



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, #4  
 Email: WawanesaLife-claims@wawanesa.com  
 Website: wawanesalife.com

## LONG TERM DISABILITY PLAN SPONSOR STATEMENT

<b>PLAN SPONSOR IDENTIFICATION</b>	Group Plan # _____ Account # _____  Plan Sponsor _____  Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City/Town</span> <span>Province</span> <span>Postal Code</span> </div> Telephone Number: _____ Email Address: _____  Fax: _____
<b>PLAN MEMBER IDENTIFICATION</b>	Plan Member _____ Plan Member ID _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name</span> <span>First Name</span> <span>Initial</span> </div>
<b>EARNINGS INFORMATION</b>  <i>If WCB/WSIB/CSST claim, attach initial report of illness or injury and award notice</i>	Plan Member's salary as of last day worked _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually  Effective date of salary _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd)</div> Has a claim been filed with another wage loss provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', select provider <input type="checkbox"/> WCB/WSIB/CSST <input type="checkbox"/> CPP/QPP <input type="checkbox"/> Auto <input type="checkbox"/> Other, specify _____  Date Filed _____ Decision _____ Amount _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd)</div>
<b>EMPLOYMENT INFORMATION</b>	Effective date of insurance _____ Date of hire _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd) (yy/mm/dd)</div> Last day worked _____ Hours worked _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd)</div> Salary or sick leave benefits paid to: _____ If laid off or on leave, date of commencement and recall _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd)</div> Commencement date _____ Recall date _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd) (yy/mm/dd)</div> Employee Classification: <input type="checkbox"/> Full Time: Hours per week _____ <input type="checkbox"/> Part Time: Hours per week _____ Please explain the Plan Member's typical work week (eg. Monday to Friday, 8 am to 5 pm)  Reason for absence: <input type="checkbox"/> Medical <input type="checkbox"/> Leave of absence <input type="checkbox"/> Dismissed <input type="checkbox"/> Temporary lay-off <input type="checkbox"/> Quit <input type="checkbox"/> Work related accident or sickness <input type="checkbox"/> Strike <input type="checkbox"/> Retired <input type="checkbox"/> Other _____  Has the Plan Member returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No  If 'Yes', please indicate date _____ If 'No', is return to work date know _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd) (yy/mm/dd)</div>
<b>JOB INFORMATION</b>	Plan Member's position/title _____  Effective date of position/title _____ <div style="text-align: center; font-size: x-small;">(yy/mm/dd)</div> What department does the Plan Member work in? _____



**JOB INFORMATION**

*Continued*

For questions A, B, and C,  
 Frequency is defined as follows:  
 Occasionally: 1-20%  
 Frequently: 21-50%  
 Always: 51+%  
 N/A: Not Applicable

What are the essential duties of this job and what percentage of time do they involve?

Duties	Percentage (%)

**A. Work environment - Does the job involve:**

Frequency	O	F	A	N/A	Frequency	O	F	A	N/A
Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damp or humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Above or below ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Mobility - Does the job involve:**

Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching				
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending or crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Strength - Does the job require the Plan Member to carry more than:**

50 lbs / 22.7 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the job require the Plan Member to lift more than:				
20 lbs / 9.1 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 lbs / 22.7 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 lbs / 4.5 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 lbs / 9.1 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					10 lbs / 4.5 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate any equipment used by the Plan Member (eg. computer, drill, etc.)

Type	Percentage (%) of day

Please check the time frame that most accurately reflects the amount of time the Plan Member is required to maintain the following activities before changing position or activity

	At one time (minutes)				Per day (hours)			
	0-30	30-60	60-90	>90	0-2	2-4	4-6	6-8
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much of the Plan Member's time is spent:

Talking	_____ %
Writing	_____ %
Supervising other people	_____ %



<p style="text-align: center;"><b>JOB INFORMATION</b></p> <p style="text-align: center;"><i>Continued</i></p>	<p>Were any modifications made in the Plan Member's job duties as a result of the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please explain and give the effective date.</p>
<p style="text-align: center;"><b>ADDITIONAL INFORMATION</b></p>	<p>Should it be medically supported that the Plan Member return to work on a rehabilitative basis, can such an endeavor be accommodated (<i>eg. gradual return to work, modified work duties, temporary basis, permanent part-time basis, temporary alternate position, permanent alternate position, etc.</i>).</p> <p>Prior to the Plan Member's return to work, are there any employment issues that need to be addressed? If yes, please explain.</p> <p>Please confirm the Plan Member's current employment status, if terminated, please indicate date of termination.</p> <p>Please provide any additional information that you believe should be considered in assessing this claim.</p>
	<p><b>PERSONAL INFORMATION CONSENT:</b> 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 <a href="mailto:privacy@wawanesa.com">privacy@wawanesa.com</a> or by calling 1-888-997-9965 and asking to speak to the Privacy Officer.</p> <p><i>I certify that to the best of my knowledge, the above statements are true and correct.</i></p> <p style="text-align: center;"> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p>