



## Death Abroad Claimant Statement

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### Death Abroad Claimant Statement Guidelines

To enable us to expedite this claim, please complete and return this document as soon as possible.

Print clearly and avoid the use of abbreviations where possible.

If there is insufficient space provided in any section of the form, continue on a separate piece of paper.

With this statement please include:

- Attending Physician's Statement
- Original Passport (or notarized copy of all pages)
- Original Plane Ticket or reasonable proof of travel
- Original Death Certificate from country of issue
- Original Burial or Cremation Certificate
- Physician's/Medical Examiner's Statement of Death
- Original Autopsy or Coroner's Report
- Hospital records
- Police Accident Report
- Canadian Death Certificate (if remains were returned to Canada)
- Bills for hotel, medical treatment, cremation, burial or transportation of the body

Please return the completed questionnaire & documents to:

**RBC Life Insurance Company**  
**Attention: Claims Department**  
**P.O Box 4435 Station A.**  
**Toronto, Ontario M5W 5Y8**

If you have any questions, you may call us at **1-877-519-9501**.

## **COLLECTION AND USE OF PERSONAL INFORMATION**

### ***Collecting your personal information***

We (RBC Life Insurance Company) may from time to time collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information related to or arising from your relationship with and through us;
- information you provide through the application and claim process for any of our insurance products and services; and
- information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, Inc., the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

### **Using your personal information**

This information may be used from time to time for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc. and financial institutions.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under “*Other uses of your personal information*” for the sole purpose of honouring your choices.

**If we have your social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.**

*Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance®.*

#### **Other uses of your personal information**

- We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.
- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

**You may choose not to have this information shared or used for any of these “Other uses” by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding “Other uses of your personal information”.**

#### **Your right to access your personal information**

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “*Other uses of your personal information*” you may do so now or at any time in the future by contacting us at:

**RBC Life Insurance Company  
P.O. Box 515, Station A,  
Mississauga, Ontario  
L5A 4M3  
Telephone: 1-800-663-0417  
Facsimile: (905) 813-4816**

#### **Our privacy policies**

You may obtain more information about our privacy policies by asking for a copy of our “Straight Talk®” brochure about privacy, by calling us at the toll free number shown above or by visiting our web site at [www.rbc.com/privacy](http://www.rbc.com/privacy)

## Death Abroad Claimant Statement

### Part 1

Name of deceased \_\_\_\_\_  
Last First Middle

Other names used \_\_\_\_\_  
Last First Middle

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Day Month Year City Country

Passport number \_\_\_\_\_ Date and place of issue \_\_\_\_\_

Please provide original passport or notarized copies of all pages.

Name and address of last employer (or name of firm if self-employed) \_\_\_\_\_

Did the deceased use tobacco in any form? ☐ Yes ☐ No If yes, date last used: \_\_\_\_\_

List the other companies with which the deceased had life insurance.

Company Name	Effective Date of Insurance D/M/Y	Amount of Insurance

List the physician(s) who attended to the deceased in the last five years.

Physician's name	Address	Date of visit (d/m/y)	Reason for Visit

Date of departure from Canada \_\_\_\_\_ Intended duration of visit \_\_\_\_\_  
Day Month Year

Purpose of visit \_\_\_\_\_

Please provide original plane ticket or reasonable proof of travel.

Full name of travelling companion(s), if any \_\_\_\_\_

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**Part 2**

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Address abroad at time of death \_\_\_\_\_

Exact place of death \_\_\_\_\_

Date of death \_\_\_\_\_ Time of death \_\_\_\_\_ A.M. ☐ P.M. ☐  
Day Month Year

Cause of death \_\_\_\_\_

Please provide original death certificate from foreign country.

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**Part 3 – Please complete if cause of death was as a result of an accident**

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How did the accident occur? \_\_\_\_\_

Who witnessed the accident? Give names and addresses. \_\_\_\_\_

Was anyone else injured? If so, give names and addresses. \_\_\_\_\_

Was a police investigation carried out? Yes ☐ No ☐ If yes, please provide a copy of the final report.

Name of Police Officer and station involved \_\_\_\_\_

Name of hospital where deceased was taken \_\_\_\_\_

Name and address of Physician(s) who attended at time of death \_\_\_\_\_

Was there a post-mortem? Yes ☐ No ☐ If yes, please provide a copy of the final report.

Was there a Coroner's Inquest? Yes ☐ No ☐ If yes, please provide a copy of the final report.

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**Part 4 – Please complete if cause of death was as a result of an illness**

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Date of onset of illness \_\_\_\_\_ Symptoms: \_\_\_\_\_  
Day Month Year

Date of diagnosis \_\_\_\_\_ Treatment Prescribed \_\_\_\_\_

Nature of illness \_\_\_\_\_

Name and address of Physician(s) who attended at time of death \_\_\_\_\_

Name and address of hospital if appropriate \_\_\_\_\_

Was there a post-mortem? Yes ☐ No ☐ If yes, please provide a copy of the final report.

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**Part 5 – Burial/Cremation**

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Date of burial/cremation \_\_\_\_\_  
Day Month Year

What documentation was obtained to enable the burial or cremation to take place? \_\_\_\_\_

Where did the burial or cremation take place? \_\_\_\_\_

Names and addresses of two people (not related to the deceased) who were present at the burial or cremation.

1. \_\_\_\_\_

2. \_\_\_\_\_

If place of burial or cremation is different from place of death, please provide original travel documents and explanation as to why.



## Declarations and Signatures

**To be completed by the estate and/or named beneficiary of the deceased.**

Last Name		You are claiming as (check one box only)	<input type="checkbox"/> beneficiary <input type="checkbox"/> estate's executor <input type="checkbox"/> assignee <input type="checkbox"/> other _____ (please specify)
First Name			
Address			
Telephone Number	(      )	Are you 18 or over?	<input type="checkbox"/> yes <input type="checkbox"/> no
Social Insurance Number		If no, your date of birth (dd-mm-yyyy)	

I declare the questions answered on this statement are complete and true to the best of my knowledge.

I authorize any health care professional, health or social service establishment, insurance company, the Medical Information Bureau holding personal information concerning the deceased, particularly medical information, to supply this information to RBC Life Insurance Company and its reinsurers. Such information will be provided for investigations necessary to adjudicate this claim or assess the validity of the policy as issued.

I understand that if I refuse to provide this authorization, RBC Life Insurance Company will be unable to adjudicate this claim or assess the validity of the policy as issued.

A photocopy of the signed authorization to obtain this information will be as legally valid as the original.

This authorization will be valid until revoked by written notice to RBC Life Insurance Company.

Date \_\_\_\_\_  
                    Day                      Month                      Year

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Name of Witness (please print) \_\_\_\_\_