SSQ Financial Group

Values in the right place

QUESTIONNAIRE – FOREIGN DEATH

SSQ Insurance Company Inc.
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

POLICY N°(S)

PERSONAL INFORMATION OF DECEASED

NAME OF DECEASED	DATE OF BIRTH DD / MM / YYYY	PLACE OF BIRTH

LAST ADDRESS IN CANADA

CITIZENSHIP	PASSPORT N°	OCCUPATION	SOCIAL INSURANCE NUMBER

DETAILS OF ANY OTHER INSURANCE COVERAGE

TRAVEL INFORMATION

DATE DECEASED LEFT CANADA DD / MM / YYYY	INTENDED DURATION OF TRIP

INTENDED ITINERARY

PURPOSE OF TRIP

AIRLINE USED WHEN DEPARTING CANADA	FLIGHT N°	AIRPORT DEPARTED FROM	AIRPORT ARRIVED AT

WAS RETURN FLIGHT BOOKED?

☐ No ☐ Yes *If yes, give ticket information :*

DETAILS OF DEATH

FOREIGN ADDRESS AT TIME OF DEATH

EXACT PLACE OF DEATH	DATE OF DEATH DD / MM / YYYY	TIME OF DEATH

EXACT CAUSE OF DEATH

Complete one of the two following sections:

A - ACCIDENT

DETAILS OF ACCIDENT

NAME(S) AND ADDRESS(ES) OF WITNESS(ES)

NAME OF POLICE OFFICER AND POLICE DEPARTMENT INVOLVED

B – NATURAL CAUSES

NATURE OF ILLNESS	DATE ILLNESS BEGAN DD / MM / YYYY

COMPLETE FOR EITHER CAUSE *(Accident or Natural Causes)*

NAME OF ANY HOSPITAL INVOLVED	NAME(S) OF ATTENDING PHYSICIAN(S)

NAME OF PHYSICIAN CERTIFYING DEATH	ANY AUTOPSY	ANY POST MORTEM OR INQUEST

CANADIAN EMBASSY OR CONSULATE INVOLVED?

☐ No ☐ Yes *If yes, give details:*

DETAILS OF DEATH (continued)

BURIAL/CREMATION

WAS DECEASED BURIED OR CREMATED?

☐ No ☐ Yes *If yes, where did this occur:*

WHAT DOCUMENTATION WAS OBTAINED TO PERMIT BURIAL OR CREMATION?

NAMES AND ADDRESSES OF TWO PEOPLE NOT RELATED TO THE DECEASED WHO WERE PRESENT :

PERSONAL INFORMATION OF CLAIMANT

NAME OF CLAIMANT	SOCIAL INSURANCE NUMBER
RELATIONSHIP TO DECEASED	DATE OF BIRTH DD / MM / YYYY
ADDRESS	

I hereby declare that the foregoing information is true to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT	DATE OF SIGNATURE
X	DD / MM / YYYY