



Please return this completed form and supporting documents to:
 Group Benefit Services
 400-200 Main Street, Winnipeg, MB R3C 1A8
 For inquiries, please call 1-800-665-7076

CRITICAL ILLNESS CHECKLIST AND DIRECT DEPOSIT AUTHORIZATION

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 signed by you.
- Critical Illness Benefit Attending Physician Statement for the covered condition - completed and signed by your physician
- Medical Chart notes
- Authorizations and Declarations Form - signed by you
- Direct Deposit Authorization signed and completed by you, include a copy of a void cheque

Direct Deposit Authorization

Direct Deposit is the method of payment by Wawanesa Life. If you have not already signed up, please complete this section.

Initial Request Modification Group Plan # _____ Plan Member ID _____
 Plan Member _____ Telephone Number _____
Last Name First Name

Financial institution name _____

Financial institution address _____

Type of bank account: Chequing Savings

Branch number _____ Account number _____ Institution number _____

Please attach a personalized void cheque with this form.

I hereby authorize The Wawanesa Life Insurance Company ("Wawanesa Life" to deposit my benefit payment to the account and the financial institution specified above. This authority is to remain in full force and effect until Wawanesa Life has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Should Wawanesa Life inadvertently deposit into my account any monies not rightfully belonging to me, I authorize Wawanesa Life to debit my account for such amount.

Signature Date (yy/mm/dd) Account holder signature (if applicable) Date (yy/mm/dd)

For Wawanesa Life use only

Received