ALBERTA BLUE CROSS®

PERSONAL LIFE CLAIM FORM

10009 108 Street NW, Edmonton, Alberta T5J 3C5
Telephone: 587-756-8631 or 1-800-763-6206
Fax: 780-441-2605 Toll-free fax: 1-855-660-2605
ab.bluecross.ca

Instructions:
Please check applicable benefit being claimed for:

☐ **Accidental death** ☐ **Final expenses** ☐ **Term life**

To apply for Personal Life claim benefits, please review the following requirements and submit the applicable documents:

Personal Life Insurance and Accidental Death

☐ Personal Life claim form completed by each beneficiary or if there is not a designated beneficiary the executor of the will.

☐ Death certificate or funeral director's statement of death.

☐ For accidental death claims, please submit the following:

- ☐ all hospital records and chart notes related to the accident from time of accident up until time of death, and
- ☐ medical examiner and/or autopsy report.

Additional documents may be requested such as full autopsy report, police reports or any other documents that support the cause of death.

Submit directly to Alberta Blue Cross, Life and Disability Services. See contact information above.

Claimant statement

Last name of deceased	First name of deceased	Policy number	ID number

Last address of deceased	Birth date (YYYY-MM-DD)	Date of death (YYYY-MM-DD)

Name of claimant	Relationship (beneficiary, trustee, executor, etc.)	Birth date of claimant (YYYY-MM-DD)	Date of accident (YYYY-MM-DD)

Cause of death

- ☐ Illness
- ☐ Accident (please describe on the next page)
- ☐ Other (please describe on the next page)

Please select all that apply:

- ☐ Alzheimer's disease
- ☐ Aneurysm
- ☐ Appendicitis
- ☐ Cancer Specify: _____
- ☐ Chronic liver disease and cirrhosis
- ☐ Chronic rheumatic heart disease
- ☐ Complications of pregnancy or childbirth
- ☐ Congenital anomalies
- ☐ COVID-19
- ☐ Dementia
- ☐ Diabetes mellitus
- ☐ Drowning
- ☐ Drug overdose
- ☐ HIV/AIDS
- ☐ Heart attack
- ☐ Infections of kidney
- ☐ Influenza
- ☐ Leukemia
- ☐ Miscellaneous causes
- ☐ Multiple Sclerosis
- ☐ Myeloplastic syndrome
- ☐ Parkinson's disease
- ☐ Pneumonia
- ☐ Poisoning
- ☐ Pulmonary embolism
- ☐ Renal failure
- ☐ Sepsis or septicemia
- ☐ Stroke
- ☐ Undetermined or other Specify: _____

Payment requested ○ One sum ○ Other (please describe)

continued next page

Additional details of accident or cause of death

Place of accident, if applicable	Date (YYYY-MM-DD)

Additional details of accident or cause of death

Acknowledgment and consent

I authorize Alberta Blue Cross, Blue Cross Life Insurance Company of Canada* and/or its agents to collect, use, maintain and disclose personal information for the purposes of determining eligibility for coverage, assessment, paying claims, audit, investigation, underwriting, administration and claim management. I acknowledge and agree that my personal information may only be collected from and/or released to a third party (health care professional/practitioner/insurer or reinsurer/agent of record) only when needed for a purpose stated above. Medical and health information excludes genetic test results. I confirm that I am authorized by my spouse and dependants to receive and disclose information about them that is used solely for these purposes.

I understand that I can revoke this consent at any time in writing; however, if consent is withheld or revoked, coverage may be denied or rescinded.

I understand why I have been asked to disclose this information and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure.

I agree that this consent shall be effective on the date of this application and shall be valid for the duration of the time coverage is in force.

I agree that a copy or electronic version of this authorization shall be as valid as the original.

For a copy of our privacy policies, or questions about our personal information policies and practices, please visit our web site at ab.bluecross.ca or email our privacy compliance officer at **privacy@ab.bluecross.ca**.

Claimant name (please print)	Signature of claimant	Date (YYYY-MM-DD)

Address of claimant	Phone	Email

*Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.