

Group Benefits Personal Benefits – Life Insurance Claim

Instructions

1. Please print clearly.
2. Keep a copy of all forms for your records.
3. Complete and mail this form in full as appropriate.

Requirements if you live outside Quebec

For claims under \$300,000 please provide:

- The original, certified or notarized copy of the Funeral Directors Statement of Death and a newspaper death report or obituary notice (if available)

OR

- Original, certified or notarized copy of Provincial Death Certificate

OR

- Attending Physician's Statement (page 5 of this form)

Please note for claims of \$25,000 or less you may provide all required documents by fax, at the number below or email with PDF attachment(s) to:

Group_Life_Claims@Manulife.com

For claims of \$300,000 and over please provide:

- The original, certified or notarized copy of Provincial Death Certificate

OR

- Attending Physician's Statement (page 5 of this form)

Requirements if you live in Quebec

For benefits of \$50,000 or less a letter from the hospital is acceptable. Over \$50,000 an original, certified or notarized copy of the Death Certificate, Physicians Proof of Death, Death Declaration, original, certified or notarized copy of the Funeral Directors Statement, or a Form SP3 when death occurs in a hospital, signed by a doctor and certified by the hospital are acceptable.

Miscellaneous requirements

Payments to minor beneficiary

- ORIGINAL or NOTARIZED copy of Court appointment of Guardianship of the Estate of the Minor

Payments to estate

- ORIGINAL or NOTARIZED copy of the Probated Will or Letters of Administration for proceeds \$50,000 and over

Beneficiary has died before the Policyholder

- ORIGINAL, CERTIFIED or NOTARIZED copy of deceased Beneficiary's Proof of Death

If you have any questions please contact our customer service area at 1-866-447-4517 or 902-453-4300 outside Quebec, or, 1-866-236-6313 or 514-288-6268 inside Quebec.

Please submit this claim to the appropriate address:

If you live outside Quebec:

Manulife Financial
Halifax Group Life Claims Office
PO BOX 1030 STN CENTRAL
Halifax NS B3J 2X5

Tel: 1-866-447-4517
(902) 453-4300

Fax: 1-866-292-9050
(902) 429-7292

If you live inside Quebec:

Manulife Financial
Montreal Group Life Claims Office
PO BOX 395 STN PLACE-D'ARMES
Montreal QC H2Y 3H1

Tel: 1-866-236-6313
(514) 288-6268

Fax: 1-888-488-6738
(514) 286-6738

Group Benefits Personal Benefits – Life Insurance Claim

Please print clearly.

1 Policyholder's information

Policy number	Certificate number	
Policyholder's name (last, first, middle initial)		Date of birth (dd/mmm/yyyy)
Mailing address (number, street, apt.)		
City	Province	Postal code

2 Claimant's information

Is the Claimant the Policyholder?
 Yes No If "No", please provide the following:

Claimant's name (last, first, middle initial)		Phone number ()	
Claimant's mailing address (number, street, apt.)	City	Province	Postal code
Date of birth (dd/mmm/yyyy)	Social Insurance Number	Relationship to deceased	

3 Deceased's information

Deceased's information if other than Policyholder

The deceased was Policyholder Spouse Dependant child

Deceased's name (last, first, middle initial)		
Deceased's mailing address (number, street, apt.)		
City	Province	Postal code
Deceased's date of birth (dd/mmm/yyyy)	Deceased's marital status <input type="radio"/> Married <input type="radio"/> Single	

Statement for death

Immediate cause of death	
Date of death (dd/mmm/yyyy)	
If the deceased died in a hospital, please give the date admitted: Date admitted (dd/mmm/yyyy)	
If the deceased was disabled prior to death, was any claim for disability benefits filed during this period? <input type="radio"/> Yes <input type="radio"/> No If "Yes", please provide the claim number and name of carrier:	
Claim number	Name of carrier
Has/will another claim be submitted for the deceased under another Manulife Financial Life Insurance policy? <input type="radio"/> Yes <input type="radio"/> No If "Yes", please provide the policy number:	
Policy number	
Date of accident (dd/mmm/yyyy)	Time of accident <input type="radio"/> A.M. <input type="radio"/> P.M.
Fully describe the accident; where was the deceased and what was he/she doing at the time of the accident?	

IF DEATH WAS ACCIDENTAL, please answer the following questions. Use a separate sheet of paper if required. If not accidental, please read and sign below.

3 Deceased's information (continued)

Please provide the names and addresses of any witnesses to the accident.

Name(s)	Address(es)

Did the deceased ever suffer from fainting spells or any bodily or mental disorder?

Yes No If "Yes", please explain fully.

Statement for death of a dependant

If deceased was a dependant child and attending school, name institution

At the time of death, was the dependant employed?

Yes No If "Yes", please indicate the number of hours worked (per week).

Number of hours worked per week

Was he/she dependant upon you for support?

Yes No

Was the dependant confined to a hospital when coverage became effective?

Yes No If "Yes", indicate date discharged.

Date discharged (dd/mmm/yyyy)

4 Settlement Account (Manulife Bank Safe Access Account)

Manulife Financial is pleased to offer a unique settlement option for insurance policy proceeds. Qualifying beneficiaries may have their insurance policy proceeds deposited directly into a high-interest chequing account (called the Safe Access Account) with our affiliate company, Manulife Bank of Canada ("Manulife Bank"). This account provides you with easy access to your funds with free cheque writing and no monthly maintenance fees.

Eligibility requirements

This payment option is not available:

- If total insurance proceeds from a Manulife group policy are less than \$10,000.
- To minors, courts, trusts, estates, corporations, partnerships or other entities.
- If the claimant does not have a Social Insurance Number.
- If the claimant is not a resident of Canada.
- For some insurance products or Group Benefits plans.

Any claims or claimants that are not eligible for this form of payment or indicate that they do not want a Safe Access Account will be paid their proceeds by cheque. If you need assistance, please contact the appropriate Group Benefits Life Claims Office:

Halifax (902) 453-4300 or 1-866-447-4517

Montreal (514) 288-6268 or 1-866-236-6313

5 Claimant's personal information

Claimant's name (last, first, middle initial)		Claimant's phone number ()	
Claimant's mailing address (number, street, apt.)	City	Province	Postal code
Claimant's date of birth (dd/mmm/yyyy)	Claimant's Social Insurance Number		

Claimant's certification and authorization for all death claims

I certify that the information in this form, and any further verbal or written statement provided by me in the future, is true and complete to the best of my knowledge. **I agree** that my claim may be denied as a result of my providing false, incomplete, or misleading information. **I hereby** claim the Personal Benefits Life Insurance proceeds payable as a result of the death of the deceased:

_____ (name of deceased)

I understand that Manulife Financial ("Manulife") and its reinsurers will investigate this claim and may require information related to the deceased's health, employment, police investigations, autopsy or coroners inquest reports (collectively referred to in this authorization as "Information"). **I authorize** any person or organization who has Information pertaining to this claim, including any employer, group plan administrator, health care professional, health care institution and any other medically-related facility, insurer, police, coroner and investigative agency, to release and exchange Information requested with Manulife, its reinsurers and its claims service providers for the purpose of plan administration, investigation and management of this claim for Personal Benefits Life Insurance (collectively, the "Purposes"). **I authorize** Manulife, its reinsurers and/or claims service providers to collect, use, maintain and disclose to the persons or organizations listed above and/or each other any Information needed for the Purposes. **I authorize** the use of my Social Insurance Number for tax reporting. **I agree** that a photocopy or electronic version of this authorization shall be as valid as the original.

I authorize Manulife to share necessary information regarding me or my claim with Manulife Bank, for the purpose of opening a Safe Access Account ("SAA"), if I am eligible for such an account.

Manulife Bank Safe Access Account Terms and Conditions
 If I am eligible for an SAA, **I authorize** Manulife Bank to obtain, verify, give, share and exchange personal information about me, now and in the future, with any individuals, financial institutions, business corporations or other parties with whom I have, or propose to have, financial or personal dealings, or who hold information about such dealings, such as credit bureaus. My personal information will be used for the purpose of confirming my identity and the accuracy of the information I provide. Manulife Bank may collect information with this consent for the purposes of administering and maintaining my financial records and as may be otherwise permitted or required by law. **I authorize** any person that Manulife Bank contacts under this authorization to provide such information about me. **I authorize** Manulife Bank to record my telephone conversations for the administration of my SAA and to maintain quality service levels. If I do not wish that my telephone conversations be recorded, **I agree** only to communicate with Manulife Bank in writing and request that any response by Manulife Bank be in writing as well. I understand that information relating to Manulife Bank's privacy policy is available at www.manulifebank.ca or by calling 1-877-765-2265.

By signing this form, **I agree and acknowledge** that, if I meet the eligibility requirements for the SAA and if I have not made alternative payment arrangements:

- An SAA will be opened for me and my insurance claim proceeds will be deposited to this account;
- Manulife Bank will provide me with the following documents: (a) an SAA Operating Agreement ("Operating Agreement") which will set out the terms and conditions for the operation of the SAA; (b) a brochure that sets out the fees and other charges applicable to my SAA (the "Brochure");
- **I agree** to be bound by the Operating Agreement and the fees set out in the Brochure;
- **I agree** to provide my Social Insurance Number as it is required for tax reporting; and
- **I understand** that Manulife Bank may change its interest rates from time to time and interest rate changes will be posted at www.manulifebank.ca or by calling 1-877-765-2265.

I understand that if I do not consent to the use of my personal information as outlined in the Manulife Bank Safe Access Account Terms and Conditions, I may mark the box below to arrange to receive the proceeds by cheque.

I wish to receive the proceeds by cheque.

I understand that any personal information provided to or collected by Manulife in accordance with this authorization, will be kept in a Personal Benefits File. Access to my personal information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- Persons to whom I have granted access; and
- Persons authorized by law.

I understand that Manulife's Privacy Policy is available at www.manulife.ca or upon request. **I understand** that I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

Claimant's signature

Claimant's signature	Date signed (dd/mmm/yyyy)
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**Group Benefits
Personal Benefits – Life Insurance Claim
Attending Physician's Statement**

Please have the Attending Physician complete this section if:

The policy was in effect for less than two years

or

The claim is under \$300,000 and a Funeral Director's Statement of Death or a Provincial Death Certificate is not being provided

or

The claim is \$300,000 or over and a Provincial Death Certificate is not being provided.

If there is a charge for completion of this section, payment is the responsibility of the claimant. Please print clearly.

To be completed by claimant

Policy number	Certificate number	
Claimant's name (last, first, middle initial)		Date of birth (dd/mmm/yyyy)
Claimant's mailing address (number, street, apt.)		
City	Province	Postal code

Completed reports should be returned to:

OR**If the deceased lived outside Quebec:**

Manulife Financial
Halifax Group Life Claims Office
PO BOX 1030 STN CENTRAL
Halifax NS B3J 2X5
Tel: 1-866-447-4517
(902) 453-4300
Fax: 1-866-292-9050
(902) 429-7292

If the deceased lived inside Quebec:

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Montreal QC H2Y 3H1
Tel: 1-866-236-6313
(514) 288-6268
Fax: 1-888-488-6738
(514) 286-6738

The Medical Certification follows the recommendation of the World Health Organization. It has been accepted in Canada and the United States. In the interest of accurate vital statistics, please conform to the current International List of Causes of Death. When complete, please return this form to the claimant or Manulife Financial at the address shown above.

Attending Physician's statement

To be completed by Attending Physician

Cause of death

Enter only one cause for each of a, b and c.

Deceased's name (last, first, middle initial)		Place of death	Date of death (dd/mmm/yyyy)	
If death occurred in an institution or hospital, please give name				Age at death
Residence address at death (number, street)		City	Province	Postal code
Disease and condition directly leading to death: (This does not mean the mode of dying such as heart failure, asthenia, etc. It means the disease, injury or complication which caused the death.)				Interval between onset and death
(a)				(a)
Antecedent causes. (Morbid conditions, if any, giving rise to the above cause (a) stating underlying causes last.)				Interval between onset and death
Due to (b)				(b)
Due to (c)				(c)
To your knowledge, did the deceased ever smoke?			Number of years	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know If "Yes", how many years?				
Date of first attendance in last illness		(dd/mmm/yyyy)	Date of last attendance in last illness	
If death was due to accident, suicide or homicide, specify which and describe briefly.				
Was an inquest held?		<input type="radio"/> Yes <input type="radio"/> No	Was an autopsy performed?	
			<input type="radio"/> Yes <input type="radio"/> No	
If "Yes", to either of the above, by whom and what findings?				
Have you treated or advised the deceased during the last five years, prior to last illness?				<input type="radio"/> Yes <input type="radio"/> No
Did the deceased, to your knowledge, receive treatment during the last five years from any other physician, or in any hospital or institution?				<input type="radio"/> Yes <input type="radio"/> No
Name	Address	Nature of illness/injury	Approximate dates	
			(dd/mmm/yyyy)	
			(dd/mmm/yyyy)	

If "Yes", to either of the above, please provide the following information.

Attending Physician's personal information

Attending Physician's full name (last, first, middle initial)			Specialty (if applicable)	
Address (number, street, suite)		City	Province	Postal code
Area code and phone number ()		Area code and fax number ()		

I certify that the information in this form, and any further verbal or written statement provided by me in the future, is true and complete to the best of my knowledge. The information in this statement will be kept in a Personal Benefits File with Manulife Financial and might be accessible by the claimant or third parties to whom access has been granted or those authorized by law. By providing the information **I consent** to such unedited release of any information contained herein.

Attending Physician's signature

Attending Physician's signature x	Date signed (dd/mmm/yyyy)
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