Manulife Financial

Group Benefits
Attending Physician's or Coroner's Statement for Accidental Death

If there is a charge for the completion of this form, payment is the responsibility of the claimant. Please print clearly.

Completed reports should be returned to:

Plan contract number(s)	Division number	Union local	Plan member certificate number

Plan administrator's name (last, first, middle initial)

Plan administrator's mailing address (number, street)	City	Province	Postal code

Attending physician's or coroner's statement for accidental death

Deceased's name (last, first, middle initial)	Date of injury (dd/mmm/yyyy)	Date of death (dd/mmm/yyyy)

What was the precise nature and extent of the injury?

What was the primary or immediate cause of death?

Was the deceased ever treated for a similar condition?

◯ Yes ◯ No If "Yes," where and by whom?

Were there any contributing or remote causes of death?

◯ Yes ◯ No If "Yes," what were they?

Was the injury, described above, by itself and independent of all other causes, sufficient to cause death?

◯ Yes ◯ No If "No," please explain fully.

At the time of the injury, was the deceased under the influence of alcohol or narcotic drugs?

◯ Yes ◯ No If "Yes," please show blood alcohol content and type of drug.

Blood alcohol content	Type of drug

Was an autopsy performed? ◯ Yes ◯ No

Please complete page 10 of this form.

Attending physician's or coroner's personal information

Attending physician's or coroner's full name			Degree or qualification
Address (number, street)	City	Province	Postal code
Area code and phone number			

Attending physician's or coroner's signature

Attending physician's or coroner's signature	Date signed (dd/mmm/yyyy)
x	

The information in this statement will be kept in a group life, health, or disability benefits file with Manulife Financial and might be accessible by third parties to whom access has been granted or those authorized by law. By providing the information you consent to such unedited release of any information contained herein.