

Please print clearly.  
All sections must be completed in full.

**Complete this Affidavit and Declaration if you are submitting a claim under the Return to Canada Benefit due to the death of an immediate family member.**

If you are submitting a claim under the Return to Canada Benefit as a result of a natural disaster which has caused damaged to your principal residence, do not submit this Affidavit and Declaration.

If you have returned to Canada for any other reason call 1-888-311-4761 for more information on the submission of your claim.

Name of Insured:			
Date of Birth:		Policy Number:	

### SWORN STATEMENT IN SUPPORT OF A CLAIM FOR BENEFITS

THIS SWORN STATEMENT IS MADE FOR THE SOLE PURPOSE OF supporting a claim for "Return to Canada" benefits under Policy # \_\_\_\_\_.

I, \_\_\_\_\_, of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_  
MAKE OATH AND SAY AS FOLLOWS:

- I am the \_\_\_\_\_ (print family relationship to deceased) of \_\_\_\_\_ (print name of deceased);
- I have returned to Canada as a result of the death of the above named immediate family member.
- I further declare that:  
\_\_\_\_\_ (print name of deceased) was not hospitalized within the 30 days prior to the Effective Date or Trip Start Date of my Medipac policy; and/or the death or hospitalization of \_\_\_\_\_ (print name of deceased) was not expected when I purchased the MedipacPLUS Policy Endorsement.
- I acknowledge that a misstatement on this form may result in the denial of covered expenses under the Return to Canada Benefit of the MedipacPLUS Policy Endorsement.
- I make this sworn statement in support of an application for benefits under the Policy, and for no illegal or improper purpose.

\_\_\_\_\_  
Signature of Insured

SWORN before me at \_\_\_\_\_ (city),  
\_\_\_\_\_ (province)  
on this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Witness (unrelated adult)

\_\_\_\_\_  
Name of Witness (please print)