Claim checklist

COMBINED®
A Chubb Benefits Company

Please provide the documents below based on your claim type and policy eligibility.

Claim form to complete (all claims)

Claim form	What to send	Check
Claimant's statement	Did you complete your side of the claim form?	☐
Consent and authorization *(Section 4)*	Did you sign the authorization section of the claim form?	☐
Attending physician's statement	Did the doctor complete the physician's statement?	☐

Accident and Sickness claims

Where applicable (check policy for eligibility)

Claim type	What to send	Check
Sickness claim within 24 months of the issue date	Did you provide your family doctor's name and contact information (consulted 1 year prior to the issue date of the policy)?	☐
Fracture	Did you sustain a fracture? Please provide the X-ray report.	☐
Outpatient surgery	Did you have outpatient surgery? Please provide the surgery report.	☐
Hospitalization - Record of Hospital Care form	Were you hospitalized? Please provide the Record of Hospital Care form completed by Health Records ***(unit must be identified).***	☐
Ambulance	Did you take an ambulance to the hospital? Please provide the invoice showing the service date, destination, and amount.	☐
Physical therapy treatment	Did you have physiotherapy treatment? Please provide the referral note and confirmation from the physiotherapist showing the dates of all appointments attended.	☐
Medical Appliance Benefit	Did you purchase a medical appliance? Please provide a copy of the prescription and the invoice showing the name and cost of the appliance.	☐

Income Guard claims

Claim type	What to send	Check
Income Guard claims	Section 5 of Accident/Sickness claim form completed or the Income Guard claim form completed in full.	☐
Income rider	Proof of income. If receiving social benefits, please confirm the type and amount of social benefit on the claim form. (*See Section 5 for details.*)	☐
Loan rider	Proof of loan, including a copy of the loan contract. (*See Section 5 for details.*)	☐

COMBINED®
A Chubb Benefits Company

Cancer claims

Claim type	What to send	Check
Cancer	Biopsy or pathology report confirming diagnosis.	☐
If a biopsy is not medically possible	All test results supporting the diagnosis, plus medical confirmation explaining why a biopsy was not possible.	☐
Hospitalization/chemotherapy/ radiation therapy	Record of Hospital Care for cancer completed by Health Records. If the hospital prepares its own document, it should not include pre-treatment workups, follow-up visits, or laboratory tests.	☐

Critical Illness claims

Claim type	What to send	Check
Heart attack	All testing results confirming diagnosis *(must include ECG/EKG results and labs showing troponin levels).*	☐
Stroke	All testing results confirming diagnosis *(including MRI, CT scans, and any other neurological exams).*	☐
Coronary artery bypass graft *(CABG)* surgery	Surgical report confirming the CABG surgery.	☐
Heart valve replacement	Surgical report confirming heart valve replacement.	☐
Aortic surgery *(thoracic or abdominal)*	Surgical report confirming excision and surgical replacement of diseased thoracic or abdominal aorta with graft.	☐
Cancer	Biopsy or pathology report confirming diagnosis.	☐
Other conditions	All consultation reports, test results, and surgery reports confirming diagnosis or loss being claimed.	☐

Death claims

Claim type	What to send	Check
Accidental Death *(Accident policies)*	Provincial proof of death or funeral director's death certificate.	☐
	Life claim forms *(accident or sickness, based on cause of death).*	☐
	Coroner's report/autopsy report.	☐
All Life claims *(Life policy)*	Provincial proof of death or funeral director's death certificate.	☐
	Copy of the last will and testament and the executor's contact details.	☐
Life claims over $10,000	Two valid forms of IDs *(driver's license, passport or health card number)* for each beneficiary if known.	☐
	If beneficiary not known, contact details *(telephone number and address)* of the executor or next of kin.	☐