



**INSTRUCTIONS**

1. This form should be signed and dated by the plan member and sent directly to Wawanesa Life.
2. If further information is required, you will be contacted directly.
3. The employee applies to Wawanesa Life for continuation of insurance beyond the termination age specified in the Policy with respect to the child below who otherwise qualified as a Dependent as defined in the Policy. The named child became incapable of engaging in self-sustaining employment due to a mental or physical disability incurred prior to age 21, or between the ages of 21 and 25 while a full-time student at an accredited school, college, or university, and is dependent upon the employee for support and maintenance.

**EMPLOYER/EMPLOYEE IDENTIFICATION**

1. (a) Name of Employer \_\_\_\_\_ (b) Group Policy Number \_\_\_\_\_

2. Name of Employee Mr.  Mrs.  Miss  Ms.  (c) Claimant ID  
\_\_\_\_\_ WLI  
Last Name First Name

**DEPENDENT INFORMATION**

1. Name of Dependent Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Is the Child employed? Yes  No   
If Yes, Full-time  No. of hours/week \_\_\_\_\_  
Part-time  No. of hours/week \_\_\_\_\_

3. If your child is attaining or is over age 21 and is not a full time student but is dependent upon you for support and maintenance due to a mental or physical disability, they may continue to be insured. Please provide details of your child's condition below:

**STATEMENT OF ATTENDING PHYSICIAN**

1. Incapacity due to  Mental Handicap  Physical Handicap

How long has child been incapacitated?  
Name of attending physician  
Address of attending physician

I authorize any physician who has attended the Dependent child named above to disclose any information regarding the child's personal history, physical or mental condition. I understand that coverage is subject to approval by Wawanesa Life Insurance Company and that continuous coverage is subject to written request for the insurance having been made within 31 days from the date the child attains the termination age specified in the policy. I also understand that any charge by the physician for completing their portion of this application is to be paid by me.

**NOTICE CONCERNING PERSONAL INFORMATION**

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of that information for the purposes listed above.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8.

I hereby acknowledge that the above is complete and accurate.

\_\_\_\_\_  
Signature of Plan Member

\_\_\_\_\_  
Date

For Wawanesa Life Executive Office Use Only