

PHYSICIAN'S STATEMENT (If a physician was not called to the deceased person's side, attach the official death certificate.)

Full name of deceased _____

Date of death

 Place of death _____ Date of birth

Principal cause of death _____ Date of onset (illness or event)

Causes that contributed to death (if applicable) _____

I attended the deceased from

 to

Signed at _____ this _____ day of _____ 20 _____

Physician's name (Print in ink) _____

Physician's signature _____

Address _____

DISCLOSURE

At Industrial Alliance, the personal information we collect concerning a member and his/her insured dependents is kept in strict confidence and is only used for the purpose that has been authorized. A member's personal file is kept at Industrial Alliance's offices.

A member has the right to request access to his/her personal information and, if necessary, correct any inaccurate information. To do so, a written request should be sent to the following address: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, Quebec City, QC, G1K 7M3.

Access to a member's personal information will be limited to Industrial Alliance's employees, agents, reinsurance and service providers in the performance of their jobs, individuals to whom you have granted access, and persons authorized by law.

For the purpose of audits and administrative reporting, Industrial Alliance may release to the member's employer/policyholder statistical financial information without personal identifiers.