



LoanProtector HomeProtector

Life Benefit Claim Form

Important information about claiming life insurance benefits

LoanProtector Group
Policy Number G28444
HomeProtector Group
Policy Number G60100

Please review the certificate of insurance for details on coverage prior to submitting a claim. The certificate of insurance consists of the LoanProtector® or HomeProtector® booklet and/or distribution guide and any applicable addendums and/or amendments, the completed application or application confirmation letter, as well as any documents submitted as evidence of insurability (if applicable).

How to claim for benefits.

To claim for life insurance benefits on an insured Royal Credit Line®, personal loan or mortgage:

1. **Fully complete** the attached Life Benefit Claim Form and forward to the Insurer, Canada Life Assurance Company of Canada (Canada Life), via the Insurance Service Centre. To contact the Insurance Service Centre call 1-800 ROYAL 2-3 (1-800-769-2523).
2. **If death occurred within 24 months of the effective date of insurance**, the attached Attending Physician's Statement must be completed by the physician attending to the deceased at the time of his or her death. If the death occurred more than 24 months after the effective date of insurance Canada Life will advise if the Attending Physician's Statement is required.

FOR FASTER PROCESSING OF YOUR CLAIM, PLEASE INCLUDE:

- A completed and signed Attending Physician's Statement, if required (see above)
- A completed and signed Life Benefit Claim Form
- Any additional information that you think is relevant to your claim

IMPORTANT: The claim cannot be forwarded to Canada Life until we receive all the required documentation. Please ensure all information provided is fully complete to avoid unnecessary delays in the processing of your request. To facilitate this process, you may wish to contact the doctor to ensure that the information is provided promptly. Additional information may be required to process the claim (e.g. additional medical information, accident report, etc.) If so, you will be advised in writing.

When do I submit a claim for life insurance benefits?

You must submit a claim for life insurance benefits within one year from the date of death, otherwise the claim may be denied.

How will I be notified of Canada Life's decision?

If a claim is approved by Canada Life, they will advise the Insurance Service Centre and the Insurance Service Centre will notify you directly in writing. If a claim is denied, Canada Life will advise you in writing, explaining the reason the claim has been denied. A separate letter will be sent to the Insurance Service Centre to advise them of Canada Life's decision. The reason(s) why the claim has been denied will not be shared with the Insurance Service Centre.

When will a life claim not be paid?

A life claim will not be paid if death occurs within 24 months of the effective date of insurance and,

- the death is by suicide, or
- the deceased intentionally or unintentionally provided false information during the application process.

Please refer to the HomeProtector /LoanProtector booklet and/or distribution guide for when benefits won't be paid, including details concerning Pre-Existing Health Conditions.

Who do I contact for more information?

The Insurance Service Centre is responsible for the administration and servicing of the claim. Representatives are available to take your calls and respond to your insurance related questions. These representatives will deal directly with Canada Life to help ensure the claim is processed quickly. If you have any questions or require information about the status of the claim, please call the Insurance Service Centre at 1-800 ROYAL 2-3 (1-800-769-2523).

To maintain confidentiality of medical information, only information required for the administration and servicing of the claim will be held by the Insurance Service Centre.



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SRF#

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The Canada Life Assurance Company (the Insurer) has issued group creditor insurance policies to Royal Bank of Canada, including associated companies Royal Bank Mortgage Corporation, Royal Trust Corporation of Canada and Royal Trust Company (RBC Royal Bank).

Use these two forms to claim life benefits for an insured Royal Credit Line®, personal loan or mortgage:

1. **Life Benefit Claim Form**
 - **Must be completed by the claimant**
 - Proof of death must be supported by a death certificate or a funeral home certificate, if unavailable, an Attending Physician's Statement will be accepted.
2. **Attending Physician's Statement**
 - **Must be completed by the physician who attended the deceased at the time of his or her death if:**
 - a) The deceased had an insured Royal Credit Line, personal loan or mortgage, and death occurred within 24 months of the effective date of insurance, or
 - b) If requested by the Insurer for death occurring more than 24 months after the effective date or insurance, or
 - c) A death certificate or funeral home certificate is not available.

The claimant is responsible for the securing of the Attending Physician's Statement and any charge which may be made for its completion.

Please send the completed forms to:

RBC Insurance Services Inc.
Insurance Service Centre
P.O. Box 53, Postal Station A
Mississauga, ON L5A 2Y9

If you have any questions call the Insurance Service Centre toll-free at:
1-800 ROYAL 2-3 (1-800-769-2523) or send a fax to: **1-800-864-6102**.
The Insurance Service Centre will add information about the Royal Credit Line, personal loan, or mortgage to these documents and send them to the Insurer.

General Information About the Deceased - Must be Completed by Claimant

Tell us about the deceased

First Name

Initial

Last Name

Maiden Name (If applicable)

Gender

Male Female

Client Card No.

Type of Loan

Type of Insurance

Mortgage

HomeProtector

Branch Transit No.

Personal Loan

LoanProtector

Branch Telephone No.

Royal Credit Line (RCL)

Mailing Address (street and number)

City or Town

Province

Postal Code

Date of Birth (month/day/year)

Date of Death (month/day/year)

General Information About the Claimant - Must be Completed by Claimant

First Name

Initial

Last Name

Relationship to Deceased

Gender

Male Female

Mailing Address (street and number)

City or Town

Province

Postal Code

Home Telephone No.

Work Telephone No.

Fax No. (If applicable)

Email Address

ext.

Are you an RBC® client?
 Yes No

If yes, please provide Client Card No.
4519_

If yes, would you like to receive claim updates
via online banking? Yes No



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What proof of death are you providing? Provincial death certificate enclosed (original or notarized copy) Funeral home certificate enclosed (original or notarized copy) Attending Physician's Statement (Form 3502)

Signature and authorization

By signing here, you authorize the Insurer:

To obtain, collect and exchange personal information with personal information agencies and investigation agencies, other insurers, medical practitioner and institutions having relevant personal information about the deceased insured, and persons who perform medical services for the Insurer, and the Insurance Service Centre to provide and exchange any personal information required to process a claim relating to the HomeProtector or LoanProtector coverage.

You also authorize all physicians, hospitals, clinics, dispensaries, sanatoriums, druggists, employers and all other agencies to provide a copy of the deceased insured's medical and employment records to the Insurer you have authorized.

You acknowledge that a photocopy of this authorization is as valid as the original.

Signature of
Claimant

Date (month/day/year) / /



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Attending Physician's Statement

This form must be completed by the attending physician for the deceased at the time of his or her death. If you have any questions, call the Insurance Service Centre at 1-800 ROYAL 2-3 or 1-800 769-2523.

The claimant is responsible for the securing of the Attending Physician's Statement and any fee which may be charged for its completion.

General Information

Information about the deceased

First Name _____ **Initial** _____ **Last Name** _____
Client Card No. _____ **Date of Birth (month/day/year)** _____ **Gender**
 Male Female

Information about the attending physician

First Name _____ **Last Name** _____

Mailing Address (street and number)

City or Town _____ **Province** _____ **Postal Code** _____

Information about the cause of death

What was the cause of death? Natural causes Accident Suicide Homicide
Please provide details **Date of Death (month/day/year)** **Place of Death (city or town)** **If death was an accident**
 _____ / _____ / _____ **Date of accident (month/day/year)**
 _____ / _____
Disease or condition directly leading to death **How long did the deceased have the disease or condition?**

Antecedent causes **Was there an inquest?**
 Yes No

Have you treated or advised the deceased in the past five years? Yes No **If Yes, nature of illness or injury**

Did the deceased receive treatment from any other health professional, or stay in any hospital or institution, in the past five years? Yes No **If Yes, nature of illness or injury**

Name of the Health Professional _____ **Address** _____

Name of the Hospital _____ **Address** _____

Your Signature

By signing here, you acknowledge that the answers given above are true and complete to the best of your knowledge

Signature of Physician _____ **Date (month/day/year)** _____ / _____ / _____

When you have completed this form, please give it to the claimant or send it to:

RBC Insurance Services Inc.
Insurance Service Centre
P.O. Box 53, Postal Station A
Mississauga, ON L5A 2Y9