



CLAIM FORM

Claims procedures

Please note that in order to satisfy a claim, the insured person's illness must meet the definition for the relevant critical illness described within the Policy Conditions. Please refer to your Policy document. The current version of this is available to view on our website www.canadalife.co.uk/group


IMPORTANT

Canada Life will need medical confirmation of the diagnosis, surgical procedure and history of the critical illness. Many patients are sent copies of clinical letters by their doctors and specialists and sight of these may help us to assess claims more promptly. The Personal Statement form indicates what medical information should be provided.

IN ADDITION WE WILL INITIALLY REQUIRE:

- A fully completed personal statement, **together with medical evidence**, signed by the insured person.
- Where a spouse's or civil partner's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document.
- If the policy includes cover for co-habiting partners and the claim is being made for this benefit, we will require documentary evidence of the relationship, such as mortgage documentation, a utility bill or bank statement.
- Where a child benefit is being claimed, an original copy of the birth certificate or legal adoption certificate if applicable.

THESE SHOULD BE SENT TO:

 **Claims Management Services,
Canada Life Limited,
3 Rivergate, Temple Quay,
Bristol BS1 6ER.**

Please note that in order for us to pay any insured benefit we must receive a completed Claim Form and Personal Statement within two years of the date of diagnosis or the date the surgical procedure took place.

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

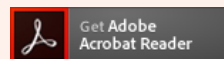
- of any further information we require to assess the claim, and we will then obtain details of the insured person's medical history and treatment from their General Practitioner and/or consultant.
- if we are unable to process the claim and the reason(s) why.

ANY QUESTIONS

If you any questions regarding the completion of the form or the submission process, please call us on **0345 223 8000**.

PLEASE NOTE

in order to both edit and save this form you will require Adobe Reader Version 8 or above





Employer's details

Employer's name	<input type="text"/>		
Group policy number (if known)	<input type="text"/>		
Employer's head office address	<input type="text"/>		<input type="text"/>
			Postcode <input type="text"/>
Employer's contact name	<input type="text"/>		
Telephone number	<input type="text"/>	E-mail address	<input type="text"/>

Member's details

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

Member's surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Previous name(s)	<input type="text"/>		
Address	<input type="text"/>		<input type="text"/>
			Postcode <input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	Telephone number	<input type="text"/>

Date on which the member first:

-
-
-

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

5 Is the member still included in the scheme? Yes No

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

If 'Yes', please give details



Spouse/partner/ child details

Details of person for whom benefit is being claimed (if different from the member)

Surname

Title

Forename(s)

Marital status

Previous name(s)

Date of birth
(day, month, year)

Relationship to member

1 Date on which the spouse/partner first joined the scheme:

2 Has a critical illness claim previously been submitted in respect of the spouse/partner/child?

Yes No

If Yes, please give details.

Critical illness

1 Insured illness or surgical procedure for which the claim is made

2 Date of diagnosis/date of surgery (day, month, year)

Total permanent disability

To be completed if the claim is for total permanent disability of the member

1 Exact nature of occupation

2 Is member currently at work?

Yes No

If not, when did member last attend work?
(day, month, year)

3 If absent, has member been carrying out any other work?

Yes No

If 'Yes', please give details



Benefit details

1 Scheme salary
(Please complete for all claims)

2 Benefit calculation
(eg 2 x scheme salary)

If the policy provides flexible benefits

Please complete the boxes below in respect of the person for whom benefit is being claimed.

3 Selected benefit at date of
diagnosis/surgical procedure

4 Date this benefit level selected
(day, month, year)

5 Historical benefit selections	Date	Benefit Amount
	<input type="text"/>	<input type="text" value="£"/>
	<input type="text"/>	<input type="text" value="£"/>
	<input type="text"/>	<input type="text" value="£"/>
	<input type="text"/>	<input type="text" value="£"/>
	<input type="text"/>	<input type="text" value="£"/>

Data Protection Statement

Canada Life Limited takes its privacy obligations very seriously.

Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member will be treated in accordance with the Data Protection Act.

By signing this form you agree to us using, processing and sharing the personal information (including special categories of personal data) provided to us for the purposes described on the next page.

For employer-related group insurance products the Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use personal data for marketing purposes.

Please see the Data Protection Notice for full details.

Declaration

We, the Policyholder 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 principal employer.

Signature

Date
(day, month, year)

For and on behalf of the Policyholder

Capacity

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

Claims Management Services, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER.

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

Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000

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Canada Life
Group Insurance



DATA PROTECTION NOTICE

Canada Life Limited (referred to as '**Canada Life**', '**we**', '**us**' or '**our**' in this DPN) takes its privacy obligations very seriously. Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as '**you**' or '**your**' in this DPN), will be treated in accordance with the Data Protection Act.

Using Personal Information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use underwriting software to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products

The Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the Data Protection Act permits that members may individually withdraw their consent. In those instances Canada Life will be unable to provide cover for that individual.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or financial adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or financial adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud based services), which can require transfers of personal information outside of the EEA. In doing so, we ensure that there are appropriate contractual arrangements and we will choose only those organisations with strict controls in place, via appropriate organisational and technical measures in place to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

**Canada Life Limited, Group Insurance,
3 Rivergate, Temple Quay, Bristol, BS1 6ER
or by email at: dpo@canadalife.co.uk.**

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose address is:

**Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow Cheshire, SK9 5AF**

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling **0345 223 8000**.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.