Plan Sponsor Statement - Group Life

Please return this completed form and 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
Fax: 1-855-496-3028 Email: wawanesalife-claims@wawanesa.com
wawanesalife.com

Plan Sponsor Statement (To be completed by the Plan Sponsor)

Plan Sponsor: _____ Group Plan Number: _____

Plan Member Last Name: _____ Plan Member First Name: _____

Plan Member ID: WLI# _____

Type and Amount of Claim

	Plan Member	Spouse	Dependent
Basic Life Insurance			
Optional Life Insurance			
Accidental Death Insurance			
Optional Accidental Death			

Employment Information

Date of Hire (dd/mm/yyyy): _____ Effective Date of Coverage (dd/mm/yyyy): _____

Occupation: _____ Salary/wages at last date worked: _____

Employment Classification: ◯ Full time ◯ Part Time
Hours per week: _____

Date last worked (dd/mm/yyyy): _____ Reason for leaving: _____

I certify that to the best of my knowledge, the above statements are true and correct.

Date (dd/mm/yyyy) _____ Signature _____ Title _____

"Wawanesa" refers to The Wawanesa Life Insurance Company

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