Principal Balance due Prior to date of death

MONTHLY PREMIUM - LINE OF CREDIT CLAIMS (INCLUDING CREDIT CARD)

Requirements:

- Line of Credit application
- Line of Credit agreement
- 3 months of statements showing line of credit activity prior to death
- Proof of Death
 - Proof of Death Physician Statement (completed by last attending physician or Coroner, if applicable)

Date of Insured Loan Advanced	Total Amount of Insured Loan	Amount of New Money Advanced (ie refinanced)	Interest Rate on the Date of Death	Date of last payment prior to death (principal or interest)	Principal Balance due Prior to date of death

GROUP MORTGAGE PROTECTION CLAIMS

Requirements:

- Original Mortgage document
- Most recent renewal agreement (if applicable)
- 6 months of mortgage statements prior to death
- Proof of Death
 - Proof of Death Physician Statement (completed by last attending physician or Coroner, if applicable)
 - If balance is greater than \$75,000 and/or less than 2 years from the effective date of insurance
 - Funeral Director's Certificate or Provincial Death Certificate
 - If balance is less than \$75,000 and greater than 2 years from the effective date of insurance

Date of Insured Loan Advanced	Total Amount of Insured Loan	Amount of New Money Advanced (ie refinanced)	Interest Rate on the Date of Death	Date of last payment prior to death (principal or interest)	Principal Balance due Prior to date of death

5. 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.