



## GROUP WAIVER OF PREMIUM CHECKLIST

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](mailto:WawanesaLife-claims@wawanesa.com)  
Website: [wawanesalife.com](http://wawanesalife.com)

### Claim Checklist

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

- Waiver of Premium Plan Sponsor Statement Form - completed and signed by Plan Sponsor
- Waiver of Premium Plan Member Statement Form - completed and signed by you
- Authorizations and Declarations Form - signed by you
- Waiver of Premium Physician Statement Form - completed and signed by physician

**PERSONAL INFORMATION CONSENT:** 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 [privacy@wawanesa.com](mailto:privacy@wawanesa.com) or by calling 1-888-997-9965 and asking to speak to the Privacy Officer.