



**ADMINISTRATOR STATEMENT  
TO BE COMPLETED BY THE ADMINISTRATOR**

Chubb Life Insurance Company of Canada  
199 Bay Street - Suite 2500  
P.O. Box 139, Commerce Court Postal Station  
Toronto, Ontario M5L 1E2  
O +1.416.594.2627 or +1.877.772.7797  
[claims.A\\_H@chubb.com](mailto:claims.A_H@chubb.com)

**PLEASE COMPLETE ALL DATES IN MONTH/DAY/YEAR FORMAT**

<b>SECTION I: PRIMARY INSURED/MEMBER</b> (This section must be completed for all types of claims)			
Name of Insured/Member:			
Name of Group Policyholder:			
Group Policy #	Association #:	Class #:	
Effective Date of Insurance:			
Membership Effective Date:			
Has there ever been a previous claim submitted for this individual to Chubb or any other insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please provide details and dates:			
Date of Accident, Sickness or Death:			
Considered a member as defined in the policy at time of death and/or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please attach incident report and provide details:			
<b>SECTION II: BENEFICIARY INFORMATION</b> (Please complete for all death claims and attach beneficiary designation and change forms)			
Beneficiary name (if applicable):		Relationship:	
Address:		Phone #: (     )	
<b>SECTION III: ADMINISTRATOR/EMPLOYER INFORMATION</b>			
Administrator's Name (please print):			
Company Name:			
Mailing Address:			
Province:		City:	Postal Code:
Phone #: (     )	Fax #: (     )	Email Address:	

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_