

For information, please contact us at: Telephone: 1-877-987-3076 / Fax: 1-877-660-2519
 Email: life@humania.ca / **Web site:** www.humania.ca
 Our address: 1555, Girouard Street West, Saint-Hyacinthe (Quebec) J2S 2Z6

Part A - Deceased's Information

Number of each policy under which a claim is being made:

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Deceased's Last name: _____ Deceased's First name: _____

Date of birth (dd/mm/yyyy): _____

Date of death (dd/mm/yyyy): _____ Cause of death: _____

Smoker Non-smoker

If yes, since when? (dd/mm/yyyy) _____ If you stopped, since when? (dd/mm/yyyy) _____

If death was the result of a car accident, was the deceased: Passenger Driver

Name and address of all physicians, including the family physician, who attended the deceased in the past five (5) years.

Name	Address	Date (dd/mm/yyyy)	Reason

Names and locations of all hospitals or institutions where the deceased was treated in the past five (5) years.

Hospital or institution	City or town	Date (dd/mm/yyyy)

Part B - Beneficiary Information

Last Name:	
First Name:	
Social Insurance Number:	Telephone:
Address:	
City:	
Province:	Postal Code:
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, give your date of birth (dd/mm/yyyy):
In what capacity of or by what title do you claim the insurance? eg. (named beneficiary, executor or assignee)	
Relationship to deceased:	
Did the deceased leave a:	
a) will <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach the copy
b) marriage contract <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach the copy

Part C - Authorization and signature

I, the undersigned, _____ in my capacity as _____ (beneficiary, liquidator, etc.), hereby authorize any natural or legal person including, but not limited to any physician, any public or private health or social services institution, any government authority or plan that has information, personal or otherwise, about the deceased, to share such information with Humania Assurance, its agents and service providers in Quebec or outside Quebec, by any electronic means, email, fax or mail, for the purpose of processing the insurance claim submitted as a result of the death of the deceased, and to accept a photocopy of this authorization.

By providing my email address below, I authorize Humania Assurance to communicate with me by email concerning this claim.

I declare that I am aware of the rights granted by the Act respecting the protection of personal information in the private sector including but not limited to the right to access my information, the right to have that information corrected, if need be, and the right to withdraw, at any time, this authorization to share and use my personal information.

- I would like to receive the benefit check directly.
- I would like that the benefit check be given directly to the broker.

_____	_____
Claimant name (write in block)	Claimant Signature
_____	_____
Policy	Date (dd/mm/yyyy)

Email Address	

In the furnishing this or other claims forms for the convenience of the claimant, the company does not admit any liability or waive any of its rights.

Part D – Instructions**Instructions for completing the Claimant statement**

Should you require clarification or further information, please do not hesitate to contact our customer service.

1. If the policy is payable to a named beneficiary or beneficiaries

- a. This statement must be completed by all named beneficiaries, unless a minor. If there is more than one beneficiary, a separate form may be completed by each beneficiary.
- b. If any named beneficiary is a minor, this statement should be completed, on behalf of the minor beneficiary, by the guardian or other person authorized by law to sign on behalf of the minor and submit a copy of the birth certificate of the minor child on which the name of the biological parents is indicated. A certified copy of relevant legal documents confirming guardianship must be submitted with this form.
- c. If any named beneficiary is deceased, proof of death of such beneficiary must be provided.

2. If the policy is payable to the estate of the deceased

- a. If the deceased left a Will this statement should be completed by the executors under the Will and a notarised copy of the Will and Probate Letters must be provided. In the Province of Quebec, a certified copy of the notarised Will is required.
- b. If the deceased did not leave a Will this statement should be completed by the administrator of the estate and a notarised copy of the Letters of Administration must be provided. In Quebec, this statement must be completed by the heirs of the deceased and a notarised declaration of heirship should be submitted.

3. If the policy is assigned

This statement must be completed by the assignee as well as the beneficiary. Payment will be made jointly to the beneficiary and the assignee.

4. Claimant's social insurance number

This information must be filled in by the claimant as it may be required for the reporting of any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No number". If the estate of the deceased is the claimant, indicate the deceased's Social Insurance Number.