

# LiUNA!care

LOCAL 183™

BUILDING HEALTHY FUTURES

LiUNA Local 183  
Members Benefit Fund

LIFE INSURANCE



# **LiUNA LOCAL 183 MEMBERS BENEFIT FUND**

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## **LIFE INSURANCE**

### **SUBMISSION INSTRUCTIONS:**

- Beneficiary to complete and sign the Life Insurance claim form;
- Include a copy of the death certificate (if death occurred outside of Canada, original is required);
- Beneficiary to provide two (2) pieces of valid government-issued identification;
- Policy No. 158000. Please keep a copy of completed application package for your records to substantiate you claim.
- Send completed application and supporting documents via fax, email or mail to:

#### **LiUNAcare Local 183**

1263 Wilson Avenue, Suite 205  
Toronto, ON M3M 3G2

Tel: 416-240-7487

Fax: 416-240-7488

Toll Free Line: 1-888-790-3534

Email: [info@liunacare183.com](mailto:info@liunacare183.com)



Group Life Claim Report

- 158000 MEMBERS BENEFIT
158400 RETIREE BENEFIT
158800 INDUSTRIAL BENEFIT

Part 1: Plan Sponsor's Statement This section should be completed by the plan sponsor or plan administrator.

INSTRUCTIONS ON REVERSE

Name of Deceased, Group Name, Group Life Policy Number, Certificate Number, Benefit Claimed, Signature and Title, Date, Print Name, Mailing Address, Telephone Number

Please see the instructions on the reverse for information regarding form completion and supporting documents.

Part 2: Claimant's Statement Please refer to the Instructions on the reverse to determine who should complete this section.

Information about the Deceased

Deceased's Full Address, Deceased's Date of Birth, Date of Death, Cause of Death, Did the deceased have insurance coverage under any other Canada Life Policy?, If yes: Policy Number, Type of Coverage

Information about the Claimant

Claimant's Name, Relationship to the Deceased, Claimant's Full Address, Claimant's Telephone Number, Claimant's Date of Birth, Claimant's Social Insurance Number, Social Security Number or Taxpayer Account Number, When proceeds are payable to the estate, please include insured's social insurance number.

Note: Failure to provide your Social Insurance Number (unless the claimant is a minor) may result in a penalty from the Canada Revenue Agency (subsection 162(6) of the Income Tax Act).

Claimant's Basis of Claim (check one), Named Beneficiary, Beneficiary's Guardian/Legal Tutor or Curator, Estate Administrator/Estate Executor, Trustee, Other, please specify

The life insurance proceeds are non-taxable. Please advise how you wish to receive these proceeds: I have chosen a lump sum payment of these proceeds, Please arrange for a financial advisor to visit and discuss my options.

Protecting your Privacy: We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized.

Authorizations and Declarations

I authorize Canada Life, any healthcare provider, the plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life or working with the deceased's plan administrator, within or outside Canada, to exchange personal information, when necessary to investigate and assess my claim, to administer the group benefits plan and to audit the assessment of the claim. I further authorize the use of my social insurance number for income tax reporting. I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes. I have provided the information on this form in order to obtain payment of Group Life proceeds payable to me (in a personal capacity or on behalf of a beneficiary) and I hereby declare that I am legally entitled to receive all or a share of the proceeds payable under the Group Life Policy.

Claimant Signature, Date, Claimant Name (please print), Witness Signature



## Instructions

**Supporting Documents** Please include the following documents as required by Canada Life.

This request for documentation is intended to address the most common situations. Depending on the circumstances, we may need to request additional information or documentation before we can make a claim decision.

**For Basic Life insurance claims:**

- Proof of Death - if death occurred

*Outside Quebec:*

- A photocopy of the Official Death Certificate or Attending Physician's Certificate (M63) or Funeral Director's Statement of Death

*In Quebec:*

- For claims under \$100,000: a photocopy of the Official Death Certificate, or Attending Physician's Certificate (M63) or a Funeral Director's Statement of Death
- For claims over \$100,000: a photocopy of the Act of Death (Long Form) issued by the Quebec Registrar of Civil Status

*Outside North America:*

- Original Death Certificate or certified true copy of the Death Certificate by a Notary Public

Please return the fully completed form and supporting documents to:

LIUNAcare LOCAL 183  
205 – 1263 Wilson Ave.  
North York, ON M3M 3G2

**Who Should Complete the Claimant's Statement**

**1. When proceeds are payable to a named beneficiary:**

The Claimant's Statement should be completed by the beneficiary, **except** in the following situations:

1. If a trustee was appointed by the deceased to act on behalf of the beneficiary, then the trustee should complete the Claimant's Statement.
2. *Outside Quebec* If the beneficiary is a minor and the deceased has not appointed a trustee, then the Court appointed guardian of the beneficiary's property should complete the Claimant's Statement (submit copy of birth certificate and confirm name and address minor is residing with).
3. *In Quebec* If the beneficiary is a minor or lacks legal capacity, and the deceased has not appointed a trustee by separate contract, the beneficiary's Legal Tutor or Curator should complete the Claimant's Statement unless the deceased has appointed a trustee by separate contract (submit copy of birth certificate issued by registrar of civil status).
4. **If the claimant is not able to handle their own financial affairs**, the Claimant's Statement should be completed by their legal representative by virtue of a Power of Attorney Document or Court-appointed Committee (submit a notarized copy of your legal appointment with the other claim documents).

**Note:** Legislation regarding a minor beneficiary is subject to the province or territory where the member enrolled.

**2. When proceeds are payable to the Insured's estate:**

The Claimant's Statement should be completed by the estate's legal representative. When insurance proceeds exceed **\$100,000.00**, the following documents **must also be attached**:

*Outside Quebec:*

- a Notarized Copy of the Will (if the Insured left a Will) and Probate, or
- Certificate of Appointment of Estate Trustee with or without a Will (Ontario), or
- Letter of Administration, as applicable.

*In Quebec:*

- in all cases include a will search certificate from the Chambre des Notaires and The Barreau du Quebec.
- a Notarial copy of the Will if the Deceased's Will is done before a Notary, or
- for a Will made before two witnesses or a holograph Will, a certified copy of the probate a judgement is required.

If there is no Will, please submit a declaration of legal heirs. In this case, each of the heirs should complete a separate Claimant's Statement for their share of the insurance proceeds. The Plan Sponsor's Statement (Part 1 of this form) needs to be completed only once.