Foreign death questionnaire

Sun Life Financial

1 Policy details

Policy number(s)

2 Details about the deceased

First name	Middle name	Last name	Date of birth (dd-mm-yyyy)

Other names (if any)	Country of birth	City of birth

Passport number	Date of issue (dd-mm-yyyy)	Place of issue

Occupation

Last address in Canada (street number and name)	Apartment or suite

City	Province	Postal code	Date deceased left Canada (dd-mm-yyyy)

Intended duration of visit	Purpose of the visit

Airline used to depart from Canada	Flight number

Airport of departure	Airport of arrival	Was a return flight booked? ☐ Yes ☐ No

First name of deceased's doctor in Canada	Middle name	Last name

Address (street number and name)	Apartment or suite

City	Province	Postal code

3 Details of death

Exact place of death (address if other than hospital)	Date of death (dd-mm-yyyy)

Cause of death

First name of doctor who certified the death	Middle name	Last name

Hospital information

Hospital name

Address (street number and name)	Apartment or suite

City	Province/State	Country	Postal/Zip code

Telephone number	Was there a post-mortem? ☐ Yes ☐ No	Was there a an inquest? ☐ Yes ☐ No

Foreign death questionnaire (continued)

3 Details of death (continued)

Accident (Complete if death is caused by an accident.)

Date of accident (dd-mm-yyyy)	Details of accident including time and how accident occurred.	
Did the police investigate? ☐ Yes ☐ No If '**yes**', is investigation open or closed? ☐ Open ☐ Closed	If '**yes**', indicate type of accident and provide details of the investigation.	
Name of the police officer or police station who investigated the accident		Telephone number
Address (street number and name)		Apartment or suite
City	Province/State	Country / Postal/Zip code

Illness (Complete if death is caused by an illness.)

Date of first symptoms of illness (dd-mm-yyyy)	Nature of illness	
Name of physician who treated the patient for this illness		Telephone number
Address (street number and name)		Apartment or suite
City	Province/State	Country / Postal/Zip code

4 Burial/cremation

Was the deceased buried? ☐ Yes ☐ No	If '**yes**', provide date of burial (dd-mm-yyyy)	Was the deceased cremated? ☐ Yes ☐ No	If '**yes**', provide date of cremation (dd-mm-yyyy)

Provide name and address of the funeral home or organization that handled the burial or cremation.

Name		
Address (street number and name)		Apartment or suite
City	Province/State	Country / Postal/Zip code

If burial or cremation took place outside of Canada, provide name and address of one person (not related to the deceased) that was a witness.

First name	Middle name	Last name
Address (street number and name)		Apartment or suite
City	Province/State	Country / Postal/Zip code

5 Details of claimant

First name	Middle name	Last name
Date of birth (dd-mm-yyyy)	Place of birth	Relationship to the deceased

Foreign death questionnaire (continued)

6 Additional information

Attach all available documentation for any issued document shown below. **Note:** Ensure you provide an indication for each document.

Supporting documents	Attached	Will follow	Unavailable or not issued
Original passport	☐	☐	☐
Ticket information/travel itinerary/boarding pass	☐	☐	☐
Death certificate	☐	☐	☐
Hospital records/receipts or other related documents	☐	☐	☐
Burial certificate/receipts or other related documents	☐	☐	☐
Cremation certificate/receipts or other related documents	☐	☐	☐
Transit permit (if body was returned to Canada)	☐	☐	☐
Funeral home documentation	☐	☐	☐
Police report	☐	☐	☐
Coroner report	☐	☐	☐

Provide any additional information that would assist in the verification of death.

7 Declaration

I, the claimant, declare that the information I have provided in this form is complete and true to the best of my information, knowledge and belief, and will be relied on by Sun Life Assurance Company of Canada to evaluate my claim.

Province signed	Date (dd-mm-yyyy)	Signature of claimant X
Address (street number and name)		Apartment or suite
City	Province	Postal code

Send original only