

CLAIMS GUIDES

FOR BROKERS ONLY



Assumption Life

GUIDE FOR INDIVIDUAL LIFE AND ACCIDENTAL DEATH CLAIMS

PRODUCTS	COVERAGE AMOUNT AND TIME IN FORCE	CLAIMANT'S STATEMENT – DEATH CLAIM (4802-00A)	PHYSICIAN'S STATEMENT – PROOF OF DEATH (3073-00A)	DEATH CERTIFICATE	OTHER
InstaTerm Deferred, Golden Protection Deferred, Total Protection, No Medical Whole Life – Deferred, No Medical Term – Deferred	Policy in force since 2 years or less	Yes	No	Yes	
All other products	Policy in force since 2 years or less	Yes	Yes	Yes	
	Policy in force for more than 2 years and less than 5 for coverage amount up to \$50,000	Yes	No	Yes	
	Policy in force for more than 2 years and less than 5 for coverage amount over \$50,001	Yes	Yes	Yes	
	Policy in force between 5 and 10 years for coverage amount up to \$250,000	Yes	No	Yes	For any policy having been in force for more than 5 years and having a maximum coverage amount of \$10,000, the claim can be processed by phone. The beneficiary must call 1-800-455-7337, extension 5218. Death certificate is not necessary however we will check funeral website (obituary) or newspaper.
	Policy in force between 5 and 10 years for coverage amount of \$250,001 to \$500,000	Yes	Yes	Yes	

GUIDE FOR INDIVIDUAL LIFE AND ACCIDENTAL DEATH CLAIMS (CONTINUED)

PRODUCTS	COVERAGE AMOUNT AND TIME IN FORCE	CLAIMANT'S STATEMENT – DEATH CLAIM (4802-00A)	PHYSICIAN'S STATEMENT – PROOF OF DEATH (3073-00A)	DEATH CERTIFICATE	OTHER
	Policy in force for more than 10 years for coverage amount up to \$500,000	Yes	No	Yes	For any policy having been in force for more than 10 years and having a maximum coverage amount of \$50,000, the claim can be processed by phone. The beneficiary must call 1-800-455-7337, extension 5218. Is a death certificate required? \$25,000 and under – No Amounts over \$25,000 – Yes
	Any coverage amount over \$500,000	Yes	Yes	Yes	
Accidental death	In all cases	Yes	Yes	Yes	
Death outside Canada and the United States	In all cases	Yes	Yes, with the exception of InstaTerm Deferred, Golden Protection Deferred, Total Protection, No Medical Whole Life – Deferred and No Medical Term – Deferred (only if death occurs within two years of policy issue date).	Yes	4765-00A – Original Foreign Death Questionnaire Original cancelled passport Original burial permit Original death certificate stating the name of the physician who certified the death Original translation of documents by a certified translator, with proof of certification Copy of invoice and airline tickets Copy of invoice for funeral expenses and burial or cremation expenses Copy of invoice for hospitalization expenses

Proof of date of birth will be requested if the date of birth in the documents received is different from the date of birth indicated in the application.

Please note that this serves as a general guide only. We reserve the right to request any additional pertinent information needed to complete our assessment.

GUIDE FOR INDIVIDUAL DISABILITY, WAIVER OF PREMIUM AND ACCIDENTAL FRACTURE CLAIMS

PRODUCTS	COVERAGE AMOUNT AND TIME IN FORCE	CLAIMANT'S STATEMENT - TOTAL DISABILITY (3817-00A)	ATTENDING PHYSICIAN'S STATEMENT - LONG-TERM DISABILITY (4226-00A)	QUESTIONNAIRE	OTHER
Disability income based on loan	In all cases	Yes	Yes	Yes (see Other)	5259-00A – Financial Institution Form
Disability income based on employment income	In all cases	Yes	Yes	Yes (see Other)	5376-00A – Employer's Statement Copy of Income tax returns for the 2 years preceding the onset of disability.
Waiver of premiums	In all cases	Yes	Yes	No	
Accidental fracture	In all cases	No	No	Yes (see Other)	4756-00A – Accidental Fracture Plus Questionnaire, which includes the claimant and attending physician statements A copy of X-ray reports or medical imaging confirming fracture is mandatory to process the claim.

Proof of date of birth will be requested if the date of birth in the documents received is different from the date of birth indicated in the application.

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GUIDE FOR INDIVIDUAL CRITICAL ILLNESS CLAIMS

PRODUCTS	COVERAGE AMOUNT AND TIME IN FORCE	CLAIMANT'S STATEMENT - CRITICAL ILLNESS (5399-00A)	PHYSICIAN'S STATEMENT - CRITICAL ILLNESS	OTHER
Critical Protection and critical illness rider	In all cases	Yes	Yes (see Other)	5401-00A – Cardiovascular disorders 5403-00A – Neurological disorders 5405-00A – Cancer (life-threatening) and aplastic anemia 5407-00A – Kidney failure, major organ failure, major organ transplant 5409-00A – Severe burns 5411-00A – Blindness, accidental loss of limbs

Proof of date of birth will be requested if the date of birth in the documents received is different from the date of birth indicated in the application.

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