Notice of Claim
To be completed by Distributor

Please print and complete all areas to avoid delay in processing claim

SECTION A – EMPLOYEE INFORMATION

Employee Name: ______________________ Date of Birth (dd/mm/yy): ____________

Employee Address: ______________________

Email: ______________________ Telephone No.: ____________

SECTION B - CLAIM INFORMATION

Name of person who suffered loss: ______________________

Relation to Employee? ☐ Same ☐ Spouse ☐ Dependent Child

If claim is for a Dependent, Spouse or Child: Name: ____________ Date of Birth (dd/mm/yy): ____________

Name of person reporting loss: ______________________ Telephone No.: ____________

Relation to Employee? ☐ Same ☐ Spouse ☐ Dependent Child ☐ Beneficiary ☐ Other: ____________

SECTION C - NATURE OF CLAIM

☐**Life** ☐**Dependent Life** ☐**Waiver of Premium** ☐**Critical Illness** ☐**Accidental Death or Dismemberment** ☐**Short-Term Disability** **Long-Term Disability**

Date of Accident/Loss/Death: ______________________ (dd/mm/yy)

Country where Accident/Loss/Death occurred ______________________

For Long Term Disability – Last date worked: ______________________ (dd/mm/yy)

For Life, AD&D and CI - Beneficiary Name ______________________

Please attach Beneficiary Form and/or most recent change form(s)

Beneficiary email address and/or phone: ______________________

Claim Form(s) to be sent to (name): ______________________

via Email (email address): ______________________

or Mail (address): ______________________

Wawanesa Life®

SECTION D – ORGANIZATION INFORMATION

Distributor Name: Unistar Special Risks Inc. Telephone No.: 403 297-0252

Contact Name: Stephanie Colvin Email: claims@unistarinc.ca

EMPLOYER

Name of Policy Holder: ______ Policy Number: ______

Affiliate Employer Name: ______ Group Certificate Number: ______

Name of Employer if Different from Policy Holder: ______

Firm Effective Date (dd/mm/yy): ______ Premium Paid to (dd/mm/yy): ______

For Employer sponsored plans – Standard Waiting Period for Employees: ______ # of Employees in plan: ______

Contact Name: ______ Title:

Address: ______

Telephone No.: ______ Fax: ______ Email: ______

PRIOR COVERAGE:

Was there similar coverage in place prior to this plan? ☐ Yes ☐ No If yes, prior carrier name: ______

Effective Date of prior coverage (dd/mm/yy):______ Amount of Benefit under prior plan: ______

Termination Date of prior plan (dd/mm/yy):______

EMPLOYEE ADMINISTRATIVE DETAILS:

Date of Enrolment in plan (dd/mm/yy): ______ Class / Division: ______

Coverage Option: ______ Premium paid to (dd/mm/yy): ______

Coverage Type (mandatory or optional): ______ Insured Amount: ______

Insured Monthly Benefit ______ Non-Evidence Max: ______

Was insured a late applicant, applicant for optional or excess of NEM benefit amounts? ☐ Yes ☐ No

If yes above, is there a Medically Underwritten Health Statement? ☐ Yes ☐ No

If no, provide details: ______

SECTION E (IF APPLICABLE)

TPA: ______

TPA Contact:______TPA Email: ______

For Disability Claims, are there STD benefits? If yes, who is managing? ______

COPY OF DOCUMENTS REQUIRED TO SUBMIT TO WAWANESA LIFE CLAIMS DEPARTMENT (If Applicable)

- Employer Certificate
- Employee Enrolment Form
- Subsequent-Change of Beneficiary Forms

Please email Notice of Claim to: claims@unistarinc.ca

PERSONAL INFORMATION CONSENT

The information collected on this application for insurance is required for the purpose 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 issues or coverage ceases to be in force. Subject to legal and contractual requirements, the applicants may refuse to consent to the collection, use, or disclosure of their personal information for specific purposes by contacting privacy@wawanesa.com or by calling 1-888-997-9965 and asking to speak to the Privacy Officer.

THE WAWANESA LIFE INSURANCE COMPANY
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