

**Part 1: Plan Sponsor's Statement** *This section should be completed by the plan sponsor or plan administrator.*

**INSTRUCTIONS ON REVERSE**

Name of Deceased \_\_\_\_\_  Plan Member  Dependant

Group Name \_\_\_\_\_

Group Life Policy Number \_\_\_\_\_ Certificate Number \_\_\_\_\_ GWL Division Number \_\_\_\_\_

Benefit Claimed:  Life \$ \_\_\_\_\_  Supplemental/Optional Life \$ \_\_\_\_\_

Accidental Death \$ \_\_\_\_\_  Survivor Income Benefit \$ \_\_\_\_\_

**If the deceased is the plan member, please provide the following information:**

Occupation: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Last Date Worked: \_\_\_\_\_ Reason for Leaving Work: \_\_\_\_\_

Salary or Wages at Last Date Worked \$ \_\_\_\_\_

**Signature and Title**

**Date**

*Please see the instructions on the reverse for information regarding form completion and supporting documents.*

**Part 2: Claimant's Statement** *Please refer to the Instructions on the reverse to determine who should complete this section.*

**Information about the Deceased**

Deceased's Full Address \_\_\_\_\_

Deceased's Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Did the deceased have insurance coverage under any other Great-West Policy?  Yes  No

If yes: Policy Number \_\_\_\_\_ Type of Coverage \_\_\_\_\_

**Information about the Claimant**

Claimant's Name: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

Claimant's Full Address: \_\_\_\_\_

Claimant's Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Claimant's Date of Birth: \_\_\_\_\_

Claimant's Social Insurance Number, Social Security Number or Taxpayer Account Number \_\_\_\_\_

**Note:** Failure to provide your Social Insurance Number (unless the claimant is a minor) may result in a penalty from the Canada Revenue Agency (subsection 162(6) of the Income Tax Act).

Claimant's Basis of Claim (check one)

Named Beneficiary  Beneficiary's Guardian  Estate Administrator  Estate Executor  Trustee

Other, please specify: \_\_\_\_\_

This policy may offer alternate ways in which the proceeds may be paid. If you would prefer payment other than a lump sum, Great-West would be pleased to arrange for a financial advisor to discuss settlement options with you. Please check one of the following:

I have chosen a lump sum payment of these proceeds.

Please arrange for a financial advisor to visit and discuss my options. The best time to call me is \_\_\_\_\_

**Protecting your Personal Information**

At **The Great-West Life Assurance Company (Great-West Life)**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

**Authorizations and Declarations**

I authorize Great-West, any healthcare provider, the deceased's plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West or working with the deceased's plan administrator to exchange personal information, when necessary to assess my claim and to administer the group benefits plan.

I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy. I certify that by making payment to me, Great-West has met its obligation to me. I further declare that the answers given by me are, to the best of my knowledge and belief, true and full, and I have withheld no material facts from Great-West.

I confirm that a photocopy or electronic copy of this authorization is as valid as the original.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant Name (please print)

\_\_\_\_\_  
Witness Signature

# Instructions

**Supporting Documents** Please include the following documents as required by Great-West.

The **plan sponsor** should submit the original Application for Insurance and all benefit change requests, if retained. The **claimant** should submit the following documents to the plan sponsor along with the completed claim form. **This request for documentation is intended to address the most common situations. Depending on the circumstances, we may need to request additional information or documentation before we can make a claim decision.**

## For Basic and Supplemental Life insurance claims:

- Proof of Death

*Outside Quebec:*

- a photocopy of the Official Death Certificate **or** Attending Physician's Certificate (M63) **or** Funeral Director's Statement of Death

*In Quebec:*

- For claims under \$50,000: a photocopy of the Official Death Certificate, **or** Attending Physician's Certificate (M63) **or** a Funeral Director's Statement of Death
- For claims over \$50,000: a photocopy of the Act of Death (Long Form) issued by the Quebec Registrar of Civil Status

## For Optional Life Insurance claims:

- Proof of Death as indicated above, **and**
- If insurance coverage has been in force for **less than two years**, please **also** include:
  - Autopsy report or Medical Examiner's report, **or**
  - Attending Physician's Certificate (M63) confirming medical cause and manner of death.

## For Accidental Death claims:

- Police Report or workplace accident report, **and**
- Coroner's Report or Autopsy Report

## For Survivor Income Benefit claims:

- Marriage certificate, **and**
- Birth certificate for all eligible survivors, **and**
- Canada/Quebec Pension Plan (CPP or QPP) statement of survivor benefits, if applicable.

**Please return the fully completed form and supporting documents to:**

The Great-West Life Assurance Company  
Group Life Benefits  
Box 6000  
Winnipeg, MB R3C 3A5

## Who Should Complete the Claimant's Statement

### 1. When proceeds are payable to a named beneficiary:

The Claimant's Statement should be completed by the beneficiary, **except** in the following situations:

1. If a trustee was appointed by the deceased to act on behalf of the beneficiary, then the trustee should complete the Claimant's Statement.
2. (*Outside Quebec*) If the beneficiary is a minor and the deceased has not appointed a trustee, then the guardian of the beneficiary's property or Public Trustee should complete the Claimant's Statement.
3. (*Outside Quebec*) If the beneficiary is not able to act for him or herself, the beneficiary's legal representative should complete the Claimant's Statement.
4. (*In Quebec*) If the beneficiary is a minor or is not able to act for him or herself, and the deceased has not appointed a trustee, the beneficiary's Tutor should complete the Claimant's Statement.

**Note:** *In Quebec, the surviving spouse is automatically appointed as the minor's Tutor, unless prohibited by a court order.*

**If the claimant is a minor** and the Insured named a Trustee in respect to these insurance proceeds, the Claimant's Statement should be completed by the Trustee. If no Trustee was named, contact Great-West to determine who should complete the Claimant's Statement. Legislation regarding payment to minors varies from province to province.

**If the claimant is not able to handle their own financial affairs**, the Claimant's Statement should be completed by their legal representative by virtue of a Power of Attorney Document or Court-appointed Committee. Please submit a notarized copy of your legal appointment with the other claim documents.

### 2. When proceeds are payable to the Insured's estate:

The Claimant's Statement should be completed by the estate's legal representative. When insurance proceeds **exceed \$50,000.00**, the following documents **must also be attached**:

*Outside Quebec:*

- a Notarized Copy of the Will (if the Insured left a Will) and Probate, **or**
- Certificate of Appointment of Estate Trustee with or without a Will (Ontario), **or**
- Letter of Administration, as applicable.

*In Quebec:*

- a Notarial copy of the Will if the Deceased's Will is a Notarial Will, **or**
- a certified copy of a judgement as well as the Will signed by the court clerk or the assistant court clerk which declares duly probated the Deceased's Will; or a notarized copy of the Will as well as the minutes of probate. These requirements apply for Wills made before witnesses or a holograph Will.

If there is no Will, please submit a declaration of legal heirs. In this case, **each** of the heirs should complete a separate Claimant's Statement for their share of the insurance proceeds. The Plan Sponsor's Statement (Part 1 of this form) needs to be completed only once.