



## Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

## How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

## Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

## You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at [canadalife.com/privacy](https://canadalife.com/privacy). This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit [canadalife.com/privacy](https://canadalife.com/privacy).

**Instructions**

- Complete this form when a terminally ill plan member wishes to request an advance payment of a portion of their basic group life insurance benefit.
- Page 2 should be completed by the Plan Administrator, page 3 and 4 by the Plan Member, page 5 by the Attending Physician.
- Please answer all questions fully to avoid delays in processing this form. Indicate whether information does not apply, is unavailable or is unknown.
- If more space is required to answer any question, continue the answer on a separate sheet and attach it to this form.

**Submit this form, together with any additional sheets, to:**

The Canada Life Assurance Company  
Group Life Benefits 5W  
60 Osborne St N  
Winnipeg, MB R3C 1V3

Email: [grouplifebenefits@canadalife.com](mailto:grouplifebenefits@canadalife.com)  
or Fax: 204-946-8783

**Enrollment form and/or beneficiary designation is:**

☐ Attached ☐ Held by Canada Life ☐ Member Self-Service Enrollment (MSSE)

**Employment details – to be completed by the plan administrator (please print)**

Plan member's first name		Last name		Date of birth (mm/dd/yyyy)	
Plan member's mailing address					
City		Province		Postal code	
Plan member's phone number		Plan member's email address		Certificate number	
Group policy name		Group policy number		Division number	
				Benefit class	
Date of employment (mm/dd/yyyy)		Date last worked (mm/dd/yyyy)		Reason for leaving	
Earnings as of last day worked		Amount of basic life Insurance			
Plan sponsor's mailing address					
City		Province		Postal code	
Plan administrator's first name		Last name		Title	
Plan administrator's phone number		Fax		Plan administrator's email address	
Signature				Date (mm/dd/yyyy)	

**Plan member's request and release – to be completed by the plan member (please print)**

**NOTE:** A plan member is eligible to request an advance payment of up to 50% of the total basic group life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, you must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I wish to receive this payment by:

☐ Cheque

☐ Electronic Funds Transfer (EFT) to a Canadian Financial Institution. Please attach a personalized "void" cheque or an electronic banking form.

I certify that I am employed by [REDACTED], and have basic life insurance coverage under Group Policy No. [REDACTED] (the "Policy") issued to [REDACTED] (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS I am presently disabled and have been diagnosed as terminally ill; and

WHEREAS pursuant to the terms of the Policy, a basic life insurance benefit of \$ [REDACTED] is payable on my death; and

WHEREAS I hereby request that an immediate advance payment of my basic life insurance benefit be made to me in the amount of the lesser of 50% of my basic life insurance benefit and \$50,000, which would otherwise be payable to my beneficiary(ies) or, in the absence of any beneficiary(ies), to my estate (the "Advance Payment"); and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at the rate equal to Canada Life's standard 1 year rate +2 percent per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my death and subject to the condition that my basic group life insurance coverage under the Policy is in effect at the date of my death, pay to my beneficiary(ies), or in the absence of any beneficiary(ies), to my estate, an amount equal to the basic life insurance benefit payable under the Policy at my death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my basic life insurance coverage under the Policy terminate prior to the date of my death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment.

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, I, [REDACTED], do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, [REDACTED] represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy. I understand that my personal information will be collected, used and shared as set out in the "Authorizations and declarations" section.

IN WITNESS WHEREOF, I, [REDACTED], have hereunto set my hand and seal this [REDACTED] day of [REDACTED], 20 [REDACTED].

SIGNED, SEALED AND DELIVERED

In the Presence of:

Witness name (please print)	Insured name (please print)
Witness Signature	Insured Signature

## Authorizations and declarations

I have read and understand and agree with the contents of the section entitled “Group life privacy disclosure” on this form.

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. I certify that by making payment to me, Canada Life has met its obligation to me. By signing below, I confirm that: I have read, understand and agree with the contents of this form and authorize Canada Life to collect, use, and disclose my personal information, all statements I have made about my claim are true and complete, my authorization is valid until I cancel it in writing, and a photocopy or electronic copy of this authorization is as valid as the original.

I understand that my personal information will be collected, used and shared as set out above.

To be eligible for an advance payment of your basic group life insurance, you must be suffering from a terminal illness and have a life expectancy of 24 months or less. After you have signed this statement below, your physician should complete the **Attending Physician’s Statement** on the next page.

I expressly consent, authorize and direct any physician, surgeon or any other person who has examined me, and every hospital or other institution where I have received treatment to exchange with The Canada Life Assurance Company or its duly authorized representatives any knowledge or information required for the purposes of assessing my request for an advance payment of my basic group life insurance. A photocopy of this authorization shall be as valid as the original.

Signature	Date (mm/dd/yyyy)
-----------	-------------------

**Return completed form to:**

The Canada Life Assurance Company  
Group Life Benefits 5W  
60 Osborne St N  
Winnipeg, MB R3C 1V3

**or**Email: [grouplifebenefits@canadalife.com](mailto:grouplifebenefits@canadalife.com)

Fax: 204-946-8783

Physician's name	Telephone number	Email address
Physician's address		
City	Province	Postal code
Plan member's first name	Last name	Group policy number
Plan member's mailing address		
City	Province	Postal code

The above named Plan Member has requested an advance payment of their Life Insurance proceeds due to a terminal illness. In order to provide consideration to the Plan Member's request, we require the following information:

Diagnosis: If cancer, is it metastatic? ☐ Yes ☐ No What stage of cancer? Is the Plan Member undergoing any treatment? ☐ Yes ☐ NoIf yes, provide details: Future prognosis: Life expectancy (survival rate): Do you consider the Plan Member to be mentally competent/mentally able? ☐ Yes ☐ No

Please provide a description of the Plan Member's medical condition, including any complications, in the space provided below and attach medical evidence to support the diagnosis. (to be completed by a SPECIALIST physician if being followed by a specialist).

I certify the above information to be true and correct.

Signature	Date (mm/dd/yyyy)
-----------	-------------------