

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. DECEASED INFORMATION

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

Marital Status at time of death:

Single Married Divorced Civil Union Separated
 Date of Divorce _____ Date of Separation _____
MMM/DD/YYYY MMM/DD/YYYY

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

Cause of Death _____ Duration of Illness (if applicable) _____

Death Occurred in a hospital at home Other _____

Was death accidental? Yes No

If yes, please provide details regarding the location and type of accident

Name/Address of Investigating Officer and/or Coroner, if applicable

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

2. CLAIMANT INFORMATION

Claimant _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Phone (_____) _____

Date of Birth _____ Social Insurance Number* _____ Relationship to the Deceased _____
MMM/DD/YYYY

*Social Insurance Number is required in the event interest is deemed taxable

In what capacity do you claim the insurance:

- Beneficiary Executor/Executrix/Liquidator of the Succession Power of Attorney
 Financial Institution Representative Signing Officer Other _____

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 (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.

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

Name of Claimant (Please Print) Signature of Claimant

Name of Deceased Relationship to the Deceased

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.