

Failure to completely answer these questions may delay the claim. *Please provide additional supporting documentation where required*

1. What is the date of the death of the deceased? _____
2. What was the name of the country and city or town where death occurred? _____
3. What was the reason for the trip? _____
4. Name and address of person(s) who accompanied the deceased insured: _____
5. At what address did the deceased insured stay? _____
6. With whom did the deceased insured stay? _____
7. On what date did the deceased insured leave Canada? _____
8. What was the deceased insured's itinerary? _____
9. How long did the deceased insured intend to stay? _____

If death was the result of an illness, please complete Questions 10 to 15. If death was the result of an accident, please proceed directly to Question 16.

10. What were the deceased insured's symptoms and when did they first occur? _____
11. On what date did the deceased insured first consult a doctor overseas? _____
12. On what date was the illness diagnosed? _____
13. What was the diagnosis and treatment prescribed? _____
14. Provide the name and address of the treating physician: _____
15. What is this physician's specialty? _____

For illness, please proceed to question 24.

16. Please provide details of the accident (date, time, place): _____
17. Were there any witnesses to the accident? _____
18. If death was instantaneous, who identified the deceased insured? _____
19. Was the accident reported to the local authorities? _____
20. Which authorities were advised? _____
21. Was there an investigation conducted? _____
22. What was the name of the investigating official? Please submit a copy of the accident report or police report. _____

(verso)

| | | | |
|--|---|--------|-----------|
| 23. If hospitalized, who accompanied and admitted the deceased insured? | _____ | | |
| 24. Provide the name and address of the hospital? | _____ | | |
| 25. On what date was the deceased insured hospitalized? | _____ | | |
| 26. Name of person who paid the hospital bills and/or doctor's bills, and their relationship to the deceased insured? Please provide copies of any medical bills pertaining to treatment. | _____ | | |
| 27. Was an autopsy or inquest conducted? Provide a copy of autopsy report. | _____ | | |
| 28. Name of person who authorized the release of the body? | _____ | | |
| 29. Please circle the method of disposal of the body: | <table border="0"> <tr> <td style="text-align: center;">Burial</td> <td style="text-align: center;">Cremation</td> </tr> </table> | Burial | Cremation |
| Burial | Cremation | | |
| 30. Please provide name of establishment and date when this took place. | _____ | | |
| 31. Name of person who carried out the duties, and where did this take place? | _____ | | |
| 32. Who attended the ceremony? | _____ | | |
| 33. Provide names and address of two witnesses (not family members) who were present at the ceremony. | _____ | | |
| 34. Provide the original airline ticket used for travel, and the original documents used by deceased insured to enter that country (passport, visa and other). | _____ | | |
| 35. Name and address of the deceased insured's regular treating physician in Canada? | _____ | | |
| 36. Provide a copy of the document confirming shipment of the body or ashes to Canada. | _____ | | |

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 shall be considered as valid as if they had been provided under oath.

Date

Claimant's signature