

The insurer of this policy is Co-operators Life Insurance Company CUMIS Life Insurance Company

Co-operators Life Insurance Company and CUMIS Life Insurance Company are affiliated companies within the Co-operators Group of Companies. The Insurance Company that is underwriting and administering your policy is identified by the check boxes above.

MAILING ADDRESS

INSTRUCTIONS

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

Email: Individual_Life_Claims@cooperators.ca

Phone: 1-800-454-8061 Fax: 1-866-240-2153

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

Policy Number(s) _____ Provincial Health Care Number _____

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

Address _____
Street City Province Postal Code

Phone (_____) _____ Email _____

2. AUTHORIZED REPRESENTATIVE

Name _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Phone (_____) _____ Email _____

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 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)

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 Individual_life_claims@cooperators.ca.

4. PRIVACY STATEMENT

Privacy Statement Co-operators Life Insurance Company CUMIS Life Insurance Company

At each of the companies listed above, 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