

# Loan/Line of Credit/RRSP Readiline/SRIL Life Claim 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



## Policy 21559 and/or 51007

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

### Instructions:

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

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**.

### 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 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)

### Revolving Line of Credit

If the Life/Balance Protection indicator in the *Inquiry: Account at a Glance* is "no" or "none", advise the authorized representative there is no life coverage in force and do not provide a claim package.

- ☐ **Attach print screens** of the last 12 months average balance prior to the date of death. Refer to *Inquiry: Year to date balances*.

**Important:** Please write the date the print screen was taken.

- ☐ **Attach a print screen of *Inquiry: Creditor Insurance at a Glance*.**

Account number

Outstanding balance at date of death

\$

### Refer to "Account at a Glance" screen to complete this section

Amount limit

Date opened (dd/mm/yyyy)

\$

### Refer to "Inquiry: Creditor Insurance at a Glance" screen to complete this section

When coverage starts (dd/mm/yyyy)

Max amount covered

\$

Current life coverage status

- ☐ Active ☐ Intelligible ☐ Approved ☐ Waived ☐ Pending ☐ Terminated ☐ Canceled ☐ Quote

**If a copy of the original application(s) are not attached, please explain why.** 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.

### Small Business Line of Credit Revolving

If the Life/Balance Protection indicator in the *Inquiry: Account at a Glance* is “no” or “none”, advise the authorized representative there is no life coverage in force and do not provide a claim package.

- ☐ **Attach print screens** of the last 12 months average balance prior to the date of death. Refer to *Inquiry: Year to date balances*.

**Important:** Please write the date the print screen was taken.

- ☐ **Attach a print screen** of Service Navigator - Insurance Maintenance.

Account number	Outstanding balance at date of death \$
----------------	--

#### Refer to “Account at a Glance” screen to complete this section

Amount limit \$	Date opened (dd/mm/yyyy)
--------------------	--------------------------

**If a copy of the original application(s) are not attached, please explain why.** *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.*

### Instalment Line of Credit

If the Life/Balance Protection indicator in the *Inquiry: Account at a Glance* is “no” or “none”, advise the authorized representative there is no life coverage in force and do not provide a claim package.

- ☐ **Attach a print screen** of *Inquiry: Account at a Glance*.
- ☐ **Attach a print screen** of *Inquiry: Creditor Insurance at a Glance* (if the insurance was sold after February 1, 2015).

Account number	Outstanding balance at date of death \$
----------------	--

#### Refer to “Account at a Glance” screen to complete this section

Amount limit \$	Date opened (dd/mm/yyyy)
--------------------	--------------------------

**If the insurance was sold after February 1, 2015 (BMO Protection Plans)**

#### Refer to “Inquiry: Creditor Insurance at a Glance” screen to complete this section

When coverage starts (dd/mm/yyyy)	Coverage option percentage <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Percent of balance covered %	Max amount covered \$
-----------------------------------	--	---------------------------------	--------------------------

Current life coverage status

- ☐ Active ☐ Intelligible ☐ Approved ☐ Waived ☐ Pending ☐ Terminated ☐ Canceled ☐ Quote

**If a copy of the original application(s) are not attached, please explain why.** *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.*

### Small Business Instalment Loans, SRILs, RRSP Readlines

- ☐ **Attach a print screen** of Service Navigator - Insurance Maintenance

Account number	Outstanding balance at date of death \$
----------------	--

#### Refer to “Account at a Glance” screen to complete this section

Amount limit \$	Date opened (dd/mm/yyyy)
--------------------	--------------------------

**If a copy of the original application(s) are not attached, please explain why.** *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.*

**MECH Loans (PLP/HELP)**☐ **Attach a print screen of Inquiry: Basic Account Terms**

Loan number	Outstanding balance at date of death \$
-------------	--

**Refer to “Inquiry: Loan Details and Basic Account Terms” screen to complete this section**

Date opened (dd/mm/yyyy)	Original amount limit \$	Amortization date (dd/mm/yyyy)
--------------------------	-----------------------------	--------------------------------

**If a copy of the original application(s) are not attached, please explain why.** *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.*

**Banker Information**

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

- ☐ Copies of all **insurance applications** are attached
- ☐ All required **print screens** are attached
- ☐ **Life coverage is “active” on the Creditor Insurance at a Glance (if applicable)**

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)
---------------------------------	-------	--------------------------

# Loan/Line of Credit/RRSP Readiline/SRIL Life Benefits Creditor Insurance - Statement of Authorized Representative



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 21559 and/or 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	Loan type(s) <input type="checkbox"/> Loan <input type="checkbox"/> Line of credit <input type="checkbox"/> RRSP Readiline <input type="checkbox"/> SRIL
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	
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

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

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, To find out more about our privacy practices, visit <http://www.canadianpremier.ca/privacy-statement>.

By furnishing this form or any other form, the Company does not admit that any coverage is in force nor waive any of its rights or defenses.

# Loan/Line of Credit/RRSP Readiline/SRIL Life Benefits Creditor Insurance - Attending Physician'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@canadianpremier.ca



## Policy 21559 and/or 51007

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)
----------------------------	--------------------------