

Group Critical Illness



Claim form – Police Federations only

Claims procedures

As soon as practicable after the date of diagnosis of an insured critical illness or surgery, please fully complete this form in **BLOCK LETTERS**. It should be signed by an official of the Federation.

Please note that in order to satisfy a claim, the insured person's illness must meet the definition for the relevant critical illness described with the Policy Conditions. Please refer to your Policy or Technical Guide. Both of these documents are available to view on our website www.canadalife.co.uk/group

In addition we will initially require:

- A fully completed personal statement, signed by the insured person.
- Where a spouse's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document, and birth certificate.
- Where a child benefit is being claimed, an original copy of the birth certificate and legal adoption certificate if applicable.

These should be sent to:

CMS Team, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER.

The completed claim form and personal statement must be submitted to us no more than six months after the date of the insured illness.

Once we have received all our initial requirements, we will advise you within five working days:

- of any further information we require to assess the claim, or
- if we are unable to process the claim and the reason(s) why.

We will then obtain details of the insured person's medical history and treatment from their General Practitioner and/or consultant.

We will also consider any medical reports or additional information that is provided.

Claims will be withheld if any information relating to any aspect of the scheme that we have asked for is outstanding or the premiums we have asked for have not been paid when due.

Federation details

Federation's name	<input type="text"/>			
Group policy number	<input type="text"/>			
Federation's address	<input type="text"/>			Postcode
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Federation's contact name	<input type="text"/>		Title	<input type="text"/>
Telephone number	<input type="text"/>	Email address	<input type="text"/>	

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Member's personal details

To be completed in respect of the member even if claim is being made for member's spouse or child.

Member's surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Maiden name	<input type="text"/>		
Address	<input type="text"/>		
	Postcode	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>		
Telephone number	<input type="text"/>		
Address at which member is normally employed	<input type="text"/>		
	Postcode	<input type="text"/>	<input type="text"/>
Contact name	<input type="text"/>	Title	<input type="text"/>
Telephone number	<input type="text"/>		

Date on which the member first:

joined the employer's service (day, month, year) (Please confirm the date the member joined their current employing constabulary, and not the date they joined the Federation.)

became eligible for the group critical illness scheme (day, month, year)

joined the group critical illness scheme (day, month, year)

If the member did not join when first eligible, please give reason why

Details of person for whom benefit is being claimed (if different to above)

Surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Maiden name	<input type="text"/>		
Date of birth (day, month, year)	<input type="text"/>	Relationship to member	<input type="text"/>

Note: If benefit being claimed is in respect of member's spouse or child, go to Benefit details.

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Critical illness

Nature of illness/disability

Is the member still included in the scheme? Yes No

Has a critical illness claim previously been submitted in respect of the member? Yes No

If 'Yes', please give details

If claim is for permanent total disability only

Exact nature of occupation

Is member currently at work? Yes No If not, when did member last attend work?
(day, month, year)

If absent, has member been carrying out any other work? Yes No

If 'Yes', please give details

Benefit details

Category

Benefit

Was the member's benefit included in the renewal data prior to disability? Yes No

Is benefit being claimed in respect of permanent total disability? Yes No

Spouse/child benefit

Nature of illness/disability

Has a critical illness claim previously been submitted in respect of the spouse/child? Yes No

If Yes, please give details.

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Declaration

We, the Grantees of the Group Policy, hereby apply for payment of benefit(s) based upon the information provided on this form and in accordance with the Policy. We declare that to the best of our knowledge and belief the particulars set out on the preceding pages are complete and true. (Failure to give complete and true answers could result in the payment of any benefit being refused).

To be signed by an official of the Federation.

Signature

Date
(day, month, year)

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For and on behalf of the Grantees

Capacity

Please pass the completed form to your Federation or return it direct to:

CMS Team
Canada Life Limited
3 Rivergate
Temple Quay
Bristol BS1 6ER

Our forms are available to download from our website: www.canadalife.co.uk/group

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