

My Enrolment form for Optional Critical Illness Insurance



Please complete for all coverage amounts you are applying for.

Return this completed Enrolment form to your College Benefits Administrator within your 31-day eligibility period.

In this application, *you* and *your* refer to the person applying for insurance.
We, *us*, *our* and the *Company* refer to Sun Life Assurance Company of
Canada, a member of the Sun Life Financial group of companies.

Group Critical Illness Contract No.: **50090**

Employer's name: _____

1 My information

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Reason for application <input type="checkbox"/> New Benefit <input type="checkbox"/> New hire		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker*
Employer's name	Member ID	Location/Billing group	Class/Plan

2 My spouse's information

Please complete your spouse's information only if you are applying for spousal insurance.

First name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Telephone (business)	E-mail address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker*

* **Non-smoker** means that you have not used any nicotine products (tobacco, e-cigarettes, patches, etc.) within the last 12 months.

3 Coverage applied for

How much Critical Illness Insurance are you and your spouse (if applicable) applying for at this time?

Me

\$25,000
 \$50,000
 Other amount: \$

My spouse

\$25,000
 \$50,000
 Other amount: \$

If you or your spouse have selected coverage above \$50,000, please complete the Health Statement included in this kit.

If you (or a member of your family) have previously received a CII benefit payment under this group plan, you (or your family member) are not eligible for continued coverage for CII. All other members remain eligible.

TO BE COMPLETED BY THE EMPLOYER

Coverage of \$50,000 or less

Coverage of \$75,000 or more

Coverage is effective on:

- -

Coverage is effective on:

- -

4 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.

5 Declaration and authorization

Please read and sign this section.

I am authorized to disclose information about my spouse in order to enrol them in the plan.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me and my spouse to underwrite, administer and adjudicate claims,
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me and my spouse necessary for enrolment and for the purposes of continuing administration of the plan.

I understand that satisfactory proof of good health may be required for myself or my spouse to become covered or to increase Optional Critical Illness coverage.

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim. I agree that this consent shall remain valid for the duration of the plan. A photocopy or electronic version of this authorization is as valid as the original.

Your signature X	Date (dd-mm-yyyy) — —
Your spouse's signature (if applicable) X	Date (dd-mm-yyyy) — —
Your benefit administrator's signature X	Date (dd-mm-yyyy) — —