



**PHYSICIAN'S STATEMENT**

Full name of deceased \_\_\_\_\_  Smoker  Non-Smoker

Date of death 


 Place of death \_\_\_\_\_ Date of birth 


Principal cause of death \_\_\_\_\_ Date of onset (illness or event) 


Causes that contributed to death (if applicable) \_\_\_\_\_

I attended the deceased from 


 to 


Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Physician's name (in block letters) \_\_\_\_\_

Physician's signature \_\_\_\_\_

Address \_\_\_\_\_

**LIMITATION PERIOD NOTICE**

We are required under certain legislation to advise you that your claim under your group policy is governed by a limitation period that is set out in the Insurance Act or other applicable legislation in your province (e.g. Limitations Act, 2002 (Ontario), Civil Code (Quebec)). This means you cannot sue after a certain period of time has passed. You must obtain your own independent advice in regard to this limitation period.