

# Mortgage Life Insurance - Creditor Insurance - Bank 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@canadianpremier.ca](mailto:creditor.claims@canadianpremier.ca)



## Policy 51007

**Attention Banker - This form to be completed by the branch representative.**

### Instructions:

If the life/balance protection indicator in the *Inquiry: Mortgage - At a Glance* is "none/no" and the coverage status for life coverage in the *Inquiry: Creditor Insurance at a Glance* is either "waived," "quote" or "ineligible," advise the authorized representative there is no life coverage in force and do not provide a claim package.

☐ **Attach a copy of all insurance applications pertaining to this claim.**

If the insurance enrolment originated from the Customer Contact Centre, there will not be a copy of the original signed application. To determine if an enrolment occurred through the Customer Contact Centre, you can check Optimizer for closed service requests. Please indicate in the text box below if this is the case and include the service request number from Optimizer where available.

**If the copy of the original application(s) is/are not attached, please explain why:**

How to print screens:

Press "**Windows key + shift + s**". Your screen will appear grayed out and your mouse cursor will change. Click and drag on your screen to select the inquiry screens requested. A screenshot of the screen region you selected will be copied to your clipboard. Open a new Word document and **paste**. If the completed claims forms are being emailed, **save** so the attachment can be **attached**. If the completed claims forms are being faxed, please **print**.

- Please send a service request to the Lending Operations Service Centre/Mortgage Service Centre for additional processing on the mortgage as per 130-24 subject 15.

### How to submit this form, print screens and original applications:

- Please provide this completed form, the required **print screens** and copies of **all original applications** to the authorized representative with the claims package.
- If the authorized representative requests, you can send this form, **print screens** and **original applications** directly to Canadian Premier by email to [creditor.claims@canadianpremier.ca](mailto:creditor.claims@canadianpremier.ca) or fax the documents to 1-866-748-8486. If you fax or email the form, you can keep the original copy for your records.

### Insured's Information

Legal name of insured (first, middle, last)

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

### Mortgage Information

☐ **Attach print screens of *Inquiry: Mortgage at a Glance*.**

☐ **Attach print screens of *Inquiry: Creditor Insurance at a Glance* (only if insured customer's coverage status for life is "active").**

**Mortgage number**

Effective date of insurance (dd/mm/yyyy) (only if insured customer's coverage status for life is "active" on the *Inquiry: Creditor Insurance at a Glance*)

This mortgage is

☐ New

☐ Refinanced - If refinanced, was it previously insured?

☐ Yes - If yes, please provide the previous mortgage number: \_\_\_\_\_

☐ No (see MIDF screen 2.1.4)

☐ Pre-approved - If mortgage was pre-approved, please provide the closing date (dd/mm/yyyy): \_\_\_\_\_

Approximate balance at date of death

\$

**Banker Information**

Banker's legal name (first, middle, last)	Branch transit number
Email address	Telephone number
Branch address (street, city, province, postal code)	

- ☐ Send a service request to the Lending Operations Service Centre/Mortgage Service Centre for additional processing on the mortgage as per 130-24 subject 15
- ☐ Copies of all **insurance applications** are attached
- ☐ All required **print screens** are attached
- ☐ **Life coverage is "active" on the *Creditor Insurance at a Glance***

Please ensure that the application and all print screens are included in the claim submission. Note that if this information is incomplete or missing, **Canadian Premier will not be able to process the claim and additional delays will occur.**

I am an authorized representative of the Bank of Montreal and I hereby certify that the above information is true and correct.

**I also certify that the above documents are attached (where applicable).**

Signature of banker <b>X</b>	Title	Date signed (dd/mm/yyyy)
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# Mortgage Life Benefits - Creditor Insurance

## Statement of Authorized Representative

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### Policy 51007

There are four (4) forms that are required to begin the claim process:

- Statement of Authorized Representative - To be completed by the deceased's estate representative. Please also attach a copy of the deceased's last will if available.
- Physician Statement - If death occurred less than 5 years after the date of commencement of insurance.
- Original Funeral Directors certificate of death OR the official death certificate.
- Bank's statement.

Your local BMO branch representative must:

- ☐ Complete the Bank Statement
- ☐ Provide **print screen** with details of your creditor insurance coverage
- ☐ Provide copies of your **application(s) for creditor insurance**

Canadian Premier Life Insurance Company (Canadian Premier) is the insurer and is committed to keeping your information confidential.

#### Deceased's Information

Legal name of insured (first, middle, last)

Date of birth (dd/mm/yyyy)

Account number

Date the deceased first complained or gave other indication of his/her last illness (dd/mm/yyyy)

Date the deceased first consulted a physician for his/her last illness (dd/mm/yyyy)

Immediate cause of death

Place of death

☐ Hospital ☐ Long term care facility ☐ Residence ☐ Other:

If death occurred as a result of an accident, please provide details

Please provide the name and address of the deceased's family physician:

Legal name of physician (first, middle, last)

Address (street, city, province, postal code)

Please provide the names and addresses of all physicians and all hospitals where the deceased received treatment during the 5 years prior to death:

Legal name (first, middle, last)

Address (street, city, province, postal code)

Disease or condition

Dates treated

Legal name (first, middle, last)

Address (street, city, province, postal code)

Disease or condition

Dates treated

Hospital

Address (street, city, province, postal code)

Disease or condition

Dates treated

#### Your permission

I certify that the information is true and correct. I authorize Canadian Premier, the plan administrator(s), and their agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this insurance policy relating to \_\_\_\_\_ (the life insured) with any person or organization who has relevant information pertaining to this claim including health professionals,

government agencies, provincial health care plans, institutions, investigative agencies, insurers and reinsurers. I understand that information pertaining to this claim may be reviewed in the event that this plan is audited. I agree that a photocopy of this authorization or electronic version is as valid as the original and shall remain in effect for the duration of the claim adjudication.

Name of deceased's authorized representative	Relationship to deceased (e.g., next of kin, executor/executrix, etc.)
Address (street, city, province, postal code)	

If you would like Canadian Premier to write you through secure email, please provide your email address below.

Email address

Signature of authorized representative	Telephone number	Date (dd/mm/yyyy)
X		

#### How to submit your completed form(s)

You have multiple ways of submitting your completed claim forms to us, along with any other information in support of your claim. For all options, except for mail, you can keep the original copies for your records.



You can send in your completed claim forms directly to Canadian Premier by email [creditor.claims@canadianpremier.ca](mailto:creditor.claims@canadianpremier.ca). Please be advised that although Canadian Premier 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

Canadian Premier Life Insurance Company  
25 Sheppard Ave. West, Suite 1400  
Toronto, ON M2N 6S6



For questions about your claim, you may call Canadian Premier.

Phone: 1-877-271-8713

#### Important notes

- For deaths that occur outside North America, additional documentation may be required. Canadian Premier Life Insurance Company will contact you.
- Canadian Premier Life Insurance Company will inform you if your claim is subject to further investigations.
- Until Canadian Premier Life Insurance Company of Canada advises you in writing of the decision of the claim, it is the deceased estate's responsibility to continue the mortgage payments.
- Deadline to submit a claim:
  - For all provinces and territories outside of Quebec, as soon as possible, but within one year of the date of death.
  - For Quebec residents, as soon as possible but within three years of the date of death.
- Any required proof relating to a claim is at the expense of the representative submitting the claim.
- Retain a copy of the claim package for your records.

#### Respecting your privacy

Respecting your privacy is a priority for Canadian Premier Life Insurance Company. 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, visit <http://www.canadianpremier.ca/privacy-statement>.

# Mortgage Life Benefits - Creditor Insurance Attending Physician Statement

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This section must be completed in all cases where death occurred less than 5 years after the date of commencement of this insurance.

### Instructions:

- Please return this form to the authorized representative once it is completed.
- Any cost incurred for the completion of this form is the authorized representative's responsibility.

### Deceased Information

Deceased legal name (first, middle, last)		Date of birth (dd/mm/yyyy)
Date of death (dd/mm/yyyy)	Date the deceased first consulted you for the condition causing death (dd/mm/yyyy)	
Immediate cause of death		Date of diagnosis (dd/mm/yyyy)
Contributory cause of death		Date of diagnosis (dd/mm/yyyy)
Death was due to <input type="checkbox"/> Natural causes <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide   Please provide details.		

Were alcohol or drugs a contributing factor to the death?

☐ Yes   ☐ No   If yes, please provide details.

Have you treated or advised the deceased during the last 5 years?

☐ Yes   ☐ No   If yes, please provide details.

Disease or condition	Dates treated
Disease or condition	Dates treated
Disease or condition	Dates treated
Disease or condition	Dates treated
Disease or condition	Dates treated
Disease or condition	Dates treated
Disease or condition	Dates treated

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

Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician, health practitioner, or in any hospital or institution?

☐ Yes ☐ No If yes, please provide the following: (attach extra sheets, if necessary)

Legal name (first, middle, last)	Address
Disease or condition	Dates treated
Legal name (first, middle, last)	Address
Disease or condition	Dates treated
Legal name (first, middle, last)	Address
Disease or condition	Dates treated
Legal name (first, middle, last)	Address
Disease or condition	Dates treated
Hospital	Address
Disease or condition	Dates treated
Hospital	Address
Disease or condition	Dates treated
Hospital	Address
Disease or condition	Dates treated

**Attending physician's signature**

I certify that the information in this form is true and correct.

Physician legal name (first, middle, last)

Specialty	Telephone number	Fax number
Address (street, city, province, postal code)		

Physician's signature X	Date signed (dd/mm/yyyy)
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