

Life claims disappearance questionnaire



Life insured

Policy number

1 Particulars of the life insured

Full name (first, middle, last)		Name commonly known by	
Date of birth (d/m/y)		Place of birth (if foreign born, provide date and city of entry into Canada and entry papers)	
Date last seen or heard from (d/m/y)		Social Insurance Number	
Driver's license number		Where and when issued (d/m/y)	

Marital status: (Provide name, address and date of birth of spouse)
Divorced or separated: (Provide date and place)

Provide names, address and ages of the following:

Names	Address	Ages
Children		
Children		
Mother and father		
Brother(s) and sister(s)		
Close friends		
Close friends		

Insured's usual occupation		Level of education	
Last known employer (Provide name and address)			Length of employment
Previous employers (Provide names and addresses)			
Clubs, Union or Lodge memberships (Provide names)			
Member of Armed Forces (Provide branch, serial number and date of service)			

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1 Particulars of insured (continued)
Criminal record (provide details and dates)
History of being institutionalized (Provide dates and names of all facilities)
Driver's license suspension (Provide details and dates)
Hobbies (Provide details)

2 Description of insured – Please attach a photo of the insured	
Height	Colour of hair
Weight	Colour of eyes
Distinguishing physical features (e.g. scars, physical defects, beard, moustache, glasses)	
General physical description	
Health status/condition	
Recent medical treatment: (Describe condition and give name and addresses of doctors consulted)	
Prescription medication: (provide name of medication and name and address of pharmacy supplying it; provide labels if available)	

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3 Financial status of insured

List all sources of income (e.g., salary, pension, welfare, etc.)

Car	Make	Year	License plate #
	Leased <input type="checkbox"/> Financed <input type="checkbox"/> Provide name and address of lien holder		
House	Address		Ownership arrangement
Mortgage	Amount	Name of mortgagee	
	Other real estate and investments (Provide details)		
Bank Account(s)	Name of bank(s)		Account number(s)
Debts (Provide details)			

Credit card(s)

Number	Issue by	Date issued (d/m/y)
Number	Issue by	Date issued (d/m/y)
Number	Issue by	Date issued (d/m/y)

4 Details of disappearance of insured

Person last contacted (Provide complete details e.g. name, address, how, when, where, conversation, etc.)

Where did he/she intend to go?				Did he/she write after leaving home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did he/she leave with anyone? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were death records searched? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was there any public search/plea/inquiry? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was disappearance reported to Police? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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4 Details of disappearance of insured (continued)

Details of disappearance (Belongings and car taken, mode of dress when last seen, amount of money carried, efforts to locate)
Previous disappearances or absences (Provide dates, reason and addresses)
Additional pertinent information

5 Declaration

I/we declare that the information given by me is true and correct to the best of my knowledge.

I/we authorize any physician or other health care professional, hospital, clinic or other medically-related facility, government agency, provincial health care plan, investigative agency, law enforcement agency, insurer and reinsurer or any other person or institution to provide Sun Life Assurance Company of Canada with any information concerning

A copy of this authorization is as valid as the original.

Full name (first, middle, last)	
Signed at (city, province)	Date (d/m/y)
Address	
Signature X	
Relationship to insured	