



Innovative Special Risk Insurance

Accidental Dismemberment/ Specific Loss Claims Procedures



Industrial Alliance Insurance and Financial Services Inc.

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

DISMEMBERMENT/SPECIFIC LOSS CLAIMS PROCEDURES

In the event of a potential claim, **written notice** should be given to Industrial Alliance Insurance and Financial Services Inc. within a period of 30 days from the date of loss. **Specifically**, we require:

- Policyholder name
- Division name (only if different from Policyholder name)
- Policy Number(s) applicable to the claim
- Employee's name
- Spouse or Dependent's name (if applicable)
- Date of Accident
- Nature of Loss
- Amount of Insurance under each Policy applicable to the claim

This written notice should be provided to the Special Markets Solutions - Calgary servicing office at solutions-cgy@ia.ca or directly to our qualified Claims staff at:

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway West, P.O. Box 5900
Vancouver, B.C.
V6B 5H6

Phone: (604) 734-1667 or toll-free (800) 266-5667

Upon receipt of the above information, the necessary claim forms will be provided to you. Completed claim forms must then be filed with Industrial Alliance within 90 days after the date of loss and not later than one year regardless of whether the full extent of loss is known.

The following page outlines instructions for each claim form as well as additional documents required to adjudicate the claim.

Please mail all documents to the address above. To avoid delays, ensure all correspondence and forms include the applicable Special Markets Solutions Policy Number(s).

Note: In some instances, we may request that the Claimant provide other pertinent information or documentation deemed necessary to assess a submitted claim.

DISMEMBERMENT/SPECIFIC LOSS CLAIMS PROCEDURES (Continued...)

If an accident occurs which is likely to result in a loss, but the extent of the injury is indeterminate, complete the claim form as fully as possible. We will obtain any additional information deemed necessary to assess the claim.

CLAIM FOR SPECIFIC LOSS (Form 8215)

There are three sections to this form as follows:

Claimant's Statement

To be completed by the Claimant, however, if the Claimant is unable to complete this section of the form due to the injury received, an interested third party may do so.

Employer's Statement

To be completed by an authorized Plan Administrator or Personnel Officer. If this person is personally involved in the claim (i.e., the Claimant is a dependent of the Plan Administrator), then another authorized employee may complete this form. If the Claimant is an employee's dependent, the Plan Administrator completes this section on behalf of the employee but answers "N/A" to those questions that do not apply.

If the Claimant is covered by a plan that was not arranged by an employer (for example, a volunteer or member covered by an association), the Plan Administrator completes the **Certificate of Policyholder (Form 8240)** instead in accordance with the above instructions.

Physician's Statement

To be completed by the physician who attended the Claimant immediately following the accident. To avoid delays, it is important that the attending physician complete the "degree of loss" (if pertinent). The physician's name and address must be legible. Please note the Claimant is responsible for any charge relating to the completion of this section.

AUTHORIZATION AND DECLARATIONS FOR CLAIMS (Form 8286)

To be completed by the Claimant.

ADDITIONAL INFORMATION

We will also require the following documents:

- A copy of the Claimant's most recent **enrollment card** and **proof of salary** (i.e., **pay stub or payroll**) and/or **premium deductions**.
- **Newspaper clippings** pertinent to the claim may also be helpful but are not mandatory.