



LoanProtector®
HomeProtector®
 Life Benefit Claim Form

**Important information about
 claiming Life Insurance benefits**

LoanProtector® Group
 Policy Number G28444
 HomeProtector® Group
 Policy Number G60100

How to claim for benefits:

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

1. **Fully complete** the attached Life Benefit Claim Form and forward to the Insurer, The Canada Life Assurance Company (Canada Life), via the Insurance Service Centre.

Insurance Service Centre or fax to: 1-800-864-6102
 P.O. Box 53, Postal Station A
 Mississauga, ON L5A 2Y9

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.

Important:

- The claim cannot be forwarded to Canada Life until we receive all the required documentation. Please ensure all information is fully complete to avoid unnecessary delays in the processing of your request. Please include:
 - A completed and signed Attending Physician's Statement (see above)
 - A completed and signed Life Benefit Claim form
 - Proof of death
 - Any additional information that you think is relevant to your claim.
- You will be advised in writing if additional information is required to process the claim (e.g., additional medical information, accident report, etc.)

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; however, it will not include the reason(s) if a claim has been denied.

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.

For additional information, including limitations and exclusions, please refer to your certificate of insurance for details on coverage. The certificate of insurance consists of the LoanProtector® or HomeProtector® booklet and/or Fact Sheet and Product Summary 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.)



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Client Card #

The Canada Life Assurance Company (the Insurer) has issued group creditor insurance policies to Royal Bank of Canada, including the 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 Deceased's Authorized Representative**
- 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.
- In all cases, **Cause of Death** must be provided.

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 insurance, or
 - c) A death certificate or funeral home certificate is not available.

The insured client's Authorized Representative 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.

Information about the Deceased - Must be completed by Deceased's Authorized Representative

Name of Deceased - Last Name		First Name		Initial(s)	
Maiden Name (If applicable)	Mailing Address (number and street)		City or Town		Province
Postal Code					
Date of Birth (mm/dd/yyyy)	Date of Death (yyyy/mm/dd)	Cause of Death		If MVA (motor vehicle accident, include the Police Report)	
				<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger
Name of Family Physician			Telephone No.		Fax No.
Family Physician's Address (number and street)			City or Town		
Province	Postal Code	Email Address (If applicable)			



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Information About the Authorized Representative - Must be completed by Deceased's Authorized Representative

Name of Claimant - Last Name		First Name		Initial(s)	
Relationship to Deceased		Email Address (if applicable)			
Mailing Address (number and street)		City or Town		Province	Postal Code
Home Telephone No.		Business Telephone No.		Mobile No.	
Are you a RBC® client? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide Client Card No. 4519 _____		If yes, would you like to receive claim updates via online banking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What proof of death are you providing?		<input type="checkbox"/> Provincial death certificate enclosed (original or notarized copy)	<input type="checkbox"/> Funeral home certificate enclosed (original or notarized copy)	<input type="checkbox"/> Attending Physician's Statement (Page 4)	

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, pharmacists, employers and all other agencies to provide a copy of the deceased insured's medical and employment records to the Insurer, for the purposes of adjudicating and administering this claim.

Signature of Authorized Representative

X _____

You understand that the deceased's personal information is needed by Canada Life to investigate, assess and administer this life claim. You acknowledge that your consent enables Canada Life to process this claim and that refusing to consent may result in delay in decision or denial of the claim.

This Authorization is effective as of the date below. You may revoke this consent at any time by sending a written instruction to Canada Life.

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

Date

_____ *year/month/day*



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

General Information about the Deceased - Must be completed by the Attending Physician		
Name of Deceased - Last Name	First Name	Initial(s)
Date of Birth (mm/dd/yyyy)	Date of Death (yyyy/mm/dd)	

Information about the cause of death Homicide Suicide Driver Passenger
 What was the cause of death? Natural causes Accident Passenger

Place of Death (City or Town)	If death was an accident, Date of accident (yyyy/mm/dd)	Date of diagnosis of condition (yyyy/mm/dd)	
Disease or condition directly leading to death		How long did the deceased have the disease or condition?	
Antecedent causes		Was there an inquest? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you treated or advised the deceased in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, nature of illness or injury		
Name of the Health Professional or Family Physician	Address of Health Professional or Family Physician		
Name of Hospital	Address of Hospital		
Surname of Attending Physician	Attending Physician First Name	Initial(s)	
Mailing Address (number and street)	City or Town	Province	Postal Code
Telephone No.	Fax No.	Email Address	

Signature of Physician

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

Signature of Physician _____

Date

_____ year / month / day

When you have completed this form, please give it to the Authorized Representative

Or mail it to:

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