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1981 McGill College Avenue
Suite 100, Montreal, QC H3A 3A7
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Instructions - This form should be completed and returned to Medavie Blue Cross with a Death Certificate.

STATEMENT OF CLAIMANT

Name of Deceased: _____
Policy Number of Deceased: _____ Cause of Death: _____
Claimant's Name: _____ Claimant's Telephone Number: _____
Relationship (beneficiary, trustee, executor, etc.): _____
Claimant's Date of Birth (DD/MM/YYYY): _____ Email Address: _____

COMPLETE IF DEATH WAS RESULT OF AN ACCIDENT

Place of Accident: _____ Date of Accident (DD/MM/YYYY): _____
Description of Accident: _____

FINANCIAL INSTITUTION INFORMATION

Please attach a void cheque or direct deposit information from your online banking.

CERTIFICATION

I hereby certify that the above information is correct to the best of my knowledge and belief.

Dated at _____ this _____ day of _____ year _____

Signature of Claimant: _____

Full Mailing Address: _____

Signature of Witness: _____

Full Mailing Address: _____

CLAIMANT AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company or other organization, institution or person that has any records or knowledge of the late _____ or their health to give to Medavie Blue Cross any such information. A photocopy of this authorization shall be as valid as the original.

Dated at _____ this _____ day of _____ year _____

Signature of Claimant: _____

Signature of Witness: _____