

GROUP BENEFITS PROOF OF DEATH PHYSICIAN STATEMENT

MAILING ADDRESS

Mail: Co-operators Life Insurance Company
Group Life Claims Department
1900 Albert Street
Regina, SK S4P 4K8

Fax: 1-866-889-9925

INSTRUCTIONS

The claimant is responsible for the cost of completing this form.

1. DECEASED INFORMATION

Group _____ Account _____ Certificate _____

Name _____
First Name Initial Last Name

Date of Death _____ Place of Death (if hospital or institution, provide name) _____
MMM/DD/YYYY

Date of Birth _____
MMM/DD/YYYY

CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause of death:	
Underlying causes of death:	
Other significant conditions:	

If the deceased's death was not the sole result of an illness or disease, please describe the circumstances of death (e.g., an accident or suicide)

Was an inquest held? Yes No Was an autopsy performed? Yes No If yes, by whom _____

How long have you treated the deceased? _____

Did the deceased receive treatment during the last 3 years from any other physician, or any hospital or institution? Yes No

If yes, provide the following:

Name	Address	Nature of illness or injury	Dates (MMM/DD/YYYY)

Was the deceased advised of the nature of his/her illness? Yes No If yes, when _____
MMM/DD/YYYY

Did the deceased ever use any form of tobacco, marijuana, nicotine products or substitutes (including nicotine patch and gum)? Yes No Unknown

2. PHYSICIAN ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby declare that the answers to the above questions are accurate and complete.

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

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 Group_life_claims@cooperators.ca.

2. PHYSICIAN ACKNOWLEDGEMENT AND AUTHORIZATION (CONTINUED)

Attending Physician (Please Print) _____

Certified Speciality _____ Family Physician Yes No

Address _____
Street City Province Postal Code

Phone Number (_____) _____ Fax Number (_____) _____

Physician Signature _____

Physician's Stamp

Date _____
MMM/DD/YYYY

Co-operators Life Insurance Company Privacy Statement

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. 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 people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: privacy@cooperators.ca