



CRITICAL ILLNESS BENEFIT
CONFIDENTIAL PHYSICIAN'S STATEMENT
MULTIPLE SCLEROSIS

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

EMPLOYER/EMPLOYEE IDENTIFICATION

Policy # _____ Employer Name _____ Claimant ID WLI _____

Employee Name _____
First Name Last Name

NOTE: This form should only be completed after the waiting period for your illness has been satisfied. Please refer to your policy contract for the appropriate waiting period.

CLAIM AND RELATED DETAILS

1. a) On what date did the patient first consult you for this condition?

b) How long has the insured been your patient?

2. a) On what date did your patient first have symptoms? What were they?

b) Please outline the clinical course and briefly describe the patient's neurological signs and symptoms, giving dates and durations.

c) On what date was the diagnosis of possible Multiple Sclerosis first discussed with the patient?

3. Please provide:

a) A copy of the imaging report confirming the diagnosis.

b) Names and addresses of other physicians consulted or hospitals attended by your patient for this condition.

c) Name and address of the neurologist who confirmed the diagnosis.

For Head Office Use Only

3.	Please provide:
	a) A copy of the imaging report confirming the diagnosis.
	b) Names and addresses of other physicians consulted or hospitals attended by your patient for this condition.
	c) Name and address of the neurologist who confirmed the diagnosis.
4.	Please provide any other information that would be helpful in the assessment of your patient's claim.
*** Please provide copies of any specialist or hospital records for our Medical Director's review. ***	
Our contract requires that a covered illness be diagnosed by a physician who is not related to the insured. Are you related to the patient? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Physician's Name (Please Print)	_____ Phone Number
_____ Physician's Signature	_____ Date
For Head Office Use Only	

WHEN COMPLETE

**Please send report to: Medical Director, The Wawanesa Life Insurance Company, Group Operation,
400 – 200 Main Street, Winnipeg, Manitoba R3C 1A8**