



Notice of Claim Form

This form is to be used for Basic Life, Dependent Life, Life Waiver of Premium, AD&D and Critical Illness
Please answer all questions carefully and completely as this will assist us in providing you the best possible service

This form should be completed in ink (please print) and mailed, faxed or emailed to:

The Wawanesa Life Insurance Company c/o
Unistar Special Risks Inc. Attn: Claims
#105, 1209 - 59th Avenue SE
Calgary, AB T2H 2P6

Email: claims@unistarinc.ca
Fax #: 1-800-364-0754

Early filing of the Notice of Claim will help expedite the claims process

Employer / Policyholder:
Employer/Policyholder Address:
Employer/Policyholder Contact Name:
Employer Email Address:
Employee/Member Name:
Employee's/Member's Home Address:
Employee's/Member's Email Address:
Employee's/Member's Occupation:
Dependent: (Complete only if a Dependent Life Claim) Relationship:
Dependent's Name:
Date of Birth:
Date of Birth:
Date of Birth:

Details of person reporting the Loss:
Relationship to Employee/Member (Please check):
Email Address:
Benefit Claiming under:
Date of Death/Accident/Onset of Illness:
Place of Death/Accident:
Nature of Claim (Illness, Injury, Life, Paralysis) and Brief Description:
Beneficiary in case of Death:
In the event of a Death of an Employee or Member, please complete below or check if
Name of Spouse:
Date of Birth:
Name of Dependent Child(ren):
Date of Birth:
(if more space is needed attach a separate sheet)

Name of person reporting the Loss: (Print) Signature: Date:

Administrator's use only:
Do not write in this box
Initials:
Date Reported (to The Wawanesa Life Insurance Company):
The Wawanesa Life Insurance Company Master Policy Number:
Cert/Div#:
TPA:
TPA Contact:
TPA Email:
Insured Monthly Benefit:
Non-Evidence Max:
If coverage over NEM, was excess medically underwritten:
The Wawanesa Life Insurance Company Master Policy Effective Date:
Unistar's Coverage Effective Date:
Prior Coverage to Unistar?
Prior Carrier:
Prior Coverage Effective Date:
Have any changes been made to the Insured Person's coverage since the date of loss?
Are the premiums for this group paid up to date?
Copy of documents required to submit to The Wawanesa Life Insurance Company Claims Department:

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