

**La Capitale Civil Service Insurer Inc.**  
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 Email: collectif\_decès@lacapitale.com

**Need help in completing this form?**  
**Call us at 418 644-4200 or 1 800 463-4856.**

You can download a printable version of this form from La Capitale's website at [lacapitale.com/forms](http://lacapitale.com/forms)

|                      |
|----------------------|
| Amount claimed<br>\$ |
|----------------------|

## 1. INFORMATION ABOUT THE DECEASED

As indicated on the insurance certificate

Address at time of death

|                |              |                    |             |
|----------------|--------------|--------------------|-------------|
| Last name      |              | First name         |             |
| Group No.      | Employer No. | Identification No. |             |
| No. and street |              |                    |             |
| City           |              | Province           | Postal code |

Civil status at time of death:  Single  Divorced  Married  Single parent  De facto separated  Legally separated  
 Civil union  Widowed

## 2. DECLARATION

- 2.1 Date of death: 

|      |       |     |  |
|------|-------|-----|--|
|      |       |     |  |
| Year | Month | Day |  |
- 2.2 Place of death (if a hospital, enter name and address): \_\_\_\_\_
- 2.3 Immediate cause of death: \_\_\_\_\_
- 2.4 Did the deceased have a will?  No  Yes – Date of will: 

|      |       |     |  |
|------|-------|-----|--|
|      |       |     |  |
| Year | Month | Day |  |
- 2.5 Had the deceased made any changes to the will (codicil)?  No  Yes – Date: 

|      |       |     |  |
|------|-------|-----|--|
|      |       |     |  |
| Year | Month | Day |  |
- 2.6 Did the deceased have a marriage contract?  No  Yes – Date: 

|      |       |     |  |
|------|-------|-----|--|
|      |       |     |  |
| Year | Month | Day |  |
- 2.7 Did the deceased have a declaration of heredity?  No  Yes – Date: 

|      |       |     |  |
|------|-------|-----|--|
|      |       |     |  |
| Year | Month | Day |  |
- 2.8 Did the deceased leave behind any children?  No  Yes – Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

## 3. INFORMATION ABOUT THE CLAIMANT


|                |           |               |           |
|----------------|-----------|---------------|-----------|
| Last name      |           | First name    |           |
| No. and street |           | City          | Province  |
| Postal code    | Home tel. | Date of birth | SIN       |
|                |           | Year          | Month Day |


In what capacity are you making this claim? \_\_\_\_\_

## 4. SIGNATURES

I, the undersigned, hereby certify that the answers to the above questions are true and complete to the best of my knowledge. I understand that these answers are considered as valid as if they had been provided under oath.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

  
 Claimant's signature

  
 Signature of witness