
Please return supporting documents to:

The Wawanesa Life Insurance Company
Attn: Life - Claims
236 Carlton Street, Winnipeg, Manitoba R3C 1P5
For Inquiries, please call 1-844-318-0411, ext. 3
Email: wawanesalife-claims@wawanesa.com
wawanesalife.com

Claim Checklist:

To ensure the assessment of your Group Critical Illness benefit is completed as quickly as possible, please review the following items and verify they have all been included.

- ☐ Critical Illness Benefit Plan Member Statement form - completed and sign by you
- ☐ Critical Illness Benefit Attending Physician Statement for the covered condition - completed and signed by your physician
- ☐ Medical Chart notes
- ☐ Authorization and Declaration form - signed by you
- ☐ Direct Deposit Authorization signed and completed by you, include a copy of a void cheque