



# Supplementary Statement of Disability

P.O. Box 4241, Station A  
Toronto, ON M5W 5R3  
ivari.ca

## Claimant's information

Policy number		Regular occupation before disability	
First name		Last name	
Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Email address		Home phone	Mobile phone

## Please complete in full. Any incomplete information may delay the review of your claim.

**1** I expect to resume/I have been able to resume: part of my or any duties on \_\_\_\_\_ # of hours per day.  
(DD/MM/YYYY)  
 regular full time work on \_\_\_\_\_  
(DD/MM/YYYY)  
 Details:

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**2** What are your present restrictions?

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**3** How do these interfere with performing the specific duties of your regular job?

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**4** What are your present activities? Rehabilitation Physical Vocational Other \_\_\_\_\_  
 School or home courses Other. (Hobbies, handiwork, home jobs, volunteering, etc.)

If you chose any of the above, please describe:

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### Supplementary Statement of Disability

5 Please provide dates of any medical treatment since your last statement.

DATE (DD/MM/YYYY)	TREATMENT

Names and address of all physicians consulted on these dates.

DATE (DD/MM/YYYY)	NAME AND ADDRESS OF PHYSICIAN

If hospitalized since your last statement, please provide name and address of hospital(s).

DATES OF HOSPITALIZATION (DD/MM/YYYY)	NAME OF HOSPITAL	ADDRESS

6 Are you eligible for, or receiving any other disability benefits, including any government benefits?    Yes    No    If "yes," please list:

COMPANY/GOVERNMENT AGENCY	POLICY NUMBER	AMOUNT

### Remarks

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## Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

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ivari's Privacy Policy, available at [ivari.ca](http://ivari.ca), tells you how ivari will handle your personal information as an Insured and/or Claimant. It also tells you about your rights and choices.

In summary:

**ivari uses your personal information for the following purposes:**

- Verifying your identity;
- Evaluating any forms you submit about the insurance policies you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

**When required as part of our claims analysis, we may also collect your personal information from external sources** such as health care facilities or providers, investigative agencies and/or consumer and credit reporting agencies, and others.

**When required, ivari may share your personal information with trusted third parties**, including service providers retained by ivari to assist in administering ivari policies, ivari's reinsurers; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, your family physician or treating medical practitioner and other insurance companies to whom a claim for benefits may be submitted.

**It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.**

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: [privacyoffice@ivari.ca](mailto:privacyoffice@ivari.ca).**

**You can see ivari's full Privacy Policy online at [ivari.ca](http://ivari.ca). Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.**

### CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on [ivari.ca](http://ivari.ca).
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

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Signature of **Insured**

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Signature of **Claimant**

**Certification**

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this form.
- I have read and fully understood the contents of this form, and I acknowledge and agree to its terms.
- The statements are true and complete to the best of my knowledge and belief. In the event of a false or misleading statement in the making of this claim, the policy can be voided, payment of benefits denied and past claims payments recovered. I hereby agree to refund to ivari, the amount of any payments made in the event that such amounts should not have been paid in respect of my claim for benefits.

This authorization does not have any expiry date and it will remain valid for as long as I am claiming eligibility for benefits or services from ivari. I, the undersigned, agree that a photocopy or electronic copy of this authorization as executed by me will be as valid as the original.

_____ Signature of Claimant	_____ Signature of Witness
_____ Name of Claimant	_____ Name of Witness
Date: _____ (DD/MM/YYYY)	Date: _____ (DD/MM/YYYY)

**TO AVOID DELAYS IN PROCESSING YOUR CLAIM, PLEASE ENSURE THAT ALL SECTIONS OF THIS STATEMENT HAVE BEEN COMPLETED THOROUGHLY**



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-855-806-5057 • [claimsdepartment@ivari.ca](mailto:claimsdepartment@ivari.ca)



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