



Please return this completed form and supporting documents to:

Group Operation
400 - 200 Main Street, Winnipeg, MB R3C 1A8

Employer/Applicant's Statement
Group Death Claim Report

A. EMPLOYER'S STATEMENT This section should be completed by the Plan Sponsor or Plan Administrator.

Policy #: G Employer Name: Claimant ID: WLI
Name of Deceased: Employee Dependent
Type and amount of benefit being claimed: Life \$ Accidental Death \$ Optional Life \$
When the deceased is the employee, please provide the following information:
Date of Hire Effective Date of Insurance Last Date Worked
Reason for leaving work Salary/Wages on last date worked \$ Occupation
I hereby declare that to the best of my knowledge, the above statements are true and correct.
Date Signature and Title

B. APPLICANT'S STATEMENT Please refer to the instructions of the reverse side for required supporting documents and additional information.

Information about the deceased:
Deceased's Full Name
Deceased's Full Address
Date of Death Date of Birth
Cause of Death
Information about the Applicant:
Applicant's Full Name
Applicant's Full Address
Applicant's Telephone Number Applicant's Date of Birth
Applicant's Social Insurance Number Relationship to the deceased
In what capacity or on what basis do you claim the insurance? (please check one)
Named Beneficiary Beneficiary's Guardian Estate Executor Trustee Other, please specify:
Do you wish the proceeds to be: Paid in installments Placed on deposit Lump sum payment

C. CONSENT, DISCLOSURE, AUTHORIZATION AND ACKNOWLEDGEMENT

Consent & Disclosure Regarding Personal Information
I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.
You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400 - 200 Main Street, Winnipeg, MB, R3C 1A8 or at www.wawanesalife.com.
Authorization & Acknowledgement
I hereby declare that the foregoing answers are true and complete; that, to the best of my knowledge and belief, I have withheld no material facts from Wawanesa Life and that the foregoing answers and statements are made with the object of securing the benefit claimed.
I authorize all physicians and other persons who have attended the deceased and all hospitals, institutions and government authorities to furnish to the Wawanesa Life Insurance Company all information in their possession or within their knowledge respecting the deceased and confirm a photocopy of this authorization is as valid as the original.
Applicant Signature Date
Applicant Name Witness Signature

For Wawanesa Life Head Office Use Only

Instructions

REQUIRED SUPPORTING DOCUMENTS:

- 1) The Employer should submit the original Group Benefit Application Form and all Notice of Change Form requests, if retained.
- 2) The Applicant should submit the completed claim form and the following documents directly to Wawanesa Life, or indirectly through means of the Employer.

Proof of Death:

* For Life Insurance Claims under \$25,000 (All documents must be originals or notarized copies):

One of the following:

- i) Physician Statement, or
- ii) Provincial Death Certificate, or
- iii) Funeral Director's Statement.

* For Life Insurance Claims \$25,000 or more (All documents must be originals or notarized copies):

Physician Statement, plus one of the following:

- i) Provincial Death Certificate, or
- ii) Funeral Director's Statement.

* For Optional Life Insurance Claims:

Same documentation as outlined for Life Insurance Claims

And

If the insurance or increase in insurance is less than two years old, please also include:

either,

Autopsy report or Medical Examiner's report

Or

Attending Physician's Statement confirming the cause and matter of death.

* For Accidental Death Claims:

Same documentation as outlined for Life Insurance Claims

And

Police Report

And

Coroner's Report or Autopsy Report.

Please note that this Required Supporting Documentation listing is intended to cover the most common situations. Individual circumstances may require additional information before a claim decision can be made.