



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

## LONG TERM DISABILITY CHECKLIST AND DIRECT DEPOSIT AUTHORIZATION

### Claim Checklist

To ensure the assessment of your Group Long Term Disability benefit is completed as quickly as possible, please review the following items and verify they have all been included.

- Long Term Disability Plan Sponsor Statement form - completed and signed by Plan Sponsor
- Long Term Disability Plan Member Statement form - completed and signed by you
- Long Term Disability Attending Physician Statement form - 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
- Copy of your Birth Certificate

### 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