



## **NOTICE OF HOME CARE**

### **CLAIMANT'S STATEMENT** (please print)

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Policy Number \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Do you currently need another person's help in performing any activities of daily living, such as  
 bathing    dressing    toileting    eating    walking indoors    transferring from bed to chair    controlling  
bladder or bowel functions    taking medications as prescribed ? \_\_\_\_\_

\_\_\_\_\_

Name of Home Care Provider \_\_\_\_\_

Date Home Care Commenced \_\_\_\_\_

Telephone Number \_\_\_\_\_

Describe the services required \_\_\_\_\_

\_\_\_\_\_

Outline the cost and frequency of required care \_\_\_\_\_

\_\_\_\_\_

Source and amount of applicable provincial benefits \_\_\_\_\_

\_\_\_\_\_

Do you own Long Term Care coverages of any kind with any other Insurance Company?   Yes    No    If yes, complete below:

| Name of Company | Weekly/Monthly<br>Amount of Benefit | Waiting Period<br>for benefits |
|-----------------|-------------------------------------|--------------------------------|
| _____           | _____                               | _____                          |
| _____           | _____                               | _____                          |
| _____           | _____                               | _____                          |

I authorize any health care professional, health or social service establishment, insurance company, the Medical Information Bureau, financial institution, personal information agents or security agencies, my current employer or any former employer and public body holding personal information concerning me, particularly medical information, to supply this information to RBC Life Insurance Company and its reinsurers. Such information will be provided for investigations necessary to adjudicate my claim or assess the validity of the policy as issued.

I understand that if I refuse to provide this information, RBC Life Insurance Company will be unable to adjudicate my claim or assess the validity of the policy as issued.

A photocopy of the signed authorization to obtain this information will be as legally valid as the original.

This authorization will be valid until revoked by written notice to RBC Life Insurance Company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
SOCIAL INSURANCE NUMBER