Desjardins Insurance
Life • Health • Retirement

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-800-278-0669

Critical Illness Claim Form
Insured's Statement

Instructions

For a full list of covered illnesses, please see your booklet or contract.

This statement must be completed by the insured or by the insured's parent, guardian (Quebec) or legal representative (all provinces and territories other than Quebec).

Please ask the attending physician to complete form 17026A.

A. About the insured

Last name	First name	Date of birth (YYYY-MM-DD)

Address – No., street, apt.	City	Province or territory	Postal code

10-digit phone number (home)	10-digit phone number (work) Extension

Name of policyowner or first insured	Contract No.	OFFICE USE ONLY Representative No.	F.C. No. or Centre No.

⚠ If the claim is being submitted for a dependent, complete this section:

Dependent's last name	Dependent's first name	Date of birth (YYYY-MM-DD)

Dependent's relationship to the insured

Address – No., street, apt. Check if same as insured ☐	City	Province or territory	Postal code

10-digit phone number (home)	10-digit phone number (work) Extension

B. About the person suffering from the critical illness

1. Nature of illness

2. a) When did symptoms of this illness first appear? (YYYY-MM-DD)	b) When did this person first consult a physician for this illness? (YYYY-MM-DD)	c) When was this person first informed of the illness? (YYYY-MM-DD)

3. a) Name and address of this person's family physician	b) Since when has this person been a patient of this physician? (YYYY-MM-DD)

c) Name and address of physicians consulted for this illness

d) Name and address of hospitals where this person has been treated for this illness

4. Has this person:
- Consulted a physician or other healthcare professional; or
- Been hospitalized; or
- Been treated

for 1 or more medical reasons in the 2 years preceding the current illness? ☐ Yes ☐ No If **yes**, complete the table:

Name of physician or healthcare professional	Type of illness or injury	Date	Name of hospital	Hospitalization period

5. Were any prescribed medications taken during the 2 years preceding the current illness? If **yes**, complete the table: ☐ Yes ☐ No

Illnesse	Name of medication	Period (YYYY-MM-DD)	
		From	To
		From	To
		From	To

6. Does this person smoke cigarettes, cigarillos, cigars, a pipe, electronic cigarette or do they use any other form of tobacco or tobacco substitute such as gum or a nicotine patch? ☐ Yes ☐ No

7. Have they ever used tobacco in any form? ☐ Yes ☐ No If yes, when did they stop using it? (YYYY-MM-DD) :

8. Is there a history of this illness or a similar illness in this person's immediate family (father, mother, brother, sister)? ☐ Yes ☐ No

Name of the family member	Relationship	Illnesse	Age at onset of illness	Age if still living	Age at death

C. Consent related to the management of your personal information by Desjardins Group

1. Management of your personal information

To serve you on a daily basis and meet our legal obligations, we need to collect, use and disclose information about you. For more details, see Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy.

You may be asked for specific consent to ensure that Desjardins Insurance can deliver or continue to deliver service. This will be done in compliance with Desjardins Group's Privacy Policy.

Desjardins Insurance handles all your personal information confidentially. Your information will be accessed only by employees who require it to complete their tasks.

2. Your rights

You can:

- See the personal information Desjardins Group has about you
- Correct any information that's incomplete, ambiguous or not relevant

To find out how, see Desjardins Group's Privacy Policy.

3. Collection or transfer of your personal information outside of Canada

Desjardins Insurance uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, personal information may be collected in and/or transferred to another country and be subject to the laws of that country.

For information about our policies and practices regarding the collection and transfer of personal information outside of Canada, see Desjardins Group's Privacy Policy. You can also obtain this information, or ask any questions you might have, by calling us a 1-800-463-7870.

By signing this form, you:

- Acknowledge that you've looked at Desjardins Group's Privacy Policy, which is available at www.desjardins.com/privacy-policy
- Authorize Desjardins Group to collect, use and disclose your personal information based on the conditions outlined in the policy and applicable regulations
- Acknowledge and accept that this consent takes precedence over any other consent you've previously signed
- Acknowledge that this consent remains valid for as long as you have a business relationship with a Desjardins Group component

⚠ Please sign the next page of this form

D. Consent related to the management of your personal information by Desjardins Insurance

1. Why Desjardins Insurance needs your consent

Your consent allows us to collect, use and disclose the personal information we require to:

1. Analyze your insurance applications
2. Manage your file while you're covered under the insurance
3. Process claims

Your consent also allows us to do the following, as required:

- Look at information in any old insurance file you may have with Desjardins Insurance
- Ask a personal information broker to provide us with an investigation report about you, if necessary
- Send a summary of your personal information, including health-related information, to MIB, LLC (see text box below), after analyzing an insurance application you've submitted

  MIB, LLC is an organization that operates a database allowing insurance companies in Canada and the United States to collect and disclose information about their clients.
- Send your doctor any medical information that we obtained about you when analyzing your insurance applications or claims, so they can share it with you
- Provide insurers and reinsurers with any relevant information (medical test results, etc.), so they can assess an insurance application you've submitted

By giving your consent to us, you also authorize our reinsurers to collect, use and disclose your personal information the same way we would. Our reinsurers are companies that insure us, Desjardins Insurance.

2. Who your personal information will be collected from or disclosed to

You give your consent for the collection and disclosure of the necessary information with you, but also with other people and organizations. These people and organizations include:

- MIB, LLC
- Healthcare professionals or establishments (doctors, hospitals, clinics, etc.)
- Healthcare providers
- Paramedical firms
- Public or parapublic organizations
- Insurance companies other than Desjardins Insurance
- Reinsurers
- Your employer or a former employer
- The policyowner, if you aren't that person
- Other Desjardins components, if they're involved in the insurance
- A personal information broker or an investigation firm

3. If the application concerns your children

You authorize us to collect, use and disclose information about them, if they're under age 14 (Quebec) or under age 16 (all other provinces and territories).

By signing this form, you:

- Authorize Desjardins Insurance and its reinsurers to collect, use and disclose your personal information based on the conditions outlined in this section, the applicable regulations and Desjardins Group's Privacy Policy. You can consult the policy at www.desjardins.com/privacy-policy
- Declare that the information you have provided here is complete and accurate.

E. Signature

X _____ _____

Signature of the person suffering from the critical illness — Date (YYYY-MM-DD)

› If the person is a minor child who is under age 14 (Quebec) or under age 16 (all other provinces and territories), a parent, guardian or legal representative must sign for them and complete the green box below

Person signing for the minor child:

_____

First and last names (please print)

Relationship to the minor child:

☐ Parent (father or mother) ☐ Guardian (Quebec)

☐ Legal representative (all provinces and territories other than Quebec)

Print Reset