



DEATH BENEFIT CHECK LIST

Please return this completed form and supporting documents to:

Wawanesa Life - Claims
400-200 Main Street, Winnipeg, MB R3C 1A8
For inquiries, please call: 1-844-318-0411, #3
Email: WawanesaLife-claims@wawanesa.com
Website: wawanesalife.com

To ensure the assessment of the Group Death Benefit is completed as quickly as possible, please review the following items and verify they have all been included. All documents must be original or notarized copy.

- Death Benefit Plan Sponsor Statement Claimant Statement - to be completed and signed by the Plan Sponsor
- Plan Member's Enrolment form and any Notice of Change forms that are retained by the Plan Sponsor.
- Claimant Statement - to be completed and signed by claimant. If claimant is a minor, information must be completed and signed by the claimant's appointed trustee.
- Authorizations and declarations - to be signed by claimant. If claimant is a minor, signature must be that of the claimant's appointed trustee.

Proof of Claim Documents:

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| (a) Death Benefit and Physician Statement form | (b) Funeral Director's Statement/Certificate |
| (c) Provincial Death Certificate | (d) Medical Examiner/Coroner Report |
| (e) Autopsy and Toxicology Report | (f) Police Report |

For benefit amounts of \$50,000 and under submit the following:

Life: one (1) of (a), (b), or (c)
(total of one document)

Optional Life, if coverage in force less than two (2) years: one (1) of (b) or (c) PLUS one (1) of (a), (b), or (e)
(total of two documents)

Accidental Death: one (1) of (a), (b) or (c) PLUS one (1) of (d) or (e) PLUS (f)
(total of three documents)

For benefit amounts in excess of \$50,000 submit the following:

Life: (a) PLUS one (1) of (b) or (c)
(total of two documents)

Optional Life, if coverage in force less than two (2) years: (a) PLUS one (1) of (b) or (c) PLUS one (1) of (d) or (e)
(total of three documents)

Accidental Death: (a) PLUS one (1) of (b) or (c) PLUS one (1) of (d) or (e) PLUS (f)
(total of four documents)

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.