

Mortgage plan Information on the creditor/loan

IDENTIFICATION

Name of the Insured: _____ Policy No.: _____

INFORMATION ON THE LOAN

Type of loan Mortgage loan (provide a copy of the mortgage statement) Mortgage line of credit (provide loan contract)

Loan No.: _____ **Amount of the payments: \$** _____ . _____

Frequency of payments: weekly every 2 weeks bi-monthly monthly

Name of the creditor: _____

Address of the creditor: _____

Term of the loan: _____ months year(s) Amortization period, in years: 20 25 30 other _____

Is this loan covered by another insurer: yes no

If yes, please specify: Name of the insurer: _____ Insurance policy No.: _____

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DECLARATION

I declare that all information given above is, to my knowledge, true, current and complete.

Signature of the Insured

Date day/month/year

Please read carefully the IMPORTANT NOTICE on the back of this document.

IMPORTANT NOTICE

The **Loan Information** form is required if you file a claim for disability benefits related to the monthly reimbursement of a loan or a mortgage.

- As your claim is related to a work stoppage, you must complete the claim forms for Disability benefits. You will find these forms in the Claimant's Guide – Disability Insurance .
- Complete all sections of the forms, attach required documentation, and submit your claim within 90 days of the onset of disability.
- **Include the following documents to this form:**
 - Claimant's Statement
 - Authorization (6)
 - Copy of mortgage loan statement or, if you have a mortgage line of credit, loan contract
 - Copy of the last mortgage renewal
 - Employer's Statement or Self-Employed Worker's Statement
 - Attending Physician's Statement and medical file
- **Do not attach:**
 - Request for Payment by Direct Deposit. It is not required as payments are made directly to your creditor.
 - Proof of income as requested in the Claimant's Guide. It is not required as your claim is not related to a salary replacement.
- Send your claim to the appropriate address listed below based on your province of residence.

If you have any questions, contact us before sending your file in order to avoid unnecessary delays. Please note that calls to our claims department are recorded for training, quality control and verification purposes.

Blue Cross Canassurance
Claims, Life and Disability Insurance
Telephone: 1 800-300-5002

Ontario Residents
P.O. Box 4433, Station A
Toronto, Ontario M5W 3Y7
Secure Website: on.bluecross.ca/depot

Québec Residents
1981 McGill College Avenue, Suite 105
Montreal, Quebec H3A 0H6
Secure Website: qc.bluecross.ca/depot