LiUNA!care
LOCAL 506
BUILDING HEALTHY FUTURES

Labourers' Union Local 506
Members Benefit Trust Fund
RETIRED MEMBERS

LIFE INSURANCE

LABOURERS' UNION LOCAL 506 MEMBERS BENEFIT TRUST FUND - RETIRED MEMBERS -

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LIFE INSURANCE

SUBMISSION INSTRUCTIONS:

- Beneficiary to complete and sign the Life Insurance claim form;
- Include a copy of the death certificate (if death occurred outside of Canada, original is required);
- Beneficiary to provide two (2) pieces of valid government-issued identification;
- Policy No. 177709. Please keep a copy of completed application package for your records to substantiate you claim.
- Send completed application and supporting documents via fax, email or mail to:

LiUNAcare Local 506
3750 Chesswood Drive, Suite 1
Toronto, ON M3J 2W6

Tel: 416-506-8841
Fax: 416-506-8833
Email: lifeeventclaims@bpagroup.com
W: www.liunacare506.com

canada life

Group Life Claim Report

☐ 177709 - Active ☐ 177709 - Retiree

Part 1: Plan Sponsor's Statement *This section should be completed by the plan sponsor or plan administrator.*

INSTRUCTIONS ON REVERSE

Name of Deceased _____ ☐ Plan Member ☐ Dependant

Group Name _____

Group Life Policy Number _____ Certificate Number _____

Benefit Claimed: ☐ Life $ _____

Signature and Title _____ **Date** _____

Print Name _____

Mailing Address _____ **Telephone Number** _____

Please see the instructions on the reverse for information regarding form completion and supporting documents.

Part 2: Claimant's Statement *Please refer to the Instructions on the reverse to determine who should complete this section.*

Information about the Deceased

Deceased's Full Address _____

Deceased's Date of Birth _____ Date of Death _____

Cause of Death _____

Did the deceased have insurance coverage under any other Canada Life Policy? ☐ Yes ☐ No

If yes: Policy Number _____ Type of Coverage _____

Information about the Claimant

Claimant's Name: _____ Relationship to the Deceased: _____

Claimant's Full Address: _____

Claimant's Telephone Number (_____) _____ Claimant's Date of Birth: _____

Claimant's Social Insurance Number, Social Security Number or Taxpayer Account Number _____

When proceeds are payable to the estate, please include insured's social insurance number.

Note: Failure to provide your Social Insurance Number (unless the claimant is a minor) may result in a penalty from the Canada Revenue Agency (subsection 162(6) of the Income Tax Act).

Claimant's Basis of Claim (check one)

☐ Named Beneficiary ☐ Beneficiary's Guardian ☐ Estate Administrator / Estate Executor ☐ Trustee

☐ Other, please specify: _____

Protecting your Personal Information

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only person with access to the information are: people working at Canada Life and those we've authorized, who need the information to do their jobs and manage your claim, those whom you've given access, those authorized by law both within Canada and in any other jurisdiction where your personal information is held. For a copy of our Privacy Guideline see: **canadalife.com** or you can write to Canada Life's Chief Compliance Officer.

Authorizations and Declarations

I authorize Canada Life, any healthcare provider, the plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life or working with the deceased's plan administrator, within or outside Canada, to exchange personal information, when necessary to investigate and assess my claim, to administer the group benefits plan and to audit the assessment of the claim. I further authorize the use of my social insurance number for income tax reporting. I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to me, Canada Life has met its obligation to me. By signing below, I confirm that: I have read, understand and agree with the contents of this form and authorize Canada Life to collect, use, and disclose my personal information, all statements I have made about my claim are true and complete, my authorization is valid until I cancel it in writing, and a photocopy or electronic copy of this authorization is as valid as the original.

_____ _____

Claimant Signature Date

_____ _____

Claimant Name (please print) Witness Signature

Instructions

Supporting Documents *Please include the following documents as required by Canada Life.*

This request for documentation is intended to address the most common situations. Depending on the circumstances, we may need to request additional information or documentation before we can make a claim decision.

For Basic Life insurance claims:

- Proof of Death - if death occurred

Outside Quebec:

- A photocopy of the Official Death Certificate **or** Attending Physician's Certificate (M63) **or** Funeral Director's Statement of Death

In Quebec:

- For claims $100,000 and under: a photocopy of the Official Death Certificate, **or** Attending Physician's Certificate (M63) **or** a Funeral Director's Statement of Death
- For claims over $100,000: a photocopy of the Act of Death (Long Form) issued by the Quebec Registrar of Civil Status

Outside North America:

- Original Death Certificate or certified true copy of the Death Certificate by a Notary Public

Please return the fully completed form and supporting documents to:

LiUNAcare LOCAL 506
3750 Chesswood Drive – Suite 1
Toronto, ON M3J 2W6

Who Should Complete the Claimant's Statement

1. When proceeds are payable to a named beneficiary:

The Claimant's Statement should be completed by the beneficiary, **except** in the following situations:

1. If a trustee was appointed by the deceased to act on behalf of the beneficiary, then the trustee should complete the Claimant's Statement.
2. *Outside Quebec* If the beneficiary is a minor and the deceased has not appointed a trustee, then the Court appointed guardian of the beneficiary's property should complete the Claimant's Statement (submit copy of birth certificate and confirm name and address minor is residing with).
3. *In Quebec* If the beneficiary is a minor or lacks legal capacity, and the deceased has not appointed a trustee by separate contract, the beneficiary's Legal Tutor or Curator should complete the Claimant's Statement unless the deceased has appointed a trustee by separate contract (submit copy of birth certificate issued by registrar of civil status).
4. **If the claimant is not able to handle their own financial affairs**, the Claimant's Statement should be completed by their legal representative by virtue of a Power of Attorney Document or Court-appointed Committee (submit a notarized copy of your legal appointment with the other claim documents).

Note: *Legislation regarding a minor beneficiary is subject to the province or territory where the member enrolled.*

2. When proceeds are payable to the Insured's estate:

The Claimant's Statement should be completed by the estate's legal representative. When insurance proceeds **exceed $100,000.00**, the following documents **must also be attached:**

Outside Quebec:

- a Notarized Copy of the Will (if the Insured left a Will) and Probate, **or**
- Certificate of Appointment of Estate Trustee with or without a Will (Ontario), **or**
- Letter of Administration, as applicable.

In Quebec:

- in all cases include a will search certificate from the Chambre des Notaires and The Barreau du Quebec.
- a Notarial copy of the Will if the Deceased's Will is done before a Notary, **or**
- for a Will made before two witnesses or a holograph Will, a certified copy of the probate a judgement is required.

If there is no Will, please submit a declaration of legal heirs. In this case, **each** of the heirs should complete a separate Claimant's Statement for their share of the insurance proceeds. The Plan Sponsor's Statement (Part 1 of this form) needs to be completed only once.