

# LoanProtector® HomeProtector®

## Critical Illness Benefit Claim Form



LoanProtector® Group Policy Number H28544  
HomeProtector® Group Policy Number H60200

### How to claim for benefits:

To claim for Critical Illness insurance benefits on an insured Royal Credit Line® account, personal loan or mortgage, **fully complete** the attached **Critical Illness Benefit Claim Form** and have a licensed doctor complete the **Attending Physician's Statement** (attached) and forward it to the Insurer, The Canada Life Assurance Company (Canada Life), via the Insurance Service Centre.

### 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 **Critical Illness Benefit Claim form**
- A signed Authorization - Sections 1 & 2
- A completed and signed **Attending Physician's Statement**
- Any additional information that you think is relevant to your claim

Please note that Canada Life may require additional medical information from your physician or other information in order to process the claim. You will be advised in writing in either case.

- **If you close or refinance your loan/mortgage or increase your royal credit line limit to greater than \$100,000 while the claim is being processed, this may result in your claim not being paid. Please contact the insurance service centre at 1-800 ROYAL 2-3 (1-800-769-2523) if you need further information.**

It is your responsibility to keep the mortgage, loan or Royal Credit Line® payments up to date while your claim is under review by Canada Life. Critical illness claim forms must be received by the Insurer within 180 days from the date of Diagnosis of the critical illness; 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; however, it will not include the reason(s) if a claim has been denied.

If you are an RBC Royal Bank® Online Banking client, you will receive automatic status updates on your claim.

### 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.)

# LoanProtector® HomeProtector® Critical Illness Benefit Claim Form



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

- 1. Critical Illness Benefit Claim Form.** Must be completed by claimant or an Authorized Representative.
- 2. Attending Physician's Statement.** **Part 1** must be completed by claimant or an Authorized Representative. **Part 2** must be completed by the licensed physician treating the claimant.

The claimant or an Authorized Representative is responsible for the securing of the **Attending Physician's Statement** and any charge for its completion.

**Please note the following points before making your claim:**

- Review your Certificate of Insurance to find out what conditions and limitations apply to a claim.
- You will be notified in writing if the Insurer requires further information or medical proof to process your claim. If your claim is approved, you will be notified what payments will be made to RBC Royal Bank® on your behalf and the date until which payments will continue.
- It is your responsibility to keep your mortgage, Royal Credit Line® and loan payments up to date while your claim is under review.

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).

**Please send the completed forms to:**

	<p><b>RBC Insurance Services Inc.</b> Insurance Service Centre PO Box 53, Postal Station A Mississauga, ON L5A 2Y9</p>		<p>If you have any questions call the Insurance Service Centre toll-free at: <b>1-800 ROYAL 2-3 (1-800-769-2523)</b> or send a fax to: <b>1-800-864-6102</b>. The Insurance Service Centre will assist you to questions related to the Royal Credit Line®, personal loan, or mortgage.</p>
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**Critical Illness Claimant Information – Must be Completed by the Claimant or an Authorized Representative**

Name of Claimant	Last Name	Initials	Client Card Number	
Maiden Name (If applicable)	Date of Birth (YYYY-MM-DD)	Telephone Number	Mobile Number	
Mailing Address (Number and Street)	City or Town	Province	Postal Code	Email Address (If applicable)

**Physicians that you have consulted in the past five years**

Current family physician's name		Telephone Number		Fax Number
Current family physician's address		City or Town	Province	Postal Code
Current family physician's address		City or Town	Province	Family physician's email address
Name of treating physician (other than family physician)		Specialty	Approximate dates of visits (YYYY-MM-DD)	
			From	To
Telephone Number	Treating physician's address (number and street)		City or Town	Province
Telephone Number		Treating physician's address (number and street)		Postal Code
Name of treating physician (other than family physician)		Specialty	Approximate dates of visits (YYYY-MM-DD)	
			From	To
Telephone Number	Treating physician's address (number and street)		City or Town	Province
Telephone Number		Treating physician's address (number and street)		Postal Code





**We require copies of all specialist consultation notes, admission/discharge records relating to the cause of claim.  
For the following conditions, please ensure attached documentation includes but is not limited to:**

**Heart Attack:** ECG's from the day of event and lab results supporting diagnosis including previous and new cardiac enzyme levels.

**Stroke:** Diagnostic evidence supporting stroke diagnosis and current neurological deficits that have been present for over 30 days.

**Cancer:** Diagnostic evidence to confirm uncontrolled growth and spread of malignant neoplasm including initial and final biopsy/pathology reports.

Please tell us any additional information which would help us assess this claim:

### Name and Address of Attending Physician

Surname of Attending Physician	Attending Physician First Name	Specialty	
Name of Facility/Clinic (Hospital, Medical Centre)			
Mailing Address (Number and Street)	City or Town	Province	Postal Code
Business Telephone Number	Fax Number	Email Address	


### Names and addresses of other treating physicians


Name	Specialty	Telephone Number		
Mailing address (Number and Street)	City or Town	Province	Postal Code	Email Address
Name	Specialty	Telephone Number		
Mailing address (Number and Street)	City or Town	Province	Postal Code	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.

**Please send the completed forms to:**

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

 If you have any questions call the Insurance Service Centre toll-free at:  
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