



**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, if required (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 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.)



# LoanProtector® HomeProtector®

## Life Benefit Claim Form

LoanProtector Group  
Policy Number G28444  
HomeProtector Group  
Policy Number G60100

SRF#

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 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.

### 2. Attending Physician's Statement

- **Must be completed by the physician who attended the deceased at the time of his or her death if:**

- 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
- If requested by the Insurer for death occurring more than 24 months after the effective date insurance, or
- 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 with 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 – Surname		First Name	Initial(s)
Maiden Name (if applicable)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth m m m / d d / y y y y	Date of Death m m m / d d / y y y y	Cause of Death	
Name of Family Physician (please print)	Telephone No.	Fax No.	
City or Town	Province	Postal Code	

Client Card No.

Branch Telephone No.

Branch Transit No.

#### Type of Loan

- Mortgage  
 Personal Loan  
 Royal Credit Line® (RCL)

#### Type of Insurance

- HomeProtector®  
 LoanProtector®

Branch Address (number and street)

City or Town

Province

Postal Code



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LoanProtector Group  
 Policy Number G28444  
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 Policy Number G60100

SRF# \_\_\_\_\_

**Information About the Authorized Representative– Must be completed by Deceased’s Authorized Representative**

Surname	First Name	Initial(s)
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Relationship to Deceased \_\_\_\_\_ Gender:  Male  Female

Mailing Address (number and street) \_\_\_\_\_

City or Town	Province	Postal Code
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Home Telephone No.	Business Telephone No.	Fax No. (if applicable)	Email Address
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Are you a 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

**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 (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, 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 Authorized Representative**

**Date**

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 ( month ) (day) (year)



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 Policy Number G28444  
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SRF# \_\_\_\_\_

**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 – Surname		First Name	Initial(s)
Client Card No.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Date of Death		
m m m / d d / y y y y	m m m / d d / y y y y		

**Information about the cause of death**

**What was the cause of death?**  Natural causes  Accident  Suicide  Homicide

Place of Death (City or Town) \_\_\_\_\_

If death was an accident, Date of Accident \_\_\_\_\_ Date of diagnosis of condition \_\_\_\_\_

m m m / d d / y y y y      m m m / d d / y y y y

Disease or condition directly leading to death \_\_\_\_\_

Antecedent causes \_\_\_\_\_

How long did the deceased have the disease or condition? \_\_\_\_\_

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 Health Professional or Family Physician	Address
Name of Hospital	Address

Surname of Attending Physician	First Name	Initial(s)
Mailing Address (number and street)		Telephone No.
City or Town	Province	Postal Code

**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 Authorized Representative or send it to:**

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