

Declaration of Smoker Status



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 Plan member details

Please PRINT clearly.

First name		Middle initial	Last name	
Contract number 101798		Location/billing group name		Member ID
Spouse's first name (if applicable)	Middle initial	Spouse's last name		Spouse's birth date (dd-mm-yyyy) - -

2 Declaration and authorization

Please select the appropriate box.

Member and/or Spouse must complete and sign if applicable.

Member

Have you used tobacco products and/or e-cigarettes within the past 12 months? Yes No

Spouse (if applicable)

Have you used tobacco products and/or e-cigarettes within the past 12 months? Yes No

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.

I authorize Sun Life Assurance Company of Canada, its agents and services providers, its reinsurers and their service providers to collect, use and disclose information provided by me in this form to underwrite, administer and adjudicate claims under the plan. A photocopy or electronic version of this authorization is as valid as the original.

I authorize 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.

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

Send the completed form to the following address and retain a copy for your records.

Human Resources
University of Saskatchewan
E140 - 105 Administration Place
Saskatoon SK S7N 5A2