

My Application Form – Spouse

Optional Life Insurance and Optional AD&D Insurance



Return this completed application form to your Benefits Administrator.

Please use this form to apply for Spouse Optional Life Insurance or to request a change in coverage.

If you have previously applied for Optional Life Insurance coverage through Sun Life but were declined, you are eligible to re-apply.

You will need to complete a health statement, unless you are:

- applying for coverage of \$50,000 or less within 90 days of eligibility, or
- applying for coverage of \$50,000 or less within 90 days of a life event. A life event includes marriage, birth of a child, or adoption.

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.

Contract No.: **101798**

1 My information

First name		Middle initial
Last name		Date of birth (mm-dd-yyyy)
Plan Sponsor name University of Saskatchewan		Member ID
Location/Billing group		Class/Plan
Telephone (home)		Telephone (business)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	

My spouse's information

First name		Middle initial
Last name		Date of birth (mm-dd-yyyy)
Email address		Telephone (business)
Date of birth (mm-dd-yyyy)		Telephone (business)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker ¹	

Reason for application

- Member is also a spouse under the contract
- New applicant
- Life event (marriage, birth of a child or adoption of a child)
- Late applicant (enrolled after 90 days)
- Re-application (previously declined)
- Reduce coverage
- Terminate coverage
- Increased coverage

Effective date

(mm-dd-yyyy)

¹**Non-smoker** means that your spouse has not used any tobacco products and/or e-cigarettes within the last 12 consecutive months.

2 My spouse's coverage

Remember, you can get up to \$50,000 of Spousal Optional Life Insurance without a health statement if you apply within 90 days of benefits eligibility, or within 90 days of a life event change.

If medical evidence is not required, coverage is effective on the date specified on the application form.

If medical evidence is required, coverage will become effective on the date approved by Sun Life.

For employees on unpaid leaves, any new or increase in coverage will not take effect until the date the employee returns to work and coverage has been approved by Sun Life (if required).

Optional Life Insurance coverage amount²

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000
- \$350,000
- \$375,000
- \$400,000
- \$425,000
- \$450,000
- \$475,000
- \$500,000
- None (waived coverage)

Optional AD&D coverage amount³

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000
- \$350,000
- \$375,000
- \$400,000
- \$425,000
- \$450,000
- \$475,000
- \$500,000
- None (waived coverage)

²Coverage for Spousal Optional Life Insurance is available in units of \$25,000 up to a maximum of \$500,000. If you are applying after 90 days of benefits eligibility or life event or if you are applying for more than \$50,000, please also complete a health statement form.

³Coverage for Spousal Optional AD&D Insurance is available in units of \$25,000 up to a maximum of \$500,000 without a health statement.

The employee is automatically the beneficiary for the Spouse Optional Life and Spouse Optional AD&D.

3 Declaration and authorization

I am authorized by my spouse to disclose information about him or her and provide the following authorizations in order to enrol him or her 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 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 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 my spouse to become covered or to increase Optional Spouse Life coverage.

I declare that the information provided in this application form is true and complete.

I declare, if applicable, that I have reviewed this application form with my spouse, who has confirmed that the information provided in respect of him or her is true and complete.

I understand and my spouse understands that concealment, misrepresentation and false declaration concerning this information will cause the insurance to be void.

A photocopy or electronic version of this authorization is as valid as the original.

Employee signature X	Date (mm-dd-yyyy) - -
Spouse signature X	Date (mm-dd-yyyy) - -

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 telling 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, 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.