



# CLAIM PROCEDURES

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POLICY NUMBER: 9226694

POLICY NAME: JUDO CANADA

CLAIM FORMS ARE TO BE COMPLETED BY THE INSURED AT THE LOCAL JUDO BRANCH AND FORWARDED TO JUDO CANADA IN OTTAWA FOR CONFIRMATION OF MEMBERSHIP. JUDO CANADA OTTAWA WILL IN TURN SEND THE FORMS ONTO:

AXA Assurances Inc.  
Suite 1400, 645 – 7<sup>th</sup> Avenue S.W.  
Calgary, Alberta T2P 4G8  
Attention: Accident & Sickness Claims

Should any questions arise pertaining to the claim, we will be in contact directly with the Insured.

PLEASE VISIT OUR WEBSITE AT [www.axa.ca](http://www.axa.ca) FOR ADDITIONAL CLAIM FORMS.

IF YOU REQUIRE ASSISTANCE, PLEASE CONTACT CINDY COLLIER AT AXA AT 1-800-665-8592.

THANK YOU FOR YOUR CO-OPERATION,

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**NOTE: CLAIMS THAT ARE SUBMITTED MORE THAN ONE YEAR AFTER THE DATE OF INJURY WILL NOT BE CONSIDERED.**

**AXA ASSURANCES INC.**

645-7th Avenue S.W., Suite 1400, Calgary, Alberta T2P 4G8  
Telephone : 403 261-3100, Fax : 403 261-3101



# Consent to collect, use and disclose personal information

## (Accident and Sickness Claims)

I authorize AXA Assurances Inc. and its authorized representatives to collect, use, and disclose personal information about me and, where applicable, my dependent children as permitted by law from and to the following persons and organizations:

- any licensed medical practitioner or licensed health professional, hospital, clinic or medically related facility;
- any other insurance company or financial institution, including any reinsurance company;
- any other person or organization with information relevant to my claim; and
- any person or organization that provides information services or insurance services to, or that acts as insurance intermediary for AXA Assurances Inc.;

for the following purposes:

- establishing and maintaining communications with me;
- underwriting group risks on a prudent basis;
- investigating and settling claims;
- detecting and preventing fraud;
- offering and providing products and services to meet my needs;
- compiling insurance statistics; and
- complying with the law.

The personal information collected by AXA Assurances Inc. will be entered into a file whose subject is accident and sickness insurance. The file will be kept at AXA Assurances Inc. offices. Within AXA Assurances Inc., this file will only be accessed by those employees who require access in order to fulfill the purposes listed above. I understand that I may access my personal information contained in this file and correct such information if necessary by directing a written request to:

Privacy Officer  
AXA Assurances Inc.  
2020, University Street  
Suite 700  
Montréal, Québec H3A 2A5

This consent shall be valid for the length of time necessary for AXA Assurances Inc. to achieve the purposes listed above. I may withdraw this consent at any time by giving AXA Assurances Inc. written notice of withdrawal. I understand that withdrawal of my consent might result in AXA Assurances Inc. being unable to provide me with a product or service.

A copy of this consent shall be considered as effective and valid as the original.

Date of the occurrence      D      M      Y Cause (accident, illness, etc.): \_\_\_\_\_

Signature of Insured \_\_\_\_\_ Print Name \_\_\_\_\_ Policy Number **9226694**

Date      D      M      Y Telephone (      ) \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Where the claim is for the Accidental Death of the Insured Person, this consent must be signed by their authorized representative, and shall apply to both the Insured Person and the authorized representative:

Signature of Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date      D      M      Y

Relationship to the Insured: \_\_\_\_\_

The completed authorization can be returned to AXA Assurances Inc. at any of the following addresses:

**1075 Bay Street, Toronto, Ontario M5S 2W5**  
**2020 University Street, Suite 700, Montreal, Quebec H3A 2A5**  
**645 – 7<sup>th</sup> Avenue S.W., Suite 1400, Calgary, Alberta T2P 4G8**



