



Insurance

Life • Health • Retirement

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-877-938-8191

A. Information about the deceased

Deceased's last name and first name		Policy number	
Last address in Canada – No., street, apt.	City	Province	Postal code
Date of birth (YYYY-MM-DD)	Citizenship	Passport number - Please enclose the original passport	

B. Information about travel

Date the deceased left Canada (YYYY-MM-DD)	Planned date of return to Canada (YYYY-MM-DD)
Intended itinerary	Purpose of trip
Airline used when departing Canada	Flight number
Departure airport	Arrival airport
Was a return flight booked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide ticket information

C. Information about the death

Foreign address at the time of death – No., street, apt.	City	Province	Postal code
Exact place of death	Date and time of death (YYYY-MM-DD)		
Exact cause of death			

D. Accidental death

Description of accident

Name(s) and address(es) of witness(es)

Name of police officer or police department involved - If applicable, please enclose a copy of the police report

E. Death from natural causes

Nature of illness

Date of onset of illness (YYYY-MM-DD)

F. In both cases

Name of any hospital where the deceased was taken

Name(s) of attending physicians

Name of physician certifying death

Was there an autopsy?

Yes No

Was there a coroner's inquest?

Yes No

Was there any help from the consulate or the embassy? If yes, please indicate the name(s) of the individual(s) who provided assistance:

Yes No

Please provide more details for any of the above questions to which you answered yes.

G. Burial or cremation

The deceased was:

Where did this occur?

buried cremated

What documentation was obtained?

Names and addresses of two people not related to the deceased who were present

H. Information about the claimant

Claimant's last name and first name

Social insurance number

Address – No., street, apt.

City

Province

Postal code

Relationship

Date of birth (YYYY-MM-DD)

I certify that the information given is complete and true

X _____
Signature Date (YYYY-MM-DD)

I. Personal information management

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.



Please feel free to enclose any other document you feel may be relevant to our review of this file.