

Dear Claimant,

As requested, here is the Proof of Eligible Debt form that needs to be completed to determine if your debt meets the requirements for a claim under your Empire Life Disability Credit Protect coverage.

Here's what you need to do:

- Complete a separate Proof of Eligible Debt form for each debt. The form should be completed and signed by the Life Insured or corporate Owner who owes the debt.
- Provide the required supporting documents for each debt. Please note that we may need additional information to complete our assessment. If we do, we will notify you of the additional information we require.

Return the documents to us in any of these ways:

By mail: Empire Life
Retail Claims
259 King St East
Kingston ON K7L 3A8

By fax: 1 800 419-4051

By email: Scan the documents and send to individualclaims@empire.ca

We will review the information to confirm you have an eligible debt as described in your policy contract. If you do, we will provide you with the remaining portion of the claim package required to further assess your claim.

If you require assistance with the forms or have questions, please contact Customer Service at 1 800 561-1268.

Retail Claims



PROOF OF ELIGIBLE DEBT

To be completed by the Life Insured or corporate Owner who owes the debt. Complete a separate form for each debt.

The Life Insured or corporate Owner is responsible for making all payments on any debts by their due dates. The Empire Life Insurance Company assumes no liability for any payments on debts or any related penalties or fees charged if payments on debts are not made or not made by their due dates.

1. Name of Life Insured (first, middle, last)/legal name of corporate Owner			Policy number
Debt effective date (dd/mmm/yyyy)	Date of most recent payment (dd/mmm/yyyy)	Outstanding balance \$	Monthly payment amount \$
Is this debt insured for disability benefits with the lender or other insurance provider <input type="radio"/> yes <input type="radio"/> no			

2. Select the type of debt for which you are claiming a monthly benefit:

Eligible debts include the following debts that the Life Insured or corporate Owner is legally responsible for as a borrower or co-borrower, lessee or co-lessee, or tenant or co-tenant, subject to any exclusions in the policy (see policy contract for details):

- Car, truck, motorcycle, boat or RV loan with a financial institution.
- Student loan with a financial institution.
- Loan for renovations with a financial institution.
- Mortgage with a financial institution for a residential property (principal and interest only, property tax payments are not eligible).
- Vehicle lease.
- Residential property lease (where the Life Insured is a tenant, provided the Life Insured does not have a mortgage or a home equity line of credit). The lease must be for a minimum of one year. The landlord cannot be, or be directly or indirectly controlled by, the Life Insured, the corporate Owner, or a relative or business associate of either.
- Line of credit with a financial institution.
- Commercial loan with a financial institution (where the corporate Owner is the borrower and the Life Insured directly or indirectly controls the corporate Owner).

The following are not considered eligible debts:

- Loans or leases entered into by the Life Insured or corporate Owner within 120 days prior to the onset of disability (as defined in the policy contract);
- Loans or leases entered into by the Life Insured or corporate Owner after the onset of disability (as defined in the policy contract);
- Loans or leases covered under other disability insurance;
- Loans or leases between individuals or persons that are related persons or otherwise not dealing at arm's length as those terms are defined in the Income Tax Act (R.S.C., 1985, c. 1 (5th Supp.));
- Credit card balances;
- Commercial loans for buildings with 7 units or more; or
- Living benefit advance or policy loans on a life insurance policy.

3. Declaration and Acknowledgement

- I declare that the answers given in this form and the information in the debt documents provided are true, full, and complete.
- I acknowledge that Empire Life is not confirming the validity of any claim or waiving any of its rights in defence of any claim arising under the policy by furnishing this form, or by providing additional forms to support a claim.

A photocopy of this form will be as valid as the original.

By signing below, I confirm that I have read, understood and agree to the statements in the Declaration and Acknowledgement.

Signature of the Life Insured or corporate Owner who owes the debt X	Date (dd/mmm/yyyy)	Phone number
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PLEASE ATTACH:

- A copy of the debt documents from the lender, lessor or landlord confirming:
1. The Life Insured or corporate Owner is the borrower or co-borrower, lessee or co-lessee, or tenant or co-tenant, **AND**
 2. **a. For loans:** the name of the lender, the effective date of the loan, the outstanding balance owing on the loan, the date the loan is expected to be paid in full and the required monthly payment amount; or
 - b. For a line of credit:** the actual monthly payment amounts for the last six months, or
 - c. For residential leases:** a copy of a residential lease agreement that shows the Life Insured or corporate Owner is the tenant, the name of the landlord, the required monthly rent payment and the expiry date of the lease.