PRINT RESET

Wawanesa Life®

DISABILITY
DEPENDENT CHILD ELIGIBILITY

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

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.
4. If further information is required, you will be contacted directly.

PLAN SPONSOR/ PLAN MEMBER IDENTIFICATION

Name of Plan Sponsor_____ Group Plan#_____

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Name of Plan Member_____ Plan Member ID#_____
Last Name First Name

DEPENDENT CHILD INFORMATION

1. Name of Dependent Child_____ Date of Birth_____ (yyyy/mm/dd)
2. Is the Dependent Child residing with you? ☐ Yes ☐ No If No, explain:_____
3. Is the Dependent Child a student at an educational institution? ☐ Yes ☐ No

   Name of Educational Institution:_____

   Address of Institution:_____

   Term Dependent Child is attending school: ☐ September - December ☐ January - April/June
   ☐ Full School Year (September - April/June)

   If your Dependent Child will graduate at the end of the current school term/year, please advise the date of course completion _____
4. Is the Dependent Child employed? ☐ Yes ☐ No

   If 'Yes', ☐ Full-time No. of hours/week_____ Job title:_____

   ☐ Part-time Duties:_____
5. If your Dependent 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, he/she may continue to be insured. Please provide details of your child's condition below:

   Diagnosis:_____

   Nature and severity of symptoms:_____

   Dependent Child able to preform Activities of Daily Living? (*Detail what he/she can or cannot do*)

   Treatment:

   Name, specialty and address of treating physician/specialist:

DEPENDENT CHILD INFORMATION

Continued

Frequency of visits including date last seen:

Name and dosage of any medication:

Name, specialty of other medical practitioners involved, such as, but not limited to, psychotherapy, physical therapy, etc. Include frequency of such intervention.

NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION – AUTHORIZATION AND ACKNOWLEDGEMENT

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 and that of my Dependent Child 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 coverage 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.

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, Manitoba R3C 1A8.

I hereby acknowledge that the above is complete and accurate.

Signature of Plan Member

Date

For Wawanesa Life Head Office Use Only