



**INSTRUCTIONS**

1. Dependent child eligibility is confirmed annually. Please complete one form for each dependent child over the age of 21.
2. This form should be signed and dated by the plan member and sent directly to Wawanesa Life.
3. Proof of registration is not required at this time. However, Wawanesa Life reserves the right to, at any time, request you provide documentation from the educational institution confirming full time attendance.

**EMPLOYER/EMPLOYEE IDENTIFICATION**

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

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

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**DEPENDENT INFORMATION**

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

2. Is the child residing with you? Yes  No  If No, explain: \_\_\_\_\_

3. Is the Child a full-time student as defined by the school, college or university they are attending? Yes  No

Name of Educational Institution: \_\_\_\_\_

Location of Institution: \_\_\_\_\_

Term child is attending school or college:  
 September – December  January – April/June  Full School Year (September – April/June)

If your child will graduate at the end of the current school term/year, please advise the date of course completion: \_\_\_\_\_

4. Is the Child employed? Yes  No

If Yes, Full-time  No. of hours/week \_\_\_\_\_  
Part-time  No. of hours/week \_\_\_\_\_

**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