



Innovative Special Risk Insurance

Accidental Death Claims Procedures



Industrial Alliance Insurance and Financial Services Inc.

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

DEATH CLAIMS PROCEDURES

In the event of a potential claim, **written notice** should be given to Industrial Alliance Insurance and Financial Services Inc. within a period of 30 days from the date of loss. **Specifically**, we require:

- Policyholder name
- Division name (only if different from Policyholder name)
- Policy Number(s) applicable to the claim
- Employee's name
- Spouse or Dependent Child's name (if applicable)
- Date of Death
- Type of Accident
- Amount of Insurance under each Policy applicable to the claim

This written notice should be provided to the Special Markets Solutions - Calgary servicing office at solutions-cgy@ia.ca or directly to our qualified Claims staff at:

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway West, P.O. Box 5900
Vancouver, B.C.
V6B 5H6

Phone: (604) 734-1667 or toll-free (800) 266-5667

Upon receipt of the above information, the necessary claim forms will be provided to you. Completed claim forms must then be filed with Industrial Alliance within 90 days after the date of loss and not later than one year.

The following page outlines instructions for each claim form as well as additional documents required to adjudicate the claim.

Please mail all documents to the address above. To avoid delays, ensure all correspondence and forms include the applicable Special Markets Solutions Policy Number(s).

Note: In some instances, we may request that the Claimant provide other pertinent information or documentation deemed necessary to assess a submitted claim.

DEATH CLAIMS PROCEDURES (Continued...)

PROOF OF DEATH CERTIFICATE OF EMPLOYER OR SUPERIOR OFFICER (Form 8220)

To be completed by an authorized Plan Administrator or Personnel Officer. If this person is personally involved in the claim (i.e., the Deceased is a dependent of the Plan Administrator), then another authorized employee may complete this form. If the Deceased is an employee's dependent, the Plan Administrator or Personnel Officer completes this form on behalf of the employee but answers "N/A" to those questions that do not apply.

If the Deceased is covered by a plan that was not arranged by an employer (for example, a volunteer or member covered by an association), the Plan Administrator completes the **Certificate of Policyholder (Form 8240)** instead in accordance with the above instructions.

PROOF OF DEATH PHYSICIAN'S STATEMENT (Form 8223)

To be completed by the physician who attended the Deceased after the accident or at the time of death. **Note:** A Medical Examiner's Report (Coroner's Report) may be submitted showing the cause of death in lieu of the Physician's Statement if there was no attending physician (such as in the case of a vehicle accident). If submitting a Medical Examiner's or Coroner's Report, an original document is preferred but a *notarized* copy is also acceptable.

PROOF OF DEATH CLAIMANT'S STATEMENT (Form 8222)

To be completed by each beneficiary of the Deceased. If the beneficiary is the estate, the Executor(rix) of the estate completes this form. In unusual circumstances (i.e., the named beneficiary is a minor), the appointed Trustee, next-of-kin, or acting solicitor completes this form.

ADDITIONAL INFORMATION

We will also require the following documents:

- An **official government Death Certificate**, Funeral Director's Statement or Declaration of Death. If the authorities do not find the Deceased's body, the solicitor or the next-of-kin usually seeks a Declaration of Death through the court system. Generally the Claimant will order several originals of the official Death Certificate from the Vital Statistics' office to use for various organizations. In some cases, the Medical Examiner's Report includes the Death Certificate.
- A copy of the Deceased's most recent **enrollment card** and **proof of salary** (i.e., **pay stub or payroll**) and/or **premium deductions**.
- **Newspaper clippings** pertinent to the claim may also be helpful but are not mandatory.