

Inpatient Health Plan Enrolment/Change Form For employees and dependents



In this form, *you* and *your* refer to the person applying for insurance (i.e the employee). *We, us, our* and *the Company* refer to Sun Life Assurance Company of Canada (the insurer), a member of the Sun Life Financial group of companies.

Please PRINT clearly

1 Coverage applied for at this time

Who is applying for coverage:

- Employee only
- Employee and dependents
- Dependent(s) only (employee previously covered)

Type of coverage:

- Single
- Single + 1 dependent
- Single + 2 dependents or more

2 General information

Information about you

Policy number 50137	Billing Group number	Member identification number
Date you arrived in Canada (dd-mm-yyyy) - -	Employer's name	
First name	Middle initial	Last name <input type="checkbox"/> Male <input type="checkbox"/> Female
Former/maiden name (if applicable)	Date of birth (dd-mm-yyyy) - -	Language <input type="checkbox"/> English <input type="checkbox"/> French
Residence address (street number and name)		Apartment or suite
City	Province	Country Postal code
Telephone (home) - -	Telephone (work) - -	Fax - -
E-mail address		

Information about your spouse (if spouse is applying)

First name	Middle initial	Last name <input type="checkbox"/> Male <input type="checkbox"/> Female
Former/maiden name (if applicable)	Date of birth (dd-mm-yyyy) - -	Language <input type="checkbox"/> English <input type="checkbox"/> French
E-mail address	Date your spouse arrived in Canada (dd-mm-yyyy) - -	

Information about your dependent children (if children are applying)

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)	Arrival date (dd-mm-yyyy)	Gender
			- -	- -	<input type="checkbox"/> Male <input type="checkbox"/> Female
			- -	- -	<input type="checkbox"/> Male <input type="checkbox"/> Female
			- -	- -	<input type="checkbox"/> Male <input type="checkbox"/> Female
			- -	- -	<input type="checkbox"/> Male <input type="checkbox"/> Female

3 Declaration and authorization

I declare that my answers in this enrolment/statement of health form are true and complete and I understand that concealment, misrepresentation and false declaration concerning this enrolment/statement of health will cause the insurance to be void.

I also authorize Sun Life Assurance Company of Canada, its agents, and service providers to share my non-medical information with my plan sponsor for benefits administration and to make necessary payroll deductions which may be required, if my coverage is approved.

I also authorize my plan sponsor to use non-medical information collected in this form for benefits administration and to make any necessary payroll deductions which may be required.

A photocopy or electronic version of this authorization is as valid as the original.

Your signature X		Your spouse's signature (if your spouse is applying for coverage) X	
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —	

Please return this completed form to:

Sun Life Assurance Company of Canada
Client Solutions
P.O. Box 365 Stn Waterloo
Waterloo, ON N2J 4A4

4 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us.

Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.