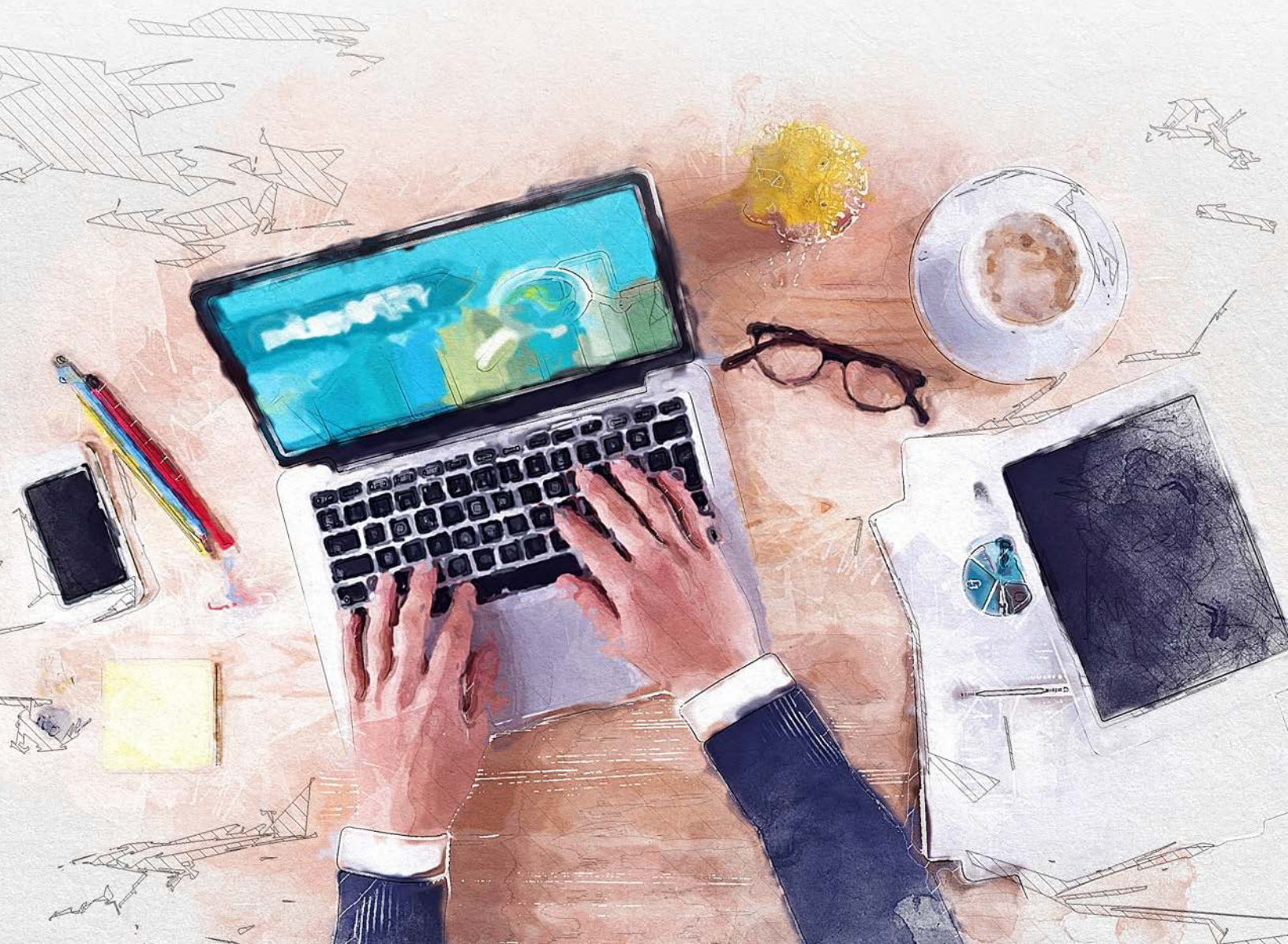


Each claim is unique

We are here to make the claims process as easy as possible. Depending on the type of insurance you have, the process may vary from product to product.

In some cases, an investigation of the insured's health history or circumstances surrounding the cause of the claim may be required. Keep in mind that some cases may call for additional requirements not listed here.



Contestable claims

This is when a claim is made on a policy that is less than 2 years old. These claims will be investigated regardless of the cause of death, disability or critical illness.

Investigations can take some time as we need to get records from doctors, hospitals and the provincial billing records.

Most of the time, everything is fine and the claim is paid.

Foreign deaths

Any death that occurs outside of Canada and the United States is considered a foreign death claim. These types of claims may require additional investigation due to the high incidence of international insurance fraud.

In addition to the standard claim requirements, there are also a number of foreign death requirements and your claims adjudicator will advise you of specific items needed.

Accidental deaths

Given the exclusions in the Accidental Death Riders, in addition to the standard claim requirements, we often require:

- the coroner's report and police reports. We may have to investigate how the accident happened before we can approve these claims.

Medically assisted deaths

Generally speaking, ivari's claims processing for medically-assisted deaths is similar to that of other death claims, provided that the insured complied with all applicable Canadian legislation (federal and provincial), and medical association guidelines during the medically-assisted death.

In this case, a medically-assisted death is not considered a suicide and does not fall within the suicide clause wording in a policy, which would exclude payment of a claim.

Any claim submitted would be assessed based on our normal procedures. We will confirm that the medically-assisted death was not related to any illness or other circumstance that had been specifically exempted from coverage at the time the policy was issued. If death occurs during the first 2 years of the policy being issued, we will treat it as a contestable claim.

Express claims

If the policy is more than 10 years old and under \$100,000 with no changes in the past 10 years, the claim may qualify for simplified handling with less claim requirements.

In this case, we need:

- a Claimant's Statement*
- an Independent Proof of Death (an obituary) or name of the funeral home
- the beneficiary's name, address and telephone number
- a pre-printed, personalized void cheque for each beneficiary

Be sure to confirm that the claim qualifies or meets the criteria of an express claim with the Claims Department first.

*For universal life and Non-Registered Investment policies – If the individual payment amount to the Beneficiary is \$10,000 or greater, a Claimant Statement must be completed by each Beneficiary.

Standard claim requirements

Life Products

For UL policies ONLY:

Each Beneficiary receiving an amount of \$10,000 or more will need to complete a separate Claimant Statement ([form #CL213](#))

Each Beneficiary receiving an amount of \$100,000 or more will need to complete a separate Politically Exposed Persons and Head of International Organization ([form #CL2110](#))

Policies that are less than 2 years – Contestable claims

- Claimant's Statement ([form #CL213](#))
- A Physician's Statement Proof of Death ([form #CL990](#))
- A copy of the insured's birth certificate or similar proof of age
- A pre-printed, personalized void cheque for each Beneficiary

Policy age 2-5 years

Amounts from \$50,000 and up

- Claimant's Statement ([form #CL213](#))
- A Physician's Statement Proof of Death ([form #CL990](#))
- Proof of age
- A pre-printed, personalized void cheque for each Beneficiary

Policy age 5+ years

Amounts below \$250,001

- Claimant's Statement ([form #CL213](#))
- One of either:
 - Copy of the death certificate issued by the Provincial government or the funeral home, OR;
 - A Physician's Statement Proof of Death ([form #CL990](#)).
- Proof of age
- A pre-printed, personalized void cheque for each Beneficiary

Amounts \$250,001 and above

- Claimant's Statement ([form #CL213](#))
- One of either:
 - Provincial death certificate, OR;
 - A Physician's Statement Proof of Death ([form #CL990](#)).
- Proof of age
- A pre-printed, personalized void cheque for each Beneficiary

Note: A Funeral Director's Statement of Death is not acceptable as proof of death.

Investment Products

For Non-Registered policies ONLY:

Each Beneficiary receiving an amount of \$10,000 or more will need to complete a separate Claimant Statement ([form #CL766](#))

Each Beneficiary receiving an amount of \$100,000 or more will need to complete a separate Politically Exposed Persons and Head of International Organization ([form #CL2110](#))

- Death certificate
- Claimant's Statement for Investment Products ([form #CL766](#))
- Pre-printed, personalized void cheque for each Beneficiary

For rollover of the funds to a new SPIA account:

- A completed Application ([form #IP-NB151](#))

To transfer registered funds to another institution:

- T2033 OR T2030.

NOTE: Where the Beneficiary is the "estate", we also request a notarized copy of the Will or Notarial Will (Quebec). The Claimant's Statement is to be completed by the executor. For Quebec claims where the spouse is the Beneficiary, we also require the completion of form #CL580 (Questions to be Posed when a Spouse Claims as Beneficiary) in order to confirm spousal status.

Living Benefits – UL products (Fund Value payouts)

- Insured's Request for Living Benefits ([form #CL1725](#))
- Attending Physician's Statement ([form #CL1008](#))
- Pre-printed, personalized void cheque

Contact the Claims Department first to confirm the benefit is available.

Compassionate Assistance Program

- Available with a Term and UL insurance policy
- Insured has the option of taking out a loan against their Death Benefit if they are diagnosed with a terminal illness or terminal injury and their life expectancy is less than 24 months. (Twelve months or less if the client is between the ages of 72 and 77 with a term policy)
- Interest will accrue from the date the Benefit is approved to the date of death, at a rate determined by ivari.
- If approved, the maximum Compassionate Assistance Benefit available is half the Face Amount up to a maximum of \$250,000.00. The Owner may request the maximum or a smaller amount, as per their needs.
- The benefit is not available during the first two years of the policy.

We need:

- Insured's Request for Compassionate Assistance Benefit ([form #CL2111](#))
- Compassionate Assistance Program – Attending Physician's Statement ([form #CL1724](#))

Contact the Claims Department first to confirm your client qualifies for the Compassionate Assistance Benefit.

Waiver of Premium/Disability

- Insured's Statement for Disability and Waiver Claim ([form #CL1009](#))
- Initial Attending Physician's Statement ([form #CL1008](#))
- Pre-printed, personalized void cheque

Critical Illness Protection product

- Critical Illness Claimant's Statement ([form #CL1477](#))
- Critical Illness Attending Physician's Statement ([form #CL1476](#))
- Copies of medical reports, diagnostic tests and pathology reports

Contact the Claims Department first to confirm that the diagnosis falls under the Covered Conditions.

Payment of claims

Approved claims may be deposited directly to the Beneficiary's bank account by providing ivari with a pre-printed, void cheque.

We're here to help!

When someone is making a claim, it's usually because they have experienced a personal loss. We know that this can be a very challenging time, so we're here to help make the process as simple as possible.

Our claims team handles the Death, Disability, Critical Illness and Waiver of Premium benefits for all of ivari's insurance products.

Making a claim


All claims include a full review of the insured's file and claims documents (both legal and medical) to ensure that the claim is in good order and all claim documents have been satisfied. Once you have reported your claim, a claims adjudicator will review your case and contact you within 24 hours to let you know what forms will be required.

What you need to know

How to make a Life or CI claim online:

Go to ivari.ca → Resources → Making a Claim → Select Universal Life Claims or Term Insurance Claims or Critical Illness Protection Claims and then click on Online Claim

You can also report your claim via phone or email:

 **Toll Free:** 1-800-846-5970

 **E-Mail:** ClaimsDepartment@ivari.ca



What we need to know

Whether you report your claim online, by phone or by email, here's what we need to know.

Type of claim	Information needed
Life claims	<ul style="list-style-type: none"> • policy number • insured's first and last name • cause of death (accident or illness) • date of death • country of death (important) • contact name, phone number, and email address.
Investment products claims	<ul style="list-style-type: none"> • policy number • insured's first and last name • country of death (important) • date of death • investment payment instructions • cause of death • contact name, phone number, and email address.
Living Benefits claims for Universal Life products (Fund Value payouts)	Occupational Disability/Critical Condition <ul style="list-style-type: none"> • policy number • first date the insured stopped working • diagnosis • contact name, phone number and email address.
Waiver of Premium/Disability claims	<ul style="list-style-type: none"> • policy number • insured's first and last name • first date the insured stopped working • cause of disability • contact name, phone number, and email address.
Critical Illness Protection/Critical ADVANTAGE claims	<ul style="list-style-type: none"> • policy number • insured's first and last name • what is the diagnosis? • what is the date of diagnosis? • contact name, phone number, and email address.

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