



Guardian Life Centre, 12 Trafalgar Road, P.O. Box 408, Kingston 5

EMPLOYEE BENEFITS DIVISION
CERTIFICATE OF DEATH
EB 201

QUESTIONS TO BE ANSWERED BY THE MEDICAL PRACTITIONER WHO ATTENDED THE LATE

APPROXIMATE AGE WHO DIED AT

(Name of Deceased/Member)

ON (Date)

GROUP # MEMBER NO. TRN

Table with 2 columns: Questions and ANSWERS. Contains 7 sets of questions regarding medical attendance, cause of death, and accident details.

I, of

do hereby declare that my answers to the above questions are true and correct and to the best of my knowledge and belief.

I agree that my client data may be shared with Guardian Life's group corporate structure which includes its parent company, subsidiaries, associated and affiliated companies as well as with credit bureaus and regulators in and outside of the jurisdictions in which Guardian Life operates.

Dated at this day of 20

Signature

STAMP HERE

Medical Qualifications

Address Telephone #