Extended Health Care Claim Form



- Use this form for **all** medical expenses and services. For dental expenses, please use the *Dental Claim Form*.
- Please print clearly and be sure all sections are complete to avoid delays in processing your claim.
- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign on page 2 and mail your claim to the address at the bottom of page 2. Some plans allow claims to be submitted online at **www.sunlife.ca**.

1 Information about you – be sure to fully complete this section									
Contract number	Member ID number You		our plan sponsor/employer					Preferred language of correspondence	
Your last name First name		First nam	ime		☐ Male □ Female	Date of birth (yyyy-mm-dd)		Daytime phone number	
Your address (street number and name)			Apartment or suite	City Pr			Province	Postal code	

2 Complete this section if you or your spouse are covered under another plan

Send your claims to your own plan first. When you receive your claim statement, send a copy plus copies of your receipts to your spouse's plan to claim any unpaid amount.

Send your spouse's claims to their plan first, then send a copy of their claim statement and receipts to your plan.

Send your children's claims first to the plan of the parent whose birthday falls earlier in the year.

Is your spouse a member of another benefit plan? \Box No \Box Yes If yes, please provide details below.

Spouse's last name	First name	Date of birth (yyyy-mm-dd)	Type of coverage			
			🗌 Single 🔲 Family			
Are you claiming any expenses that are NOT covered under your spouse's plan? 🗌 No 📄 Yes If yes, please specify:						
If your spouse's benefit plan is with Sun Life Financial, do you wa	Member ID number					
Spouse's signature			Date (yyyy-mm-dd)			
X						

Are you also a member of another benefit plan:	in ves, please provide details	JEIOW.
Type of coverage Are you claiming any expenses that	t are NOT covered under your other plan? \Box No \Box Yes	If yes, please specify:
🗌 Single 🔲 Family		
	If your other benefit plan is with Sun Life Financial, do you want us to process the claim through both benefit plans? No Yes	Contract number Member ID number

3 Information about your claim

List the names of all persons for whom you are claiming expenses. Add up all the receipts and insert the total amount claimed. Ensure each receipt clearly indicates the type of expense being claimed.

Person for whom you are makin	g the claim	Date of birth (yyyy-mm-dd)	Relationship to you	Full-time student	Disabled	Amount claimed
Last name	First name			Yes No	□ Yes □ No	\$
Last name	First name			□ Yes □ No	□ Yes □ No	\$
Last name	First name			□ Yes □ No	Yes No	\$
Last name	First name			□ Yes □ No	□ Yes □ No	\$
	·	·	·	1		Total claimed \$
Are you attaching receipts for out-of-Canada expenses? In No If yes, tell us the date of departure from claimant's home province. Ensure			Date (yyyy-mm-dd) — — —	Out \$	-of-Canada	expenses claimed
currency and amount are and convert the eligible exp				endered	Currency used for payment	
· ·	you're claiming the result of a work claim to the workers' compensation plan		cable?			Yes Yes
	you're claiming the result of a motor claim to the automobile insurance plan in		able?			Yes Yes
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4 Authorization and Signature - you must complete this section

I certify that all goods and services being claimed have been received by me and/or my spouse or dependents, if applicable. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of underwriting, administration and adjudicating claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada ("Sun Life") to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I authorize Sun Life and its reinsurers to collect, use and disclose information about me, and if applicable, my spouse and/ or dependents needed for underwriting, administration and adjudicating claims under this Plan to any other organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies and insurers. I also understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

In the event there is suspicion and/or evidence of fraud and/or Plan abuse concerning this claim, I acknowledge and agree that Sun Life may investigate and that information about me, my spouse and/or dependents pertaining to this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers, and where applicable my Plan Sponsor, for the purpose of investigation and prevention of fraud and/or Plan abuse.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me under my benefit plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations, including credit agencies and, where applicable, my Plan Sponsor for that purpose.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original, and may remain in effect for the continued administration of this Plan.

Any reference to Sun Life Assurance Company of Canada or the Plan Sponsor includes their respective agents and service providers.

Member's signature	Date (yyyy-mm-dd)	
X		

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *www.sunlife.ca/privacy*.

Questions? Please visit www.sunlife.ca or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

Mailing instructions – keep a copy of your claim form and receipts for your records

Mail your completed form to the claims office nearest you.

Sun Life Assurance Company of Canada PO Box 11658 Stn CV Montreal QC H3C 6C1 Sun Life Assurance Company of Canada PO Box 2010 Stn Waterloo Waterloo ON N2J 0A6