



Job Loss Insurance Claim



1. Job Loss Insurance Claim

When should a Job Loss Insurance claim be made?

- If you are insured under: Payment Protector Insurance for CIBC Personal Loans; or CIBC Mortgage Disability Insurance Plus; and
- Your employment stops or is suspended as defined in your Certificate of Insurance; and
- You have completed the mandatory wait period following the date of your job loss as defined in your Certificate of Insurance and you did not return to work before the next regular payment following the wait period.

What information is required for a Job Loss Insurance claim?

- Your Record of Employment filed with Human Resources and Skills Development Canada; and
- Your proof of Employment Insurance or Strike Pay (Union Letter); and
- Your proof of unemployment benefits or copy of the Service Canada letter regarding severance package; and
- The following sections of this claim form: **Claimant Statement** and the **Employer Statement**.

How to find the account number?

- Sign on to CIBC Online or Mobile Banking and go to "My Accounts".
- View your statements.
- Contact your banking centre advisor

Where to submit the claim forms?

- **Email:** Call the Creditor Helpline at 1 800 465-6020 to set up secured email.
- **Mail:** CIBC Insurance, PO Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2

Note: Any missing information may cause your claim to be delayed.

2. What happens after a Claim is submitted?

- You are responsible for your Loan and Mortgage Loan payments and insurance premiums until the claim is approved; any payment eligible after satisfying your applicable wait period will be reimbursed;
- You will be advised if further information is required to process your claim;
- On approval of your claim, the Insurer will make your benefit payments to CIBC as long as you continue to qualify for benefits. A notice will be sent to you indicating the payment(s) made on your behalf and the date to which payment(s) may continue;
- If your claim is denied the Insurer will advise you in writing.

Do you need more information?

- Refer to your Certificate of Insurance for information about the terms, conditions, limitations, exclusions and other provisions of your coverage.
- **Call the Creditor Helpline at 1 800 465-6020**

3. Your Privacy Matters - a note from the Insurer

- Creditor Insurance for CIBC Personal Loans and CIBC Mortgage Disability Insurance Plus are underwritten by **The Canada Life Assurance Company** ("Canada Life"). All plans are administered by CIBC and Canada Life, and are subject to certain terms, conditions, limitations and exclusions, which are set out in the Certificates of Insurance, which are provided upon enrolment. You may contact Canada Life at www.canadalife.com or 1 800 387-4495.
- When you requested coverage for your Personal Loan or Mortgage Loan, you gave the insurer personal information about yourself, which the insurer added to a client file. The purpose of this file, which is strictly confidential, is to allow the insurer and their reinsurers to conduct all the necessary business of insurance, including, setting fair premiums, receiving payments, assessing and paying claims, and keeping you informed of the status of your coverage. The insurer keeps client files at their head office or at another location authorized by the insurer.
- Only authorized personnel have access to personal information about you. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. If you want to know or correct any personal information in your claim file, just call the Creditor Helpline at 1 800 465-6020 and we will be happy to assist you.
- **Protecting your personal information.** At Canada Life (in this section "we" or "us"), we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.
- **How we use your personal information.** Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations.

Job Loss Insurance Claim

- **Who we share personal information with.** We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, technology suppliers, other insurance or reinsurance companies, and your financial institution. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. If there is a change of insurer your personal information will be disclosed to the subsequent insurer that provides the insurance. We take protecting your personal information seriously and we'll never sell your personal information to anyone.
- **You're in control of your personal information.** We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request through our privacy centre at canadalife.com/privacy. This includes how you want to receive information from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.
- If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.
- Want to learn more? Please visit canadalife.com/privacy.

4. Claimant Statement

Preferred language of correspondence English French

Information about Lending Product(s)

Please complete the information below for each lending product (Personal Loan, Mortgage Loan)
(Attach additional lending product(s) if more than 4.)

Lending Product 1	Account Number	Lending Product 2	Account Number
_____	_____	_____	_____
Lending Product 3	Account Number	Lending Product 4	Account Number
_____	_____	_____	_____

Information about the Banking Centre (optional)

Banking Centre Officer Name	Transit
_____	_____
Address	Branch Telephone Number
_____	_____ Ext.

Information about Claimant

Title	First Name	Initial(s)	Last Name
_____	_____	_____	_____
Mailing Address (Number and Street)			

City	Province/Territory	Postal Code	
_____	_____	_____	
Telephone Number	Cell Number (optional)	Email Address (optional)	
_____	_____	_____	
Date of Birth (Month day, year)	Gender	Occupation at date of Unemployment	
_____	_____	_____	
Brief job description			

Self-Employed <input type="radio"/> Yes <input type="radio"/> No	Employment Type (Full-time, Part-time, Contract, Seasonal, Temporary)	If seasonal, regular months of employment
	_____	From: _____ To: _____
Name of Employer at time of Unemployment		

Job Loss Insurance Claim

4. Claimant Statement (continued)

Address (Number and Street)

Address (Number and Street)		
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City Province/Territory Postal Code

City	Province/Territory	Postal Code
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Telephone Number Ext. Start date of employment (Month day, year) Last day worked (Month day, year) Date or Expected date of return to work (Month day, year)

Telephone Number	Ext.	Start date of employment (Month day, year)	Last day worked (Month day, year)	Date or Expected date of return to work (Month day, year)
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Are you currently receiving or will you become entitled to receive any benefits by reason of your unemployment from any of the following?
(Check all that apply)

- Other group insurance coverage Provide company name and policy no. _____
- Individual insurance coverage Provide company name and policy no. _____

Provide a list of all employers you have worked for in the six (6) months prior to taking your insurance along with the number of hours worked each week. (Attach additional page if more than 4.)

1. Name of Employer Total hours worked each week

Name of Employer	Total hours worked each week
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Address (Number and Street)

Address (Number and Street)		
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City Province/Territory Postal Code

City	Province/Territory	Postal Code
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2. Name of Employer Total hours worked each week

Name of Employer	Total hours worked each week
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Address (Number and Street)

Address (Number and Street)		
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City Province/Territory Postal Code

City	Province/Territory	Postal Code
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3. Name of Employer Total hours worked each week

Name of Employer	Total hours worked each week
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Address (Number and Street)

Address (Number and Street)		
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City Province/Territory Postal Code

City	Province/Territory	Postal Code
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4. Name of Employer Total hours worked each week

Name of Employer	Total hours worked each week
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Address (Number and Street)

Address (Number and Street)		
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City Province/Territory Postal Code

City	Province/Territory	Postal Code
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4. Claimant Statement (continued)

Claimant Authorization To Release Personal Information *(optional)*

If you wish to authorize someone other than yourself (such as a family member or friend) to communicate with The Canada Life Assurance Company (Canada Life) on your behalf with respect to your claim, please complete this Authorization Form. Communication will be limited to matters related to the claim for benefits. This authorization shall remain valid for the duration of the claim for benefits or until otherwise revoked by you. A reproduction of this authorization shall be as valid as the original.

I authorize Canada Life to communicate personal information that relates to my claim for benefits with:

Title	First Name	Initial(s)	Last Name
Mailing Address (Number and Street)			
City		Province/Territory	Postal Code
Telephone Number	Cell Number <i>(optional)</i>	Email Address <i>(optional)</i>	
Relationship			

Please select one option (If no selection, medical information will not be released to the authorized appointed person.)

- Excluding medical information Including medical information

Signature and Authorization *(must be completed by the claimant)*

- I certify that the statements in this form are true and complete.
- I understand that The Canada Life Assurance Company will investigate my job loss claim under Creditor Insurance for CIBC Personal Loans or CIBC Mortgage Disability Insurance Plus.
- I understand that my personal information will be collected, used and shared as set out in the Privacy section and I authorize the insurer, its agents and service providers to collect, use and exchange personal information about me needed by it for administration and adjudication of claims and by CIBC for the purpose of administering my claim under these Group Policies, with any person or organization who has relevant information pertaining to this claim, including health professionals, institutions, investigative agencies, insurers and reinsurers and administrators of government benefits and other benefits programs.
- For mortgage insurance claims: I authorize the use of my information collected in relation to this mortgage insurance claim for the purposes of reviewing and administering any other coverage I may have with respect to the insured mortgage.
- Canada Life may contact me using the contact information I have provided above, for the purposes of administering this claim.

A photocopy of this authorization is as valid as the original and shall continue to have effect throughout my claim.

_____	_____	X	<div style="border: 1px solid black; width: 200px; height: 40px;"></div>
Date (Month day, year)	Name of Claimant		Signature (sign within box)

5. Employer Statement

To be completed by the Employer for whom you were working at commencement of unemployment.

Information about Employer

Name of employer

Mailing address (Number and Street)

City

Province/Territory

Postal Code

Information about Claimant

Title First Name

Initial(s) Last Name

Occupation as of last day worked

Number of hours worked per week

Type of position (Full-time, Part-time, Contract, Seasonal, Temporary)

If seasonal, provide months of employment (inclusive)

From: _____ To: _____

Commencement date of employment (Month day, year)

Date last worked (Month day, year)

Date employee was notified of unemployment (Month day, year)

Date expected OR returned to work (Month day, year)

Return to work is/will be (Full-time, Part-time, Contract, Seasonal, Temporary)

Reason for discontinuing work

Unemployment is (Temporary, Permanent)

Did employee receive severance? Yes No

If Yes, date severance ends (Month day, year)

Information about Authorized Officer of the Employer

Title First Name

Initial(s) Last Name

Position

Telephone Number

Ext.

Fax Number

Ext.

Email

Signature and Authorization (must be completed by the authorized officer for the employer)

I certify that according to the records of this organization the above information is correct.

_____ Date (Month day, year)

_____ Name

X

Signature (sign within box)

Please return this form to your employee/previous employee.