



**CLAIMANT'S STATEMENT
FOR LIFE INSURANCE CLAIMS**

Policy Insured information (Please complete)

Policy number(s)

Full name of deceased

Date of birth (DD/MM/YYYY)

Date of death (DD/MM/YYYY)

Cause of Death

Place of death (if hospital or institution, give name and address)

State what other life insurance the deceased carried.

Company

Amount

Date of issue (DD/MM/YYYY)

Did the deceased, to your knowledge, ever smoke or use tobacco, tobacco cessation or marijuana products?

☐

Yes

☐

No

☐

Unknown

How long did the deceased smoke, use tobacco, tobacco cessation or marijuana products?

If "Yes" Did the deceased ever stop smoking?

☐

Yes

☐

No

☐

Unknown

If "Yes", when?

If "Yes", for how long?

Family Physician Name

Address

Phone Number

Fax Number

Names and addresses of all physicians who attended the deceased in the past 5 years:

Name

Address

Date (DD/MM/YYYY)

Reason

Name

Address

Date (DD/MM/YYYY)

Reason

Name

Address

Date (DD/MM/YYYY)

Reason

Name

Address

Date (DD/MM/YYYY)

Reason

Names and addresses of all hospitals or institutions where the deceased was treated in the past 5 years:

Hospital or Institution

Address

Date (DD/MM/YYYY)

Reason

Hospital or Institution

Address

Date (DD/MM/YYYY)

Reason

Hospital or Institution

Address

Date (DD/MM/YYYY)

Reason

Hospital or Institution

Address

Date (DD/MM/YYYY)

Reason

Claimant's information

Claimant Name

Your address

Telephone number

Business phone number

E-mail address

Are you over 18 years of age? ☐ Yes ☐ No If "No" provide date of birth (DD/MM/YYYY)

IN QUEBEC: If claiming as a spouse or ex-spouse, were you legally married to the insured? ☐ Yes ☐ No

Date (DD/MM/YYYY)

Were proceedings in divorce or annulment or marriage ever instituted between you and the insured/policy owner? ☐ Yes ☐ No

Date (DD/MM/YYYY) and submit copy of final judgment.

In what capacity or what title do you claim the insurance proceeds?

(eg: Named beneficiary, executor or assignee)

Relationship to deceased:

The undersigned hereby authorizes any physician, practitioner, hospital or other institution, insurer or other organization or persons

having any records, data or information concerning to furnish such records, data or information to ivari and Specialty Life or its authorized representative as requested, or testify to any information thus acquired, and provision of the law to the contrary notwithstanding. A photocopy of this authorization shall be as valid as the original. All SLi claims will be adjudicated by ivari.

**All SLi claims will be adjudicated by ivari. All claim forms should be sent to ivari for adjudication at:
ivari- Claims Department, 500-5000 Yonge Street, Toronto, ON M2N 7J8.**

Date (DD/MM/YYYY)

Signature of Claimant

Signature of Witness

Instructions:

In furnishing this or other claim forms for the convenience of the claimant, the company does not admit any liability or waive any of its rights. (Please attach policy or policies). Please feel free to ask the Specialty Life's client service department or the Advisor for information or assistance in completing the Claim Forms. They will be glad to do anything they can to help you without charge.

COMPLETING THE CLAIMANT'S STATEMENT

1. If the policy is payable to a named beneficiary or beneficiaries

- a) This statement should be completed by the named beneficiary. If any named beneficiary is a minor, this statement should be completed on behalf of the minor beneficiary, by the legal guardian or other person authorized by law to deal with the minor's property. A certified copy of the Letters of Guardianship of the Estate of the minor must be submitted.
- b) If one claimant is making a claim under two or more policies, you need only to complete one Claimant's Statement indicating all policies for which a claim is being made.
- c) If there are two or more beneficiaries, anyone of them may complete the Claimant's Statement on behalf of all, in which case the full name, address of each beneficiary must be indicated.
- d) If any named beneficiary is deceased, proof of death of such beneficiary must be furnished.

2. If the policy is payable to the estate of the deceased

- a) If the deceased left a Will, this statement should be completed by the Executors of the Will and a notarized copy of the Will and Letters of Administration (Letters Probate) must be furnished. In the province of Québec, there is no provision for probate of a Will which has been drawn in notarial form, so a certified copy of the Notarial Will only is required. However, if the Will is English Form or Holograph (hand-written), it must be probated.
- b) If the deceased did not leave a Will, this statement should be completed by the Administrator of the Estate and a notarized copy of the Letters of Administration without a Will must be furnished. In Québec, where Letters of Administration are not granted, this statement should be completed by the heirs of the deceased and a Declaration regarding Heirs must be submitted.

3. If the policy is assigned and no release is received

If the policy has been assigned absolutely both in form and in fact, the Claimant's Statement is to be completed by the assignee.

If collaterally assigned, the Claimant's Statement is to be completed by both the beneficiary and assignee.

Upon approval of claim, payment will be made by a cheque payable jointly to the beneficiary and assignee, unless otherwise directed by both parties.

If death occurs outside of Canada and the U.S., please contact Specialty Life for any additional forms and documentation that will be required.