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## 1. Life Insurance Claim Information

### 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, Creditor Insurance for CIBC Mortgages, CIBC Payment Protector™ Insurance for CIBC Credit Cards or Creditor Insurance for CIBC Business & Farm Loans.

### What information is required for a Life claim?

- Original or notarized copy of proof of death.
- For accidental death, attach the coroner's report, autopsy report, and police accident report if available.
- Completion of this claim form.

### How to find the account number?

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

**Note:** For Personal 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:** Contact the Creditor Insurance 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
- For Personal Loans, Personal Lines Of Credit, Business and Farm Loans, or Credit Cards:  
**Email:** Contact the Creditor Insurance Helpline at 1 800 465-6020 to set up secured email  
**Mail:** CIBC Creditor Customer Service, 81 Bay Street, Toronto, ON M5J 0E7
- For Credit Cards only:  
  
Digital: Submit a digital claim at [creditorselfserve.canadalife.com](https://creditorselfserve.canadalife.com)

**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 and Farm Loan or Credit Card 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 Canada Life Assurance Company (the Insurer) will make your benefit payment 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.

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## 2. Your Privacy Matters - a note from the Insurer

- Creditor Insurance for CIBC Mortgages, Creditor Insurance for CIBC Personal Lines of Credit, Creditor Insurance for CIBC Personal Loans, Creditor Insurance for CIBC Business & Farm Loans and CIBC Payment Protector™ Insurance for CIBC Credit Cards are underwritten by **The Canada Life Assurance Company** ("Canada Life"). You may contact Canada Life at [www.canadalife.com](https://www.canadalife.com) or 1 800 387-4495.
- 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.

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- **Protecting your personal information.** At Canada Life (in this section “ we” or “us”), we’re committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.
- **How we use your personal information.** Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It’s also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations.
- **Who we share personal information with.** We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, technology suppliers, other insurance or reinsurance companies, and your financial institution. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. If there is a change of insurer your personal information will be disclosed to the subsequent insurer that provides the insurance. We take protecting your personal information seriously and we’ll never sell your personal information to anyone.
- **You’re in control of your personal information.** We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request through our privacy centre at [www.canadalife.com/privacy](http://www.canadalife.com/privacy). This includes how you want to receive information from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.
- If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.
- Want to learn more? Please visit [www.canadalife.com/privacy](http://www.canadalife.com/privacy).

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### 3. Deceased's Authorized Representative Statement

Preferred language of correspondence ☐ English ☐ French

Is this a Credit Card claim only ☐ Yes ☐ No If Yes, proceed to Information about the Deceased section

#### Information about Lending Product(s)

Please complete the information below for each lending product (Personal Loan, Personal Line of Credit, Mortgage Loan, Business & Farm Loan).  
(Attach additional lending product(s) if more than 4.)

Lending Product 1	Account Number	Lending Product 2	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lending Product 3	Account Number	Lending Product 4	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Information about Banking Centre (optional)

Banking Centre Officer Name	Transit
<input type="text"/>	<input type="text"/>
Address	Telephone Number
<input type="text"/>	<input type="text"/>
	Ext.
	<input type="text"/>

#### Information about the Deceased

Title	First Name	Initial(s)	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Details of other life insurance of deceased (company and policy numbers)		
<input type="text"/>	<input type="text"/>		
Name of the deceased's family physician in the 24 months prior to the date of death			
<input type="text"/>			
Address of deceased's family physician		Telephone Number	
<input type="text"/>		<input type="text"/>	
		Ext.	
		<input type="text"/>	

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## Information about Deceased Authorized Representative

Title	First Name	Initial(s)	Last Name
Mailing Address (Number and Street)			
City		Province/Territory	Postal Code
Telephone Number	Cell Number (optional)	Email Address (optional)	
Relationship to the Deceased			

## Signature and Authorization (must be completed by the authorized representative)

- I authorize any doctor, health practitioner, hospital, clinic, other medical or medically related facility, 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 all consultation and medical reports) to release any such records or information to Canada Life, any CIBC designated administrator and each of their respective legal representatives or reinsurers.
- I understand that the personal information of the above named deceased will be collected, used and shared as set out in the Privacy section and I authorize Canada Life, its agents and service providers to collect, use and exchange personal information about above named deceased needed by it for administration and adjudication of claims and by CIBC for the purpose of administering this claim under these Group Policies, with any person or organization who has relevant information pertaining to this claim, including health professionals, institutions, investigative agencies, insurers and reinsurers and administrators of government benefits and other benefits programs.
- 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.

Date (Month day, year)	Name of Authorized Representative	X	Signature (sign within box)
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## 4. Family Physician Statement

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

## Medical Information about the Deceased

Title	First Name	Initial(s)	Last Name
Date of Birth (Month day, year)	Date of Death (Month day, year)	Place of Death	
Deceased has been your patient since (Month day, year)	Date of diagnosis of condition causing death (Month day, year)	Date of first treatment for condition causing death WITHIN the 12 month period prior to the date of death (Month day, year)	Date of last treatment (Month day, year)
Immediate cause of death			
Contributory cause(s)			

Was an autopsy performed? ☐ Yes ☐ No

Was the patient seen in the 12 months prior to date of death? ☐ Yes ☐ No

If yes, date of visit (Month day, year)

**4. Family Physician Statement (continued)**

Manner of death (Select appropriate option and provide additional details.) ☐ Accident ☐ Suicide ☐ Natural Causes ☐ Other

Additional details of death

Was an inquest held? ☐ Yes ☐ No

If yes, by whom and what were the findings? (Attach supporting documents.)

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. (Attach note if more than 4.)

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 more than 3.)

1. Title First Name Initial(s) Last Name

Address (Number and Street)

City

Province/Territory

Postal Code

2. Title First Name Initial(s) Last Name

Address (Number and Street)

City

Province/Territory

Postal Code

**Life Insurance Claim**

3. 

Title	First Name	Initial(s)	Last Name

  

Address (Number and Street)			
City		Province/Territory	Postal Code

**Information about Family Physician**

Title	First Name	Initial(s)	Last Name

  

Name of facility (Hospital, Medical Center)			
Address (Number and Street)			
City		Province/Territory	Postal Code

  

Telephone Number		Fax Number	
	Ext.		Ext.

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

Date (Month day, year)	Name and title of family physician	X	Signature (sign within box)