

# 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 <b>050137</b>	Billing Group number	Member identification number	Date you arrived in Canada (dd-mm-yyyy) _ _
First day of work 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

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](http://www.sunlife.ca/privacy).