



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:

Trans Global Insurance Company 16902 137 Ave NW., Edmonton AB, T5V 0C8	Claims Info: 1-844-930-6022 Claims Fax: 1-844-930-6021 Claims Email: forms@transglobalinsurance.ca
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Claimant	<ul style="list-style-type: none"> • Please ensure your complete claims package is faxed/mailed 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 clear)
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<h3>Claims Checklist</h3> <p>Please note that ALL claims information must be received in order to process the claim</p> <p>(Please check boxes when completed)</p>

Claims Package completed in full?	
Additional Information included? other supporting documentation (if applicable)	

<h3><u>IMPORTANT</u></h3> <ol style="list-style-type: none"> 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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Lifetime Milestone Support Claim

Section 1: CLAIMANT'S INFORMATION (To be completed by the Insured/Claimant - Please Print Clearly)

Claimant's Name _____
(Last) (First) (Initial)

Claimant Email: _____

In order to process the claim as efficiently as possible, most written communication is sent via email. By providing your email above, you consent to receiving information related to your claim from TGI. Please ensure you check all mailboxes for emails from TGI at the domain **@transglobalinsurance.ca**

Address _____
(Number, street, apartment number) (City) (Prov.) (Postal code)

Telephone No. (_____) _____ Date of Birth(mm/dd/yyyy) _____

WARNING: Any persons who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may constitute a crime and may also be subject to civil penalties

DECLARATION & AUTHORIZATION: I certify that the information given here is true and correct. I AUTHORIZE my employer, physician, hospital, insurer, law enforcement agency, fire department or other organization, or person having any records, data or information concerning this claim to furnish such records, data or information to the TRANS GLOBAL INSURANCE GROUP or its authorized representative (collectively "TGI") as requested. I also authorize TGI to share the information on this form with whatever parties it deems necessary to process my claim. I understand that in executing this authorization, I waive the right for such information to be privileged. A reproduction of this authorization shall be as valid as the original.

I understand why I have been asked to disclose this information and the risks and benefits of consenting or refusing to consent. I understand that I can withdraw my consent at any time, but that if I do, the Insurer will not be able to assess my claim and will not pay benefits.

_____ Claimant's Name _____ Signature _____ Date Signed _____

Section 2: Supporting Documentation for Lifetime Milestone Support

(Please select one of the following and provide the supporting documentation required with the completed claims package)

	Lifetime Milestone Claimed (select one)	Supporting Documentation Required
<input type="checkbox"/>	Retirement (Limit of one (1) time)	Letter from your employer indicating retirement or, your Record of Employment showing employment status
<input type="checkbox"/>	Purchase of a home used as a principal residence	Real estate purchase agreement or deed of trust
<input type="checkbox"/>	Birth or adoption of a child	Birth certificate or adoption papers
<input type="checkbox"/> Yours <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Post Secondary graduation or professional certification/designation	Degree/Diploma or documentation of professional certification/designation
<input type="checkbox"/> Yours <input type="checkbox"/> Child	Marriage	Marriage certificate
<input type="checkbox"/>	Final Payment of your mortgage	Mortgage statement showing final payment