

Application for Sun Retirement Health Assist



In this application, *you* and *your* refer to the proposed insured and/or the applicant. *We, us, our* and *the company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Note: Before completing this application, please review the questions in section 8 to determine if an application should be submitted.

Policy no. (For H.O. use only)

1 Applicant (To be completed only if applicant is different than the proposed insured.)

Mr. Mrs. Miss Ms. Other

First name	Middle initial	Last name
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Former last name (if applicable)	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Is the applicant an owner, planholder, insured person or annuitant on any other plan with the company?
 Yes No If 'yes', indicate one policy or account number:

2 Mailing information for the applicant (Must be completed on all applications.)

Do you want your policy to be in: English Français
 How will this policy be delivered: directly to you (n/a if third party advisor) by the advisor, to you Advisor/LTCl specialist, please specify:

Financial centre no.

Applicant's mailing address (number and street)	Apartment or suite	
City	Province	Postal code

3 Proposed insured

Mr. Mrs. Miss Ms. Other

First name	Middle initial	Last name
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Former last name (if applicable)	Date of birth (dd-mm-yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Is the proposed insured an owner, planholder, insured person or annuitant on any other plan with the company?
 Yes No If 'yes', indicate one policy or account number:

Does the proposed insured want to backdate to retain age? Yes No Note: Age may be retained up to 90 days.

Proof of age

<input type="checkbox"/> Canadian, U.S.A. or U.K. birth certificate	<input type="checkbox"/> Canadian citizenship	<input type="checkbox"/> Current passport (other country)	<input type="checkbox"/> Baptismal certificate	<input type="checkbox"/> Age of majority
<input type="checkbox"/> Canadian, U.S.A. or U.K. driver's licence	<input type="checkbox"/> Current Canadian passport	<input type="checkbox"/> Military card	<input type="checkbox"/> Hospital certificate of birth	<input type="checkbox"/> Indian status card
<input type="checkbox"/> Permanent resident card	<input type="checkbox"/> Provincial identification card	<input type="checkbox"/> Register of civil status in Quebec	<input type="checkbox"/> Provincial ID health card with DOB	
Registration number	Date of issue (dd-mm-yyyy)	<input type="checkbox"/> Other (describe)		
OR				

4 Mailing information for the proposed insured (Complete only if different from address in number 2 above.)

Proposed insured's address (number and street)	Apartment or suite	
City	Province	Postal code

Policy no.

5 Phone information for proposed insured

Please provide at least one phone number where we can contact the proposed insured.

Type of phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Other	Proposed insured's telephone number - -	Extension	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Type of phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Other	Proposed insured's telephone number - -	Extension	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

6 Transaction type

1. Was this application completed in Quebec? Yes No
 If 'yes', is this application intended to replace or reduce the benefits of any existing insurance policy or a pending insurance application of any company? Yes No

If 'yes' and Quebec, please submit the Prior Notice of replacement of life insurance policy form.

2. Is this application to replace an existing Sun or Clarica long term care insurance policy? Yes No

If 'yes', indicate the ORIGINAL weekly benefit amount \$

Is the original base plan to stay in force? Yes No

Indicate amount to be replaced \$

Provide the policy number of the long term care insurance policy that is to be changed or terminated by this application.

Clarica Sun

Notes:

- The policy listed above will be changed or terminated on the date that any insurance applied for in this application becomes effective.
- This transaction will result in changes to or termination of the old policies identified and the issue of a new policy. This may result in the loss of one or more benefits or changes to the policy terms and conditions including any waiting period or benefit period.
- Any credits from the changed or terminated policy will be applied to the withdrawable premium fund for the proposed application.

7 Plan information

Note: The benefit period is unlimited.

A. Weekly benefit amount

\$ (Must be between \$500 – \$2,300)

B. Waiting period

365 days (1 year) 730 days (2 years)

C. Additional options

Return of premium on death

Note: The beneficiary will be the:

- applicant or the estate of the applicant, or
- the beneficiary named by the applicant in the special instruction section of this application.

8 Personal history of the proposed insured

In this section, *you* refers to the proposed insured.

8.1 Personal history questions

1. Are you a Canadian citizen or permanent resident? Yes No

Note: If 'no', you are ineligible. Please do not proceed with this application.

Note: Advisors/LTCI specialists should refer to the underwriting guide to determine if build is eligible.

2. Height (without shoes): _____ cm ft&in Weight: _____ kg lbs

Note: For questions 3 - 5, any 'yes' answer makes you ineligible. Please do not proceed with this application.

3. Have you been advised to use or do you use a wheelchair, walker, motorized scooter, multi-pronged cane, oxygen or dialysis?..... Yes No

4. Are you currently receiving a disability income benefit? Yes No

5. Do you need the assistance or supervision of another person for bathing, dressing, toileting, transferring (such as moving to or from a bed or chair), continence or feeding? Yes No

Note: For question 6, answering 'yes' to 6 a) or b), or to any of the numeric subset question in c) - e) makes you ineligible. Please do not proceed with this application.

- 6. Have you ever been diagnosed with, treated for or been advised to have any tests or investigations for:
 - a) multiple sclerosis (MS), Parkinson's disease, Huntington's disease or muscular dystrophy Yes No
 - b) Alzheimer's disease, dementia, chronic memory loss, transient ischemic attack (TIA), mini-stroke, stroke or cerebrovascular accident (CVA)..... Yes No
 - c) diabetes Yes No

If 'yes', you must answer (i - iv)

- i) Do you use more than 40 units of insulin daily? Yes No
- ii) Have you ever been diagnosed with, treated for or been advised to have any tests or investigations for angina or heart attack? Yes No
- iii) Have you had a coronary artery bypass graft (CABG) or angioplasty? Yes No
- iv) Have you ever had numbness of any arm, leg or foot, kidney disease, circulatory disease, leg ulcers or retinopathy (requiring any treatment)? Yes No

d) systemic lupus erythematosus Yes No

If 'yes', were you diagnosed before age 50?..... Yes No

e) osteoarthritis, rheumatoid/inflammatory arthritis, osteoporosis, spine or disc disorder?..... Yes No

If 'yes', you must answer (i - iii)

- i) Have you ever had more than one fall, more than one fracture or more than one joint replacement?... Yes No
- ii) Do you use four or more medications to treat condition? Yes No
- iii) Do you have any physical limitation to your normal day to day activities? Yes No

Note: For question 7, answering 'yes' to any of the numeric sub set questions makes you ineligible. Please do not proceed with this application.

7. Do you currently use cigarettes, cigarillos, small or large cigars, pipes, marijuana, hashish, betelnut, chewing tobacco, nicotine gum or patches, nicotine or tobacco in any other form?..... Yes No

If 'yes', you must answer (i-iv).

Have you ever been diagnosed with, treated for or been advised to have any tests or investigations for:

- i) chronic respiratory disorder, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis Yes No
- ii) transient ischemic attack (TIA), mini-stroke, stroke or cerebrovascular accident (CVA)..... Yes No
- iii) limited ability to walk or climb stairs Yes No
- iv) leg ulcers Yes No

8 Personal history of the proposed insured (continued)

8.2 Personal information questions

1. Do you have any long term care insurance in force with any company? Yes No
 If 'yes', complete the following chart.

Insurance company	Insurance date (dd-mm-yyyy)	Weekly benefit amount	Being replaced
	- -	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	- -	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	- -	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	- -	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you have any applications for long term care insurance currently pending or contemplated?
 Yes No If 'yes', indicate company names, plan types, amounts applied for and total amount of new insurance to be put into effect in the chart below.

Company name	Plan type	Amount applied for	Total amount of new insurance intended to place with all companies
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. Have you ever applied for long term care insurance with Sun Life Financial or any other company and been declined? Yes No
 If 'yes', provide details below.

4. Name and address of usual medical advisor or clinic.

Name			
Address (street number and name)			Apartment or suite
City	Province	Postal code	Date of last visit to usual medical advisor or clinic (dd-mm-yyyy)
			- -

Policy no.

9 Payments (continued)

a) Withdraw funds to pay the initial payment Yes No If 'yes', complete b) or c).

Notes (n/a if third party advisor):

- We will immediately withdraw 1/12th of the annual payment as the initial payment.
- If 'no', submit the total initial payment to the advisor at the time the application is completed.

b) Start a new PAC Yes No

(If 'yes' complete d) and e). Regular PAC withdrawals for this policy will start one month from the policy date, unless otherwise indicated in d).)

c) Add to existing PAC that is paying for policy Yes No

(Regular PAC withdrawals for this policy will be withdrawn on the same day each month as the existing PAC for the policy number listed above, unless otherwise indicated in d).)

d) The company will withdraw funds to pay all payments, including the initial payment if selected, on this policy each month from the bank account shown on the sample cheque attached or any account designated.

All persons whose signatures are required to sign on this account must sign the authorization on page 7. For a joint account requiring more than one signature to withdraw funds, all the account holders must sign the authorization on page 7.

We will withdraw the initial payment immediately.

Regular PAC withdrawals will start one month from the policy date or on _____ (dd/mm/yyyy).

The payor may cancel this authorization at any time, subject to providing the company with 10 days notice. Payors should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at www.cdnpay.ca.

Payors have certain recourse rights if any debit does not comply with this agreement. For example, payors have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on recourse rights, payors should contact their financial institution or visit www.cdnpay.ca.

Contact us at any time at:

Sun Life Assurance Company of Canada
227 King Street South
PO Box 1601 Stn Waterloo
Waterloo, ON N2J 4C5
1-877-SUN-LIFE (1-877-786-5433)
Fax : 1-866-487-4745
www.sunlife.ca

e) Attach a sample cheque marked void OR complete the following: **(Only accounts with chequing privileges may be used.)**

Account holder's first name	Last name	Account holder's first name	Last name
Name of financial institution			
Address of financial institution (street number and name)			
City	Province	Postal code	
Transit number	Account number		

10 Special instructions

11 Acknowledgement and agreement

Acknowledgement and agreement: The applicant confirms they've received, read and agree to:

- the brochure called "A clear connection: Your relationship with Sun Life Financial" (only applicable if a Sun Life Financial advisor completed this application with you), and
- the brochure called "Caring for the long term – Our relationship with you" (only applicable if a Sun Life Financial LTCI specialist completed this application with you)
- the Information about your application for Sun Retirement Health Assist.

The applicant and proposed insured (if other than applicant) confirm they've received, read and agree to the Sun Life Financial Privacy Statement for Canada.

Declaration

The applicant, proposed insured and pre-authorized chequing (PAC) payors confirm:

- they were present when their portion of this application with the company was completed,
- they reviewed all of their answers and statements recorded in the application,
- that all the information they supplied in connection with this application is complete and true, and was provided by them to the advisor (or some other person authorized by the company) for underwriting, administration of insurance and claims paying purposes,
- they understand that if they do not completely and truthfully answer all of their questions (if they misrepresent any of their answers or statements), the company may void the policy(ies),
- they agree that their personal, medical and financial information may be shared as set out in the Sun Life Financial Privacy Statement for Canada,
- they are satisfied with the level of product information they received before signing this application and are aware that additional product information is available to them under the "Products and services" section of the website at www.sunlife.ca or by calling our toll-free Customer Care Centre at 1-877-SUN-LIFE (1-877-786-5433), and
- PAC payors, by signing below, agree to the terms of the PAC authorization, as set out in section 9.

Authorization of the proposed insured

The proposed insured authorizes:

- any health care professional, physician, hospital, clinic or medically-related facility, insurance company, investigation agencies, MIB, Inc. or other organization, institution or person, including the members of the Sun Life Financial group of companies, which includes this company, that have records or knowledge about me, to give only that information necessary for underwriting, administration of insurance and claims paying purposes to the company, its representatives and its reinsurers,
- the performance of such examinations, electrocardiograms, blood profiles, and tests for HIV (AIDS) antibody and hepatitis, if needed to underwrite this application, and
- the company to release only the necessary personal information obtained during the underwriting process to my personal physician, to MIB, Inc., to any insurance company, if an application has been made to that company for an insurance policy on my life, and for any infectious or communicable disease, to the Medical Office of Health where required by law.

Location signed	Date (dd-mm-yyyy)	Signature
Province:	Signed on: - -	Applicant (indicate title of signing officers if applicable) X
Province:	Signed on: - -	Proposed insured (if other than applicant) X
Province:	Signed on: - -	PAC payor (if other than applicant or proposed insured) X
Province:	Signed on: - -	PAC payor (if other than applicant or proposed insured) X

A copy of this authorization is as valid as the original.

Policy no.

12 **Advisor/LTCI specialist's report**

Payment information

Payment made with this application \$	Future payment frequency <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly
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Advisor/LTCI specialist's information

Note: Shares must be a minimum of 10%.

Is commission being shared? Yes No. If 'yes', please provide details.

First name of lead service advisor sharing commission	Last name	Code	Share %	Office
First name of advisor sharing commission	Last name	Code	Share %	Office

Indicate distribution partner name (MGA, NA or IAP) as well as your own company or advisor address in the box below.

Advisor/LTCI specialist's declaration and notice of disclosure (Must be signed by advisor/LTCI specialist only.)

I, the advisor/LTCI specialist, confirm that:

- I have disclosed to the applicant that I am an independent advisor that has a contract to sell products issued by Sun Life Assurance Company of Canada, and I have also identified any other companies I represent,
- I have disclosed to the applicant that I will receive compensation in the form of commissions or salary for the sale of life and health insurance products,
- I have disclosed to the applicant that I may also receive additional compensation in the form of bonuses or non-monetary benefits such as travel incentives or attendance at conferences,
- I have disclosed to the applicant any conflicts of interest that I may have with respect to this transaction, and
- I am licensed in the province in which this application was completed and this signature page was signed.

If applicable (see section 13), I the advisor/LTCI specialist, also confirm that:

- I have reviewed with the applicant, proposed insured and each PAC payor, all of their information in this application and, to the best of my knowledge, this information is complete and true and has all the facts material to the insurance applied for,
- I have provided them with a copy of the brochure called "A clear connection: Your relationship with Sun Life Financial" and discussed it with them (only applicable if a Sun Life Financial advisor completed this application), and
- I have provided them with a copy of the brochure called "Caring for the long term - our relationship with you" and discussed it with them (only applicable if a Sun Life Financial LTCI specialist completed this application),
- I saw every person sign this application

Advisor/LTCI specialist's first name		Middle initial	Last name	
Advisor/LTCI specialist's signature X			Supervisor's signature X	
Date (dd-mm-yyyy)	Office	Advisor/LTCI specialist's code	E-mail address	

13 **Licensed administrative assistant's declaration (To be completed if a licensed administrative assistant completed the application.)**

Did a licensed administrative assistant complete the application? Yes No

I, the licensed administrative assistant, confirm that:

- I have reviewed with the applicant, proposed insured and each PAC payor, all of their information in this application and, to the best of my knowledge, this information is complete and true and has all the facts material to the insurance applied for, and
- I saw every person sign this application.

Licensed administrative assistant's first name		Middle initial	Last name	
Licensed administrative assistant's signature X				Date (dd-mm-yyyy)

Information about your application for Sun Retirement Health Assist

Policy no.

When you can expect to receive your policy or refund

You should receive your policy, or any payment refund, within 90 days of the date the application is completed. If you do not, please call our Customer Care Centre toll-free at 1-877-SUN-LIFE (1-877-786-5433).

You are considered to have received your policy 5 days after it is mailed to the address shown on your application from our office, or on the date the your advisor or the LTCI specialist delivers it to you.

If you change your mind about the policy, you may send us a written request to cancel it within the earlier of:

- 10 days of receiving it from us, or
- 60 days after the policy is issued.

Refund of payments

Any payments paid will be refunded without interest if:

- your application is not approved, or
- you withdraw your application.

Receipt for application payment (complete for all applications)

Received from _____ on

Date (dd-mm-yyyy)

\$

OR

authorization to take first payment by pre-authorized chequing and the required banking information

Advisor/LTCI specialist's signature X
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Important information you should know

Policy no.

Sun Life Financial Privacy Statement for Canada

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, distribution partners (such as advisors and their companies) 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 email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Access to your information

We or our reinsurers may also submit a brief report of our findings to MIB, Inc. (MIB), a non-profit organization of life and health insurance companies, which operates an information exchange on behalf of its members. If the person named in this application also applies for insurance coverage or submits a claim with another life or health insurance company that is an MIB member, MIB will, on request, supply that insurance company with the information on its files.

MIB receives personal information and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Therefore, MIB has agreed to protect such information in a manner that is substantially similar to the company's privacy and securities practices, and in accordance with applicable laws. As a U.S. based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws. If you have any questions about MIB's commitment to protect the confidentiality and security of your personal information, you may contact the MIB Privacy Department at privacy@mib.com.

To learn more about MIB, Inc., you may visit the website at www.mib.com, call 416-597-0590 or write to:

MIB, Inc.
330 University Avenue
Suite 501
Toronto, ON M5G 1R7

You may ask to see your personal information on file with MIB, Inc. and correct anything that is inaccurate or incomplete.

About Sun Life Financial

As a leading international financial services organization, we're proud to offer a diverse range of wealth accumulation and protection products and services. Tracing our roots back to 1865, Sun Life Financial has operations in key markets around the world. But most importantly, we're in business to help people achieve and maintain the peace of mind that comes from having sound financial solutions in place.

If you'd like more information about Sun Life Financial, please visit our website at www.sunlife.ca or call 1-877-SUN-LIFE (1-877-786-5433).