



180 Lesmill Rd Toronto, Ontario M3B 2T5
 Tel. (416) 441-7073 or Toll Free: 1-888 311-4761

Please 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 please call 1-888-311-4761 for more information on the submission of your claim.

First Name:			
Last Name:			
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 # _____ (the "Policy").

I, _____, of the City of _____, in the Province of _____

MAKE OATH AND SAY AS FOLLOWS:

1. I am the _____ (print family relationship to deceased) of _____ (print name of deceased);
2. I have returned to Canada as a result of the death of the above named immediate family member.
3. I further declare that:
 _____ (print name of deceased) was not hospitalized within the 90 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.
4. 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.
5. I make this sworn statement in support of an application for benefits under the Policy, and for no illegal or improper purpose.

SWORN before me at the _____)
 City of _____, in _____)
 the Province of _____)
 this _____ day of _____, 20____.)
 _____)
 _____)

 Signature of Insured/Claimant

Witness Signature (unrelated adult)
 Print name: _____