



# Bereaved Child Benefit Application Form

The death of both parents is a tragedy no child should have to face. Through the Bereaved Child Benefit, Serenia Life Financial provides \$500 a month to support member children whose last surviving parent has died, to help provide stability for the transition to a new living situation.

---

## A. ELIGIBILITY REQUIREMENTS

1. Applicant is orphaned by the death of the Applicant's last surviving parent\*;
2. Applicant is less than 19 years of age, and
  - i) A full member of Serenia Life Financial at the time of orphanhood\*\*, or
4. One parent of the Applicant was a member of Serenia Life Financial at their time of death.

*Retroactive benefit payments are limited to the six-month period prior to the date of approval of this application.*

*Serenia Life Financial has the sole right to define and determine the eligible Applicant or parent\* status and any interpretation of this definition made by Serenia Life Financial is final.*

## B. BEREAVED CHILD BENEFIT WILL CEASE UPON

1. The Applicant ceasing to be a member of Serenia Life Financial; or
2. The Applicant being legally adopted by a new Parent; or
3. The Applicant ceasing to attend school for any reason other than being totally and continuously disabled; or
4. The marriage of the Applicant; or
5. The Applicant attaining 19 years of age (except as noted below\*\*\*)

---

## NOTES:

*\*\*Parent\* shall be defined as only one of the following:*

- a) A natural (biological) parent of a minor member who has custody of the minor member;*
- b) An adoptive parent of a minor member who has custody of the minor member; or;*
- c) An individual who has established parentage of the minor member by a Court Order who has custody of the minor member;*

*\*\*If at the time of orphanhood the Applicant is less than 60 days of age and not a member of Serenia Life Financial, the Applicant is eligible for the Bereaved Child Benefit if the Applicant becomes a member of Serenia Life Financial before the Applicant's first birthday.*

*\*\*\*If an Applicant attains the age of 19 years and on that date the Applicant is enrolled in full-time studies at an accredited secondary school or post-secondary institution and none of the events in Section B have occurred, an Applicant may apply for a continuation of the Bereaved Child Benefit. If eligible (as determined by Serenia Life Financial) the monthly benefit will continue to be paid until the earlier of: (i) the Applicant's 23rd birthday; or, (ii) the Applicant receiving a diploma or degree from post-secondary institution; or, (iii) any of the events in Section B occurs; or, (iv) the Applicant ceases to be enrolled in full-time studies at an accredited secondary school or post-secondary institution.*

*To apply for extended benefits, please use form #505A*

OUR MISSION: TO **PROTECT THE FINANCIAL WELL-BEING** OF OUR MEMBERS AND **INSPIRE THEM TO LIVE GENEROUSLY.**

**ON BEHALF OF THE APPLICANT NAMED, I HEREBY APPLY FOR THE BEREAVED CHILD BENEFIT**

APPLICANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

*Serenia Life Financial policy number(s) in force on the life of the Applicant* \_\_\_\_\_

*Applicant resides with:*

NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

*Applicant is supported by:*

NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

*Is the Applicant attending school?*

YES (Grade \_\_\_\_\_ )  NO If "No" and age six or more, state reason: \_\_\_\_\_

*Is the Applicant legally adopted?*  YES  NO

*Has a legal guardian been appointed?*  YES  NO If "Yes" please provide a certified copy of the letters of guardianship.

MOTHER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

*Policy numbers of Serenia Life Financial policies in force at time of death:*

MOTHER'S \_\_\_\_\_ FATHER'S \_\_\_\_\_

*(Please provide a copy of the death certificate for each parent, unless already provided through a Serenia Life Financial death claim submission.)*

*I certify that the above-named Applicant meets the requirements for eligibility as outlined on the reverse of this form, and that none of the reasons for termination of the benefit specified on reverse exist. By signing below, I authorize Serenia Life Financial to use the personal information provided about both me and the Applicant to administer this application for the Bereaved Child Benefit.*

*I authorize Serenia Life Financial, its partners and service providers, to use the personal information provided to inform me about membership benefits, products, and services that may be available. I understand that I may inform Serenia Life Financial, at any time, to stop using my personal information for this purpose.*

NAME \_\_\_\_\_

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*Yes, I would like to receive digital communications from Serenia Life Financial's Head Office and my advisor about products, services, and company information.*

*Serenia Life Financial's benefits and programs are not contractual. They are subject to change and maximum funding limits.*

**OUR MISSION: TO PROTECT THE FINANCIAL WELL-BEING OF OUR MEMBERS AND INSPIRE THEM TO LIVE GENEROUSLY.**