



Life Insurance Claim

When should a Life Insurance claim be made?

- If the deceased has Life Insurance under Creditor Insurance for CIBC Personal Loans, Creditor Insurance for CIBC Personal Lines of Credit (PLC), Creditor Insurance for CIBC Mortgages or CIBC Business & Farm Loan Insurance

What information is required for a Life claim?

- Original or notarized copy of proof of death
- For accidental death, attach coroner's report, autopsy report, and police accident report if available
- The following sections of this claim form: **Deceased's Authorized Representative Statement and the Family Physician Statement**

How to find the account number?

- Sign on to CIBC Online or Mobile Banking and go to "My Accounts"
- View your statements
- Contact your banking centre advisor

Note: For Lines of Credit, provide the 5-digit transit number and the 7-digit account number

Where to submit the claim forms?

- For Mortgage Loans:
Email: Call the Creditor Helpline at 1 800 465-6020 to set up secured email
Mail: CIBC, National Servicing Centre, Commerce Court Postal Station, P.O. Box 115, Toronto, ON M5L 1E5
Fax: 1 866 452-4795
- For Personal Loans, Personal Lines Of Credit, Business Loans Or Farm Credits:
Email: Call the Creditor Helpline at 1 800 465-6020 to set up secured email
Mail: CIBC Insurance, P.O. Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2
Fax: 1 877 735-4900

Note: Any missing information may cause your claim to be delayed

What happens after a Claim is submitted?

- The Mortgage Loan, Personal Loan, Personal Line of Credit, Business Loan or Farm Credit will remain open and payments must continue to be made by the joint account holder or the Estate Representative;
- You will be advised if further information is required to process your claim;
- On approval of your claim, the Insurer will make your benefit payments to CIBC. A notice will be sent to you indicating the payment made;
- if your claim is denied the Insurer will advise you in writing.

Do you need more information?

- Refer to your Certificate of Insurance for information about the terms, conditions, limitations, exclusions and other provisions of your coverage,
- **Call the Creditor Insurance Helpline at 1 800 465-6020.**
- **You may also contact Canada Life at 1 800 387-4495 or visit www.canadalife.com.**

Your Privacy Matters - a note from the Insurers

- Creditor Insurance for CIBC Personal Loans, Personal Line of Credit, Business Loan or Farm Credit and Creditor Insurance for CIBC Mortgages are underwritten by The Canada Life Assurance Company ("Canada Life").
- When the deceased insured client requested coverage for his/her CIBC lending product, he/she gave the insurer information about himself/herself, which the insurer added to a client file. The purpose of this file is to allow the insurer and their reinsurers to conduct all the necessary business of insurance, including setting premiums, receiving payments, assessing and paying claims, and keeping insured clients informed of the status of the coverage. The insurer keeps client files at their head office or another secure location.
- Only authorized personnel have access to information about the insured client. The insured client's Authorized Representative may also arrange to have access to or correct the insured client's personal information, by calling the Creditor Insurance Helpline at **1 800 465-6020**.

DECEASED'S AUTHORIZED REPRESENTATIVE STATEMENT

Preferred language correspondence English Français

Information about the Lending Product(s)

Please complete the information below for each lending product.

Lending Product	<input type="checkbox"/> Mortgage Loan <input type="checkbox"/> PLC <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business & Farm Loan	<input type="checkbox"/> Mortgage Loan <input type="checkbox"/> PLC <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business & Farm Loan	<input type="checkbox"/> Mortgage Loan <input type="checkbox"/> PLC <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business & Farm Loan	<input type="checkbox"/> Mortgage Loan <input type="checkbox"/> PLC <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business & Farm Loan	<input type="checkbox"/> Mortgage Loan <input type="checkbox"/> PLC <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business & Farm Loan
Account Number					

Information about the Banking Centre (optional)

Banking Centre Officer Name	Transit #
Address	Telephone #

Information about the Deceased

First Name of Deceased (<i>please print</i>)	Initial	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Details of other life insurance of deceased - company and policy numbers			
Name of Deceased's Family Physician in the 24 months prior to the Date of Death			
Address of Deceased's Family Physician			Telephone #

Information about the Authorized Representative

Name of Deceased's Authorized Representative		Relationship to the Deceased	
Mailing Address: (Number and Street)			
City		Province	Postal Code
Telephone #	Cell # (<i>optional</i>)	Email Address (<i>optional</i>)	

I authorize any doctor, health practitioner, hospital, clinic, other medical or medically related facility, the Medical Information Bureau (MIB), insurance company, employer, consumer reporting agency, government board or agency, law enforcement agency or other organization, institution or person that has any record or information regarding the above named deceased (including any record or information regarding psychologically related and HIV/AIDS related conditions) to release any such records or information to Canada Life. Canada Life may contact me using the contact information I have provided above, for the purposes of administering this claim.

A photographic copy of this authorization shall be valid as the original.

		X
Date (<i>day, month, year</i>)	Name and Title of Authorized Representative (<i>please print</i>)	Signature of Authorized Representative

FAMILY PHYSICIAN STATEMENT

Note: Any charge for completing this form is the claimant's responsibility

Name of Deceased - First Name	Initial	Surname	Date of Birth (day, month, year)
Place of Death			Date of Death (day, month, year)
Immediate Cause:		Contributory Cause(s):	
Date of First Treatment for conditions causing death WITHIN the 12 month period prior to the date of death (day, month, year)			
Was the patient seen in the 12 months prior to date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date of visit	
Date of diagnosis of condition causing death (day, month, year)		Date of Last Treatment (day, month, year)	
Manner of death (please tick appropriate box and provide additional details) <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Natural Causes			
Was an inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom and what were the findings (attach findings):	
Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Deceased has been your patient since:(day, month, year)	

Give details of any conditions for which you treated the deceased during the 12 months prior to death whether or not related to the cause of death.

Date	Diagnosis	Treatment Prescribed	Type of Surgery, if any

Name and Address of any other doctors who, to your knowledge, may have treated the deceased prior to death (attach note if insufficient space)

Name	Address

Name of Family Physician (please print)			
Name of Facility (Hospital, Medical Center)			Telephone No
Address: (Number and Street)			
City	Province	Postal Code	Fax No

These statements are true and complete to the best of my knowledge.

Date (day, month, year)	Name and Title of Family Physician (please print)	X
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Signature of Family Physician