

## Accidental Death, Dismemberment & Specific Loss Supplementary Benefits Claim Form

**INSTRUCTIONS: Plan Administrator:** Please print clearly and complete part 1 along with a completed Life Claim Report (in the case of accidental death) or a completed Group Life Benefit Claim form for Accidental Dismemberment or Specific Loss.

**Claimant:** Please print clearly and complete part 2 & 3 of this form and attach original receipts for all eligible expenses. Original receipts will not be returned.

### 1) EMPLOYEE INFORMATION

Employee's Name _____	ID# _____	Plan Number _____
Plan Name _____	Total Amount being Claimed \$ _____	
Plan Administrator Signature _____	Date _____	

### 2) CLAIMANT INFORMATION

Name _____	Relationship to employee _____
Address _____	
If claimant is a minor child please confirm the name and address of parent or Legal Guardian and the current address for the minor child if different than above.	
Parent/Guardian _____	
Child's Current Address _____	

### 3) CLAIM DETAILS

**BENEFIT(S) BEING CLAIMED:** (Please check appropriate box)

- CHILD EDUCATION BENEFIT**  
\*Attach a photocopy of the child's birth certificate, original educational documents issued by the school's registrar confirming full-time enrollment.
- FAMILY TRANSPORTATION BENEFIT**  
\*Attach original receipts for eligible transportation, lodging and/or telephone expenses. If a personal vehicle was used, provide a detailed travel log of kilometres traveled  
Do you have Global Medical Assistance insurance with Great-West Life?  Yes  No  
If 'yes' please confirm your personal Global Medical Assistance Identification Number. \_\_\_\_\_
- SPOUSE OCCUPATIONAL TRAINING BENEFIT**  
\*Please provide an original invoice of expenses from an accredited occupational training program.
- EDUCATIONAL BENEFIT FOR EMPLOYEES AND SPOUSES**  
\*Attach original confirmation of enrollment and tuition fees from a post-secondary institution.
- WHEELCHAIR BENEFIT**  
\*Attach original invoices detailing expenses for alterations to your residence and/or your personal vehicle.
- REPATRIATION BENEFIT**  
\*Attach original invoices for eligible expenses incurred.

**With the exception of the spousal retraining benefit and education benefits all expenses for any one benefit must be claimed together. Claims for subsequent costs for a claim that has already been submitted are not eligible.**

At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_