

BMO Life Assurance Company 9-250 Yonge St, Toronto, ON M5B 2L7 416-596-3900 • 1-866-355-8855 416-350-6600 Fax

CLAIM INQUIRY FORM								
* Indicates req	uired field							
Please do not retain copies of any claim documentation you may have in your possession for this client in keeping with Privacy Guidelines.								
Section 1								
* Advisor Name	and/or MGA Name					Advisor Code and/or MGA Code		
* Phone Number			Email Address					
Life Insurance Claim (Complete Section 2)		☐ Critical Illness Insurance Claim (Complete Section 3)		Disability Insurance Claim (Complete Section 4)				
Section 2 - Lif	e Insurance Clai	im						
* Insured's Name						* Policy Number		
Details where forms	Name of recipient (if other than advisor/MGA)					Telephone Number		
should be sent	Address of recipien	t						
* Date of Death	(dd/mmm/yyyy)	* Cause of De	eath (if known)					
* Place of Death								
Additional Comm	nents:							

Additional Comments: Disclaimer: While we will provide the insured with a diagnosis specific claim form to assist in the hat only conditions covered by your policy will be considered. We encourage you to review the overed conditions. ection 4 - Disability Insurance Claim Insured's Name Details where forms should be sent Address of recipient (if other than advisor/MGA) Address of recipient Additional Comments:	* Policy Number		
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