

For information, please contact us at:

**Individual Insurance:** Telephone: 450 773-7170 / 514 489-8404 / Toll free: 1 800 773-8404

**Group Insurance:** Telephone: 450 773-7236 / 514 485-7236 / Toll free: 1 800 818-7236

Fax: 450 778-2519 / Email: claims@humania.ca / **Web site:** www.humania.ca

Our address is: 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6

**Part 1 - Deceased's Information**

Number of each policy under which a claim is being made:

Deceased's Last name:

Deceased's First name:

Date of birth:          
day / month / year

Date of death :            
day / month / year Cause of death: \_\_\_\_\_

Place of death:

Smoker  Non-smoker

If yes, Since when?          
day / month / year If you stop, Since when?          
day / month / year

If death was the result of a car accident was the deceased:  Passenger  Driver

Names and address of all physicians, including the family physician, who attended the deceased in the past 5 years			
Name	Address	Date	Reason

Names and locations of all hospitals or institutions where the deceased was treated in the past 5 years		
Hospital or institution	City or town	Date

## Part 2 - Beneficiary Information

Last Name:

First Name:

Social Insurance Number:    Telephone:

Address:    
(number and street) (apt.)

City:

Province:  Postal Code:

Are you 18 years of age or over?  Yes  No If not, give your date of birth:      
day / month / year

In what capacity or by what title do you claim the insurance?  
eg. (named beneficiary, executor or assignee) \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Did the deceased leave a: a) will  yes  no  
b) marriage contract  yes  no } If yes, please attach the copy.

## Part 3 - Authorization and signature

I authorize all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to furnish to Humania Assurance Inc., its agents and service providers all information in their possession or within their knowledge respecting the deceased and to honour a photostatic copy of this authorization.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Witness: \_\_\_\_\_ Signature of claimant \_\_\_\_\_

In furnishing this or other claims forms for the convenience of the claimant, the company does not admit any liability or waive any of its rights.

## Part 4 - Instructions

Should you require clarification or further information, please do not hesitate to contact our customer service.

### 1. If the policy is payable to a named beneficiary or beneficiaries

- a. This statement must be completed by all named beneficiaries, unless a minor. If there is more than one beneficiary, a separate form may be completed by each beneficiary.
- b. If any named beneficiary is a minor, this statement should be completed, on behalf of the minor beneficiary, by the guardian or other person authorized by law to sign on behalf of the minor and submit a copy of the birth certificate of the minor child on which the name of the biological parents is indicated. A certified copy of relevant legal documents confirming guardianship must be submitted with this form.
- c. If any named beneficiary is deceased, proof of death of such beneficiary must be provided.

### 2. If the policy is payable to the estate of the deceased

- a. If the deceased left a Will this statement should be completed by the executors under the Will and a notarised copy of the Will and Probate Letters must be provided. In the Province of Quebec, a certified copy of the notarised Will is required.
- b. If the deceased did not leave a Will this statement should be completed by the administrator of the estate and a notarised copy of the Letters of Administration must be provided. In Quebec, this statement must be completed by the heirs of the deceased and a notarised declaration of heirship should be submitted.

### 3. If the policy is assigned

This statement must be completed by the assignee as well as the beneficiary. Payment will be made jointly to the beneficiary and the assignee

### 4. Claimant's social insurance number

This information must be filled in by the claimant as it may be required for the reporting of any taxable income paid to the claimant. If the claimant has never been assigned a number, insert "No number". If the estate of the deceased is the claimant, indicate the deceased's Social Insurance Number.