

Plan Sponsor Statement - Sports Accident



Please return this completed form and supporting documents to:

The Wawanesa Life Insurance Company

Attn: Life Claims Department
236 Carlton Street, Winnipeg, Manitoba R3C 1P5
For inquiries, please call 1-844-318-0411
Fax: 1-855-496-3028 Email: wawanesalife-claims@wawanesa.com
wawanesalife.com

Plan Member Contact Information

Plan Member Name: _____ Date of Birth (mm/dd/yyyy): _____

Telephone Number: _____ Home Cell Email: _____

Contact person if plan member is a minor (parent or guardian):

Full Name: _____

Telephone Number: _____ Email: _____

Details of Accident

Date (mm/dd/yyyy) and time of accident: _____

Did the injury occur during a sanctioned game or practice? Yes No

Address where the injury occurred:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Was the member sent to hospital via ambulance? Yes No

Describe in detail how the accident occurred:

Were any other parties involved? Yes No

Describe the injury sustained: _____

Accident report: Included To be submitted

Policy Details

Name of Policy Holder (League/ Association): _____

Policy Number: _____ Effective date of coverage with Wawanesa (mm/dd/yyyy): _____

Date Plan Member enrolled in plan (mm/dd/yyyy): _____

Was the player a regular member or a casual member at the time of the accident? _____

Number of times the individual played at this venue this calendar year? _____

Membership fees paid to (mm/dd/yyyy): _____

Plan Sponsor Contact Information

Plan Sponsor Full Name (First Name, Last Name): _____

Title: _____ Date form completed (mm/dd/yyyy): _____

Email: _____ Telephone Number: _____

Plan Sponsor Signature

Date Signed (mm/dd/yyyy)