

Inpatient Health Plan Enrolment/Change Form



Please PRINT clearly

In this form, *you* and *your* refer to the person applying for insurance. *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.

1 General information

Please choose the option that applies:

- ☐ I am enrolling everyone indicated on this form.
☐ I am only enrolling my spouse and/or dependent children at this time.

Policy number 50137	Billing Group number 085	Member identification number	
Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd-mm-yyyy) — —		Language <input type="checkbox"/> English <input type="checkbox"/> French	
Residence address while working in Canada (street number and name)			Apartment or suite
City	Province	Country	Postal code
Telephone number (home) — —	Telephone number (work) — —		Fax number — —
E-mail address		Date of employment in Canada (dd-mm-yyyy) — —	
Employer's name Cognizant Technology Solutions Canada Inc.			

Information about your spouse

Please complete if applying for Single + 1 dependent or Single + 2 dependents or more.

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female
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

Please complete if applying for Single + 1 dependent or Single + 2 dependents or more.

Last Name	Middle initial	First 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

2 Coverage applied for at this time

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

3 Declaration and authorization

You must be authorized to disclose information about your spouse and dependents in order to enrol them in the Inpatriate Health Plan.

By enrolling in this Plan, I authorize the following:

- ☒ Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims;
- ☒ my plan sponsor to use the non-medical information collected in this form for benefits administration and to make any necessary payroll deductions which may be required.

All information in this form is true and complete. A photocopy or electronic version of this authorization is as valid as the original.

Your signature X		Your spouse's signature (if applicable) X	
Date (dd-mm-yyyy) — —	Location signed (city)		Location signed (province)

Complete this form and return it to your employer who will forward it to Sun Life Assurance Company of Canada for processing.

ATTENTION BENEFITS ADMINISTRATOR

Please forward this form immediately to:

Sun Life Assurance Company of Canada
Direct Distribution
P.O. Box 15018 Stn Brm B
Toronto, ON M7Y 2X8

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 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 to request that a copy of our Privacy Brochure be sent to you.