Heart Valve Replacement

Cardiologist Statement (Specialist only)

PLEASE PRINT

Name of patient: _____ _____
Surname First Name Date of Birth (mm/dd/yy)

Address: _____
Number & Street City Province Postal Code

Telephone ( ) _____

1. a) On what date did the patient first consult you for this condition? (MM/DD/YYYY) _____

   b) How long has the insured been your patient? _____

2. To the best of your knowledge:

   a) When was this heart valve condition first diagnosed? _____

   b) First symptomatic? _____

   c) By whom was the diagnosis made? _____

3. Please describe the heart valve problem and **provide a copy of the cardiac ECHO.**

4. Please provide the names and addresses of other physicians consulted, or hospitals attended by your patient for this heart valve replacement.

Name of Physician or Hospital	**Address** (number, street, city , province, postal code)	**Date From** (month, day, year)	**Date To** (month, day, year)

5. **Please provide copies of the operative report for heart valve replacement.**

THE WAWANESA LIFE INSURANCE COMPANY
400-200 Main Street, Winnipeg, Manitoba R3C 1A8
Tel: 1-844-318-0411, #3 Fax: 1-855-496-3028
Email: WawanesaLife-claims@wawanesa.com
wawanesalife.com

6. If there is any further information which, in your opinion, will assist our Medical Director in assessing this claim, please give details:

7. Does patient have other critical illnesses? ❒ Yes ❒ No

If Yes, please identify:

Name (Please print) | Degree

Street Address | City | Province | Postal Code

Area Code & Telephone Number | FAX number

Date (mm/dd/yy) | Signature MD

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 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 Wawanesa Life Insurance Company, their agents, affiliates, partners, subsidiaries, reinsurers, rating agencies 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 privacy@wawanesa.com or by calling 1-888-997-9965 and asking to speak to the Privacy officer.

THE WAWANESA LIFE INSURANCE COMPANY
400-200 Main Street, Winnipeg, Manitoba R3C 1A8
Tel: 1-844-318-0411, #3 Fax: 1-855-496-3028
Email: WawanesaLife-claims@wawanesa.com
wawanesalife.com