CLEAR FORM

Critical Illness Insurance Claim

1. Critical Illness Insurance Claim Information

When should a Critical Illness Insurance claim be made?

- If you have critical Illness insurance under Creditor Insurance for CIBC Mortgages, and/or CIBC Payment Protector™ Insurance for CIBC Credit Cards; and
- You have suffered a Critical Illness as defined in your Certificate of Insurance.

What information is required for a Critical Illness Insurance claim?

- The following sections of this claim form: Claimant Statement and the Attending Physician Statement; and
- If the insured client is deceased, the original or notarized copy of proof of death.

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.

Where to submit the claim forms?

- 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;
- **Digital for Credit Card only**: Submit a digital claim at creditorselfserve.canadalife.com

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

What happens after a claim is submitted?

- You are responsible for your Mortgage Loan and/or Credit Card payments and insurance premiums until the claim is approved;
- You will be advised if further information is required to process your claim;
- On approval of your claim, The Canada Life Assurance Company ("Canada Life") will make your benefit payment to CIBC. A notice will be sent to you indicating the payment made;
- If your claim is denied Canada Life 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.**

2. Your Privacy Matters - a note from the insurer

- Creditor Insurance for CIBC Mortgages and CIBC Payment Protector™ Insurance for CIBC Credit Cards is underwritten by **The Canada Life Assurance Company** ("Canada Life"). This insurance product is administered by Canada Life and CIBC, and is subject to certain terms, conditions, limitations and exclusions, which are set out in the Certificates of Insurance, which are provided upon enrolment. You may contact Canada Life www.canadalife.com or 1 800 387-4495.
- When you requested coverage, you gave Canada Life personal information about yourself, which Canada Life added to a client file. The purpose of this file, which is strictly confidential, is to allow Canada Life and their reinsurers to conduct all the necessary business of insurance, including, setting fair premiums, receiving payments, assessing and paying claims, and keeping you informed of the status of your coverage. Canada Life keeps client files at their head office or at another secure location authorized by Canada Life.
- Only authorized personnel have access to personal information about you. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. If you want to know or correct any personal information in your claim file, just call the Creditor Helpline at 1 800 465-6020 and we will be happy to assist you.
- **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 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 canadalife.com/privacy.

3. Claimant Statement

Preferred language of correspondence ◯ English ◯ French

Is this a Credit Card claim only ◯ Yes ◯ No If Yes , proceed to Claimant Information section

Information about the Lending Product(s)

Please complete the information below for each lending product. *(Attach additional lending product(s) if more than 3.)*

Account Number 1

Are there other coverage(s) for this account? *(Check all that apply.)*

☐ Life ☐ Disability or Disability Plus ☐ No other coverage(s)

Account Number 2

Are there other coverage(s) for this account? *(Check all that apply.)*

☐ Life ☐ Disability or Disability Plus ☐ No other coverage(s)

Account Number 3

Are there other coverage(s) for this account? *(Check all that apply.)*

☐ Life ☐ Disability or Disability Plus ☐ No other coverage(s)

Information about Banking Centre *(optional)*

Banking Centre Officer Name | Transit

Address | Branch Telephone Number Ext.

Claimant Information

Title | First Name | Initial(s) | Last Name

Mailing Address *(Number and Street)*

City | Province/Territory | Postal Code

Telephone Number | Cell Number *(optional)* | Date of Birth (Month day, year)

Email Address *(optional)*

3. Claimant Statement *(continued)*

Claimant Authorization To Release Personal Information (optional)

If you wish to authorize someone other than yourself (such as a family member or friend) to communicate with The Canada Life Assurance Company on your behalf with respect to your claim, please complete this Authorization Form. Communication will be limited to matters related to the claim for benefits. This authorization shall remain valid for the duration of the claim for benefits or until otherwise revoked by you.

I authorize Canada Life to communicate personal information that relates to my claim for benefits with:

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

Please select one option (If no selection, medical information will not be released to the authorized appointed person.)

◯ Excluding medical information ◯ Including medical information

Signature and Authorization *(must be completed by the claimant)*

- I certify that the statements in this form are true and complete. I understand that The Canada Life Assurance Company will investigate the claim.
- I understand that my personal information 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 me (including all consultation and medical reports) needed by it for administration and adjudication of claims and by CIBC for the purpose of administering my 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.
- For mortgage insurance claims: I authorize the use of my information collected in relation to this mortgage insurance claim for the purposes of reviewing and administering any other coverage I may have with respect to the insured mortgage.
- Canada Life may contact me using the contact information I have provided above, for the purposes of administering this claim.

A photocopy of this authorization shall be as valid as the original and shall continue to have effect throughout my claim.

Date (Month day, year) | Name of Claimant | X | Signature of Claimant (sign within box)

4. Attending Physician Statement

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

Medical Information about the Patient

Title | First Name | Initial(s) | Last Name

Date of Birth (Month day, year) | Date symptoms first appeared (Month day, year) | Exact date of first diagnosis (Month day, year)

Diagnosis

Was the patient hospitalized? ◯ Yes ◯ No If yes, provide hospital name, phone number, and length of stay.

Hospital Name | Telephone Number | Ext.

Date of surgery, if applicable (Month day, Year) | Date of stay from (Month day, Year) | Date of stay to (Month day, year)

Has the patient ever had a similar condition? ◯ Yes ◯ No ◯ Unknown If yes, provide details of condition below.

Description of condition

Date of first symptoms (Month day, year) | Date of diagnosis (Month day, year) | Duration

Please provide any additional information which would help us assess this claim

Please attach copies of all specialist consultation notes, admission/discharge records relating to the cause of claim. For the following conditions, please ensure attached documentation includes but is not limited to:

Heart Attack: ECG's from the day of event and lab results supporting diagnosis including previous and new cardiac enzyme levels.

Stroke**:** Diagnostic evidence supporting stroke diagnosis and current neurological deficits that have been present for over 30 days.

Cancer: Diagnostic evidence to confirm malignant neoplasm including relevant pathology report.

Coronary Artery Bypass Surgery: Operative or discharge reports confirming Coronary Artery Bypass surgery.

4. Attending Physician Statement *(continued)*

Information about Attending Physician

Title | First Name | Initial(s) | Last Name

Name of facility *(Hospital, Medical Centre)*

Address *(number and street name)* | City | Province/Territory | Postal Code

Telephone Number Ext. | Fax Number Ext.

Specialty

By signing here, you acknowledge that the answers given above are true and complete to the best of your knowledge.

Date (Month day, year) | Name of Attending Physician | X Signature of Attending Physician (sign within box)