



180 Lesmill Rd Toronto, Ontario M3B 2T5
Tel. (416) 441-7073 or Toll Free: 1-888 311-4761

Please complete this Affidavit and Declaration if you are submitting a claim under the Return to Canada Benefit due to the death of an immediate family member.

If you are submitting a claim under the Return to Canada Benefit as a result of a natural disaster which has caused damage to your principal residence, **do not** submit this Affidavit and Declaration.

If you have returned to Canada for **any other reason** please call 1-888-311-4761 for more information on the submission of your claim.

First Name:			
Last Name:			
Date of Birth:		Policy Number:	

Affidavit and Declaration

I, _____ (*print name*) hereby declare:

that _____ (*print name of deceased*) is my

_____ (*print family relationship to deceased*); and

that I have returned to Canada as a result of the death of the above named immediate family member.

I acknowledge that a misstatement on this form may result in the denial of covered expenses under the Return to Canada Benefit of the Medipac Travel Emergency Medical Insurance Policy.

Signed this _____ day of _____, 20____.

_____ (*Signature*)

I declare this document was signed before me this _____ day of _____, 20____.

_____ (*Name of Witness other than a relative*)

_____ (*Witness Signature*)