



Group Operation
 400-200 Main Street, Winnipeg, MB R3C 1A8
 1-800-665-7076

**Diversity Group Benefits
 Employee Application Form**

Policy # _____ Employee Name _____
Last Name First Name

BENEFICIARY DESIGNATION

Beneficiary's Name(s)		<input type="checkbox"/> New	<input type="checkbox"/> Change		
Last Name	First Name		Initial	% Allocated	Relationship of Beneficiary to Applicant
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
Total				100%	

The employee can designate or change a beneficiary at any time. Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The Designations that you make should clearly reflect your intentions of who will receive the death benefit proceeds.

You can designate a **Contingent Beneficiary** by attaching a separate page to this application with your instructions and signature.

When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, his/her portion would be made payable to your estate.

If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to him/her. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children. **Please complete the Trustee Designation.**

PLEASE NOTE: The Trustee Designation is ONLY to be completed when a Named Beneficiary is a minor

Trustee Designation: I hereby appoint _____
Name Relationship

as trustee to receive any payments on behalf of _____, the beneficiary that I have designated during his/her minority.

CONSENT, DISCLOSURE, AUTHORIZATION AND ACKNOWLEDGEMENT

Consent & Disclosure Regarding Personal Information

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I recognize that in providing service to me in the future and providing me with the benefits included in the Group Benefits Plan I am enrolling in, Wawanesa Life may need to collect, use and disclose additional personal information about me. I confirm that this consent applies to that personal information as well.

I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of that information for the purposes listed above.

You can obtain further information about *Wawanesa Life's Personal Information Protection Policy* from the Wawanesa Life Head Office at 400 – 200 Main Street, Winnipeg, MB, R3C 1A8 or at www.wawanesalife.com.

Authorization & Acknowledgement

I hereby apply for coverage for which I am, or may become eligible under the Group Insurance Plan issued by Wawanesa Life.

I acknowledge that the information provided is complete and accurate.

I authorize the deduction from my pay for any contributions required under the Group Insurance Plan, if required.

I authorize Wawanesa Life, any healthcare provider, my plan administrator, other insurance companies, or benefit providers working with Wawanesa Life to exchange information, when necessary to determine my eligibility for coverage and to administer the Group Insurance Plan.

Date _____ Signature _____

Yes, I would like to receive information about Eclipse OnLine and Automatic Deposit for claims reimbursement. Email Address: _____