

# Canada Life Group Critical Illness

## Claim Form

### Claims procedures

Please note that in order to satisfy a claim, the insured person's illness must meet the definition for the relevant critical illness described within the Policy Conditions. Please refer to your Policy document. The current version of this is available to view on our website [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

Canada Life will need medical confirmation of the diagnosis, surgical procedure and history of the critical illness. Many patients are sent copies of clinical letters by their doctors and specialists and sight of these may help us to assess claims more promptly. The Personal Statement form indicates what medical information should be provided.

#### In addition we will initially require:

- A fully completed personal statement, **together with medical evidence**, signed by the insured person.
- Where a spouse's or civil partner's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document.
- If the policy includes cover for co-habiting partners and the claim is being made for this benefit, we will require documentary evidence of the relationship, such as mortgage documentation, a utility bill or bank statement.
- Where a child benefit is being claimed, an original copy of the birth certificate or legal adoption certificate if applicable.

#### These should be sent to:

**Claims Management Services,  
Canada Life Limited,  
3 Rivergate,  
Temple Quay,  
Bristol BS1 6ER.**

Please note that in order for us to pay any insured benefit we must receive a completed Claim Form and Personal Statement within two years of the date of diagnosis or the date the surgical procedure took place.

Once we have received all our initial requirements, we will advise you within five working days:

- of any further information we require to assess the claim, and we will then obtain details of the insured person's medical history and treatment from their General Practitioner and/or consultant, if necessary.
- if we are unable to process the claim and the reason(s) why.

### Any questions

If you any questions regarding the completion of the form or the submission process, please call us on: **0345 223 8000**.

# Canada Life Group Critical Illness

## Employer's details

Employer's name	<input type="text"/>		
Group policy number (if known)	<input type="text"/>		
Employer's head office address	<input type="text"/>		Postcode <input type="text"/>
Employer's contact name	<input type="text"/>		
Telephone number	<input type="text"/>	E-mail address	<input type="text"/>

## Member's details

To be completed in respect of the member even if the claim is being made for member's spouse, partner or child.

Member's surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Previous name(s)	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	Telephone number	<input type="text"/>

### Date on which the member first:

<b>1</b>	joined the employer's service (day, month, year)	<input type="text"/>
<b>2</b>	became eligible for the group critical illness scheme (day, month, year)	<input type="text"/>
<b>3</b>	joined the group critical illness scheme (day, month, year)	<input type="text"/>

<b>4</b>	If the member did not join when first eligible, please give reason why	<input type="text"/>
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<b>5</b>	Is the member still included in the scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>6</b>	Has a critical illness claim previously been submitted in respect of the member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Yes', please give details	<input type="text"/>
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# Canada Life Group Critical Illness

## Spouse/partner/ child details

Details of person for whom benefit is being claimed (if different from the member)

Surname

Title

Forename(s)

Marital status

Previous name(s)

Date of birth  
(day, month, year)

Relationship to member

**1** Date on which the spouse/partner first joined the scheme:

**2** Has a critical illness claim previously been submitted in respect of the spouse/partner/child?

Yes  No

If Yes, please give details.

## Critical illness

**1** Insured illness or surgical procedure for which the claim is made

**2** Date of diagnosis/date of surgery (day, month, year)

## Total permanent disability

To be completed if the claim is for total permanent disability of the member

**1** Exact nature of occupation

**2** Is member currently at work?

Yes  No

If not, when did member last attend work?  
(day, month, year)

**3** If absent, has member been carrying out any other work?

Yes  No

If 'Yes', please give details

# Canada Life Group Critical Illness

## Benefit details

**1** Scheme salary  
(Please complete for all claims) £

**2** Benefit calculation  
(eg 2 x scheme salary)

### If the policy provides flexible benefits

Please complete the boxes below in respect of the person for whom benefit is being claimed.

**3** Selected benefit at date of  
diagnosis/surgical procedure £

**4** Date this benefit level selected  
(day, month, year)

<b>5</b> Historical benefit selections	Date	Benefit Amount
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>
	<input type="text"/>	£ <input type="text"/>

## Declaration

We, the Policyholder of the Group Policy, hereby apply for payment of benefit(s) based upon the information provided on this form and in accordance with the Policy. We declare that to the best of our knowledge and belief the particulars set out on the preceding pages are complete and true. (Failure to give complete and true answers could result in the payment of any benefit being refused).

Signature

### To be signed by an official of the principal employer.

Date  
(day, month, year)

For and on behalf of the Policyholder

Capacity

Please pass the completed form to your financial adviser or return it direct to:

**Claims Management Services,  
Canada Life Limited,  
3 Rivergate,  
Temple Quay,  
Bristol BS1 6ER.**

Our forms are available to download from our website: [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

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**Canada Life**  
Group Insurance

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