

**Evidence of Insurability – Health Statement
Employee Life Insurance
Spousal Life Insurance**

Statement Date:
Member ID Number:

Insert Name

Your recent benefit election on ***insert date*** requires you to complete a Sun Life Health Statement (Basic Life Only) questionnaire for your request for increased coverage to be considered.

Instructions

1. Complete the form.

- Section 1 - Plan Administrator information section complete:
 - ✓ Select a reason for application
 - ✓ Attached Personal Information Page – Printed from the Flexit360 system.

- Section 2 - Member and Dependent details complete
 - ✓ 2.1 General information about the Member
 - ✓ 2.2 General information about the Member's Dependents (only if applying for Spousal Life)
 - ✓ 2.3 Family History information (complete this section only for person(s) applying for insurance)
 - ✓ 2.4 Medical information (complete this section only for person(s) applying for insurance)
 - ✓ 2.5 Additional medical details for member (if applicable)
 - ✓ 2.6 Additional medical details for spouse (if applicable)

- Section 3 - Declaration and authorization
 - ✓ Sign and date the form as per the instructions
 - ✓ Note: if applying for spousal life your spouse must sign and date the application
 - ✓ Please retain a copy of the completed form for your files

2. Send the completed form in an envelope marked "Confidential" to:

Sun Life Assurance Company of Canada
Medical Underwriting
Private and Confidential
PO Box 578 Stn Waterloo
Waterloo ON N2J 4B8

For employees who reside in Quebec or an Eastern Province:

Sun Life Assurance Company of Canada
Medical Underwriting
Private and Confidential
PO Box 11691 Stn CV
Montreal QC H3C 3J9

3. To consider this application current, it must be received by Sun Life within 60 days from the Statement Date.
4. All questions on the Sun Life questionnaire must be completed and any applicable information must be provided where indicated.
5. The coverage applied for shall be effective on the later of the date of approval by Sun Life or the effective date on your Confirmation Statement.
6. Sun Life will send written notification of your approval or declination to you and the Plan Administrator.

For More Information

If you need additional information/help completing the forms, contact People Corporation at 1-800-263-2670 x 6236.