SUTTON
SPECIAL RISK

Attending Physician's Statement
(Specialist only)

Phone: 416.366.2223
Toll Free: 1.800.461.3292

Proof of Dismemberment

PLEASE PRINT

Name of patient: _____ _____
Last Name First Name Date of Birth (mm/dd/yyyy)

1. Please provide a brief outline of the medical history leading to your patient's loss of or loss of use of limbs.

_____

_____

_____

2. When did your patient first consult you for this condition? (mm/dd/yyyy) _____

3. When did the accident occur (mm/dd/yyyy)

_____

4. Please describe the following:
   a) Which limbs are affected? _____
   b) Level at which severance occurred for the affected limbs.

   _____
   c) The underlying cause of this condition. _____

5. Is the loss of limbs permanent without any contemplation of reattachment or transplantation?

_____

_____

_____

6. Please give the names and addresses of other physicians consulted or hospitals attended by your patient for this condition.

Name of Physician or Hospital	**Address** (number, street, city, province, postal code)	**Date From** (mm/dd/yyyy)	**Date To** (mm/dd/yyyy)

PLEASE SEE OVER

Return Completed Forms to Sutton Special Risk
33 Yonge St, Suite 270
Toronto, ON M5E 1G4

9. Please provide any other information that would be helpful in the assessment of your patient's claim.

10. Please provide results of all relevant investigations and copies of any specialist or hospital reports.

Authorization

Name (please print)	Specialty		
Street Address	City	Province	Postal Code
Area Code & Telephone Number	Fax number		
Date (mm/dd/yyyy)	Signature		

This form is to be completed by a physician licensed in Canada whose practice is limited to the particular branch of medicine relating to the applicable critical illness. The **Insured Person** is responsible for the completion of this form without expense to the Company.

PERSONAL INFORMATION CONSENT: The information collected on this application for insurance is required for the purposes of considering and, if approved, processing this application for insurance. It may also be used to administer the insurance policy, investigate any claims that may be made under this policy, and for the provision of products and services. This information, and information in existing files, may be used by and exchanged among certain underwriters at Lloyds, London, Sutton Special Risk, their agents, affiliates, partners, subsidiaries, reinsurers and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Subject to legal and contractual requirements, the applicant may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting privacyofficer@suttonspecialrisk.com or by calling 1-800-461-3292 and asking to speak to the privacy officer.