

# Mortgage Job Loss - Creditor Insurance Claimant's Statement



**Canadian Premier Life Insurance Company,**  
Operating under the brand name Securian Canada  
Claims Department • 25 Sheppard Ave. W, Suite 1400, Toronto, ON M2N 6S6  
1-877-271-8713 • Fax 1-866-748-8486 • [creditor.claims@securiancanada.ca](mailto:creditor.claims@securiancanada.ca)



## How to submit your form(s)



You can start your claim and send in your claim forms using our Creditor Insurance Digital Claims Portal by simply visiting us at [dcp.securiancanada.ca/en](http://dcp.securiancanada.ca/en).



Note: All the forms are available on the portal. You can print or email to get them completed by the appropriate party. Once completed, you can upload the forms to the portal and submit them or use any of the other submission methods below.



You can send in your claim forms directly to Securian Canada by email [creditor.claims@securiancanada.ca](mailto:creditor.claims@securiancanada.ca). Please be advised that although Securian Canada uses reasonable means to protect the security and confidentiality of the email content it sends and receives, the privacy or security of email communications cannot be guaranteed.



You can fax your completed claim forms to the number that appears below. If you are unable to fax this information, you can mail it to the appropriate address.

Fax: 1-866-748-8486

Securian Canada  
25 Sheppard Ave. West, Suite 1400  
Toronto, ON M2N 6S6



For questions about your claim, you may call Securian Canada.  
Phone: 1-877-271-8713

## Policy 51007

Proof of claim must be submitted within 120 days of the date of job loss.

### Start your claim via the Creditor Insurance Digital Claims Portal. The (4) completed forms below, along with the (2) screenshots from the Government of Canada website, are required to begin the claims process.

- Claimant's Statement - You complete this form. Please be sure to sign and date it.
- Employer's Statement - Ask your employer to complete this form.
- Record of Employment - Please provide a copy of this form.
- From the Government of Canada website, select option "My Service Canada Account" and provide PDF print screens of:
  - "My Latest Claim"; and
  - "My Payments"

Note: The forms are available on the Portal. For the Employer's Statement, you can print or email the forms to your Employer.

Once completed, the Employer can return them for you to upload them to the portal, fax them to 1-866-748-8486 or email them to [creditor.claims@securiancanada.ca](mailto:creditor.claims@securiancanada.ca).

### Prefer not to submit online?

Visit your local BMO Branch for assistance with the required forms.

Securian Canada will work directly with BMO to obtain your proof of insurance materials.

### Claimant Information

Claimant's legal name (first, middle, last)

Date of birth (dd/mm/yyyy)

Address (street, city, province, postal code)

Home telephone number

Alternate telephone number

**\*\*See Reverse Side\*\***

Securian Canada is the brand name used by Securian Canada Life Insurance Company and Securian Canada General Insurance Company to do business in Canada. Policies are underwritten by Securian Canada Life Insurance Company.

Branch transit	Mortgage number	Current mortgage payment \$
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Payment frequency

Monthly  Weekly  Twice monthly  Every two weeks

Please attach a copy of your **application for insurance**. This was provided to you by the bank branch when you applied for the insurance.

Email address	I prefer to receive communication from Securian Canada via email <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Other Insurance Policies with Securian Canada**

I don't have any other insurance policies with Securian Canada (skip to next section)

Contract number	Member ID	Company name
Contact person	Contact person email	Contact person telephone number

**Employment Details**

Occupation at date of job loss

Employment type <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	If seasonal, regular months of employment (dd/mm/yyyy) From: _____ To: _____
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Brief job description

Name of employer (at time of job loss)

Address (street, city, province, postal code)

Last day worked (dd/mm/yyyy)	Date returned to work (dd/mm/yyyy)	Expected date of return to work (dd/mm/yyyy)
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If employed by the above employer for less than 6 months, please provide:

Name of previous employer

Address (street, city, province, postal code)

Please provide details regarding your Employment Insurance (EI) application (please include a copy of all EI correspondence for this claim).

Date you registered for EI benefits (dd/mm/yyyy) \_\_\_\_\_ Benefit effective date, if known (dd/mm/yyyy) \_\_\_\_\_

**Contact Authorization**

You may authorize someone else to communicate with Securian Canada regarding this claim on your behalf. If you would like to authorize someone else, please provide the details below.

Legal name (first, middle, last) \_\_\_\_\_ Relationship to claimant \_\_\_\_\_

Address (street, city, province, postal code) \_\_\_\_\_ Telephone number \_\_\_\_\_

**Your Permission**

Please fill out and sign:

• **The Claimant's Statement (this form)**

I agree that the statements in this form are true and complete.

**Reference to Securian Canada or Bank of Montreal includes their agents and services providers.**

I allow Securian Canada, Bank of Montreal and its re-insurers to collect, use and disclose:

- Information needed to process my mortgage job loss claim
- Relevant information with health professionals, institutions, investigative agencies, insurers and, where appropriate, Bank of Montreal, to underwrite, administer and adjudicate my claims

I allow Securian Canada and Bank of Montreal to collect, use and disclose:

- Financial information related to my claim needed to administer the claim
- Relevant claims information – including details about my claim and employment status when dealing with re-insurers only

**Conditions of consent**

- My consent is valid for the duration of my claim
- If Bank of Montreal is audited, my claim may become part of the audit
- My consent is valid for the duration of the audit

**Overpayment**

If Securian Canada overpays me, I allow them to:

- Recover the money from any amount payable to me under my creditor benefits plan(s).

**Preventing fraud and abuse**

If Securian Canada suspects fraud or abuse, Securian Canada can investigate my claim. To detect, investigate and prevent fraud and abuse, Securian Canada can collect, use and disclose information about my claim with relevant organizations. These include Bank of Montreal, regulatory bodies, government organizations and other insurers.

**A photocopy or electronic version of this form is as valid as the original.**

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Claimant's legal name (please print)

Claimant's signature	Date signed (dd/mm/yyyy)
<b>X</b>	

**Respecting your privacy**

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, you may contact our Privacy Office at: 1-888-968-4155, by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400, Toronto, ON M2N 6S6, or visit <http://www.securiancanada.ca/privacy-statement>.

## **Mortgage Job Loss - Creditor Insurance Employer Statement**



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## Policy 51007

Proof of claim must be submitted within 120 days of the date of job loss.

## Employee Information

Employee's legal name (first, middle, last)

Employee's address (street, city, province, postal code)

Employee's commencement date of employment (dd/mm/yyyy)	Employee's last scheduled working day (dd/mm/yyyy)	Employee's last day worked (dd/mm/yyyy)
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## Employment Details

#### Reason for discontinuing work

Dismissal without cause     Lay off     Unionized labour dispute     Strike or lockout  
 Other (specify): \_\_\_\_\_

If lay off, date employee notified (dd/mm/yyyy)	Date expected to return to work (dd/mm/yyyy)	Date returned to work (dd/mm/yyyy)
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**Occupation as of last day worked**

### Type of position

Full time  Part time  Seasonal

Indicate number of hours worked per week:

If seasonal, provide inclusive date of employment (dd/mm/yyyy)

From: [REDACTED] To: [REDACTED]

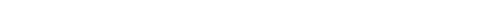
## **Certification and Signature**

I certify that, according to the records of this organization, the above information is correct.

Name of authorized official (please print) \_\_\_\_\_ Title \_\_\_\_\_

Name of employer	Telephone number	Fax number
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Address (street, city, province, postal code)

<b>Signature of authorized official</b> 	Date (dd/mm/yyyy)
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By furnishing this form or any other form, Securian Canada does not admit that any coverage is in force nor waive any of its rights or defenses.

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do