ACCELERATED BENEFIT - ATTENDING PHYSICIAN'S STATEMENT

Mail completed form to

The Canada Life Assurance Company • U.S. Group Life Claims Department

P.O. Box 2265 • Buffalo, NY 14240-2265

(800) 554-4026 • Fax (306) 751-6510

IMPORTANT:
Please attach current medical records pertaining to the terminal illness that indicate the severity of the patient's condition. Failure to do so may delay assessment.

INSTRUCTIONS

1. Please print.
2. Part 1 to be completed by patient.
3. Part 2 to be completed by physician.
4. Any charge for completing this form is the patient's responsibility.
5. Return completed form to The Canada Life Assurance Company.

PART 1 – PATIENT AUTHORIZATION

Name	Policy Number	Date of Birth (M/D/Y)
Address (number, street, city, state and zip)		
I hereby authorize the release to my insurer and my policyholder of any information requested in respect to this claim.		
Patient's Signature		Date (M/D/Y)

PART 2 – ATTENDING PHYSICIAN'S STATEMENT

1. History

a. Date symptoms first appeared or accident happened (month, day, year) ______________________

b. Has patient ever had same or similar condition (if yes, state and describe) ______________________

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c. Names of other treating physicians ______________________

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2. Diagnosis (including any complications)

a. PRIMARY ______________________

____

b. Additional conditions or complications ______________________

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c. Subjective symptoms ______________________

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d. Objective signs (including results of current x-rays, EKG's, laboratory data, clinical findings and test results - please provide copies on relevant data).

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3. Cardiac (if applicable)

a. Functional Capacity (American Heart Association) *(check one)*

b. Blood Pressure

❑ **Class 1** no limitation	❑ **Class 2** slight limitation	❑ **Class 3** marked limitation	❑ **Class 4** complete limitation	Systolic	Diastolic

Please forward result of exercise stress test, angiogram, or other relevant documentation.

4. Treatment

a. Date of first visit (month, day, year) ____________________b. Date of latest visit __________________c. Frequency of visits __________________

d. Nature of treatment (including surgery, physiotherapy and medications prescribed, if any).____

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e. To your knowledge is patient following recommended treatment program? ❑ Yes ❑ No, please comment: __________________________

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5. Progress *(check one)*

Has patient ❑ Recovered ❑ Improved ❑ Not Improved ❑ Retrogressed

6. Prognosis – The accelerated benefit is designed to be an advance of the Group Life Benefit. Only terminally ill patients with a limited life expectancy are eligible.

Do you think your patient will recover? ❑ No ❑ Yes, state approximate date (month, day, year)____

How long is patient expected to live? ____

Please state any factors that you feel could affect the time stated. ____

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7. Remarks – Please provide comments and further details which you feel would be helpful.

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____

Name of Attending Physician (please print) Specialty Telephone No.

____

Address (number, street, city, state, zip code)

____

Signature of Physician Date (month, day, year)

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FRAUD WARNINGS

ARIZONA: Warning: Any person who knowingly, and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE AND VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSAA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER STATES: Warning: Any person who knowingly, and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.