

Lifetime Milestone Support Claim

IMPORTANT!

Trans Global Insurance Company is pleased to provide you with this claims package. There are some important points we would like to bring to your attention, to ensure that the claim is processed as fast as possible:

- 1. Please ensure that every field is fully completed by yourself, and your employer (if applicable).
- 2. Please ensure that you enter your email address in "Section 1: Claimant's Information". With your consent, Trans Global Insurance will send most claims communications by email to you, and we want to be sure that you are always up to date with the status of the claim.

Before submitting the claims package, please ensure that you thoroughly go over the 'Claims Checklist' to ensure you have everything complete and your supporting documentation is attached. While email is preferred, you can always submit your completed claims package to Trans Global Insurance using any of the four methods below:

Claims Info: 1-844-930-6022 **Trans Global Insurance Company** 275, 16930 114 Ave NW., Claims Fax: **1-844-930-6021** Edmonton AB, T5M 3S2 Claims Email: forms@transglobalinsurance.ca

Claimant	 Please ensure your complete claims package is faxed/emailed to the contact information above for Trans Global Insurance Please watch for email confirmation from Trans Global Insurance that the claims package was received (If you are sending photographs of the claims package, please ensure that your photographs are
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Claims Checklist			
Please note that ALL claims information must be received in order to process the			
claim (Please check boxes when completed)			
Claims Package completed in full?			
Additional Information included? other supporting documentation (if applicable)			
ΙΜΡΟRΤΔΝΤ			

<u>IIVIPORTAINT</u>

- 1. Trans Global Insurance must be notified within 90 days of your Lifetime Milestone Event.
- 2. The completed claims package must be submitted at the address indicated above within 90 days of the date of your Lifetime Milestone Event

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Section 1: CLAIMANT'S INFORMATION (To be completed by the Insured/Claimant - Please Print Clearly)					
Claimant's Name _	(Last)	(First)	(Initial)		
	ail: rocess the claim as efficiently as possible, most written communeceiving information related to your claim from TGI. Please ensur	e you check all mailboxes for er			
Address	(Number, street, apartment number)	(City) (Prov.)	(Postal code)		
Telephone No. () Date of Birth (i	nm/dd/vyyy)			
DECLARATION & A law enforcement agrecords, data or info TGI to share the info waive the right for sull understand why I	AUTHORIZATION: I certify that the information given here is true a ency, fire department or other organization, or person having any remation to the TRANS GLOBAL INSURANCE GROUP or its authorization on this form with whatever parties it deems necessary to puch information to be privileged. A reproduction of this authorization have been asked to disclose this information and the risks and onsent at any time, but that if I do, the Insurer will not be able to	nd correct. I AUTHORIZE my emecords, data or information concerized representative (collectively process my claim. I understand the shall be as valid as the original.	erning this claim to furnish such "TGI") as requested. I also authorize hat in executing this authorization, I sing to consent. I understand that I		
Cl	aimant's Name Signature		Date Signed		
	Section 2: Supporting Documentation for select one of the following and provide the supporting documentation for the support of the support o	entation required with the com	pleted claims package)		
Lifet	ime Milestone Claimed (select one)	1. 5	mentation Required		
	Retirement (Limit of one (1) time)	Letter from your employer Record of Employment sho	indicating retirement or, your owing employment status		
	Purchase of a home used as a principal residence	Real estate purchase agre-	ement or deed of trust		
	Birth or adoption of a child	Birth certificate or adoption	papers		
Yours Spouse Child	Post Secondary graduation or professional certification/designation	Degree/Diploma or docume certification/designation	entation of professional		
Yours Child	Marriage	Marriage certificate			
	Final Payment of your mortgage	Mortgage statement showi	ng final payment		