

Waiver of premium claim – Employer's statement



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

1 Employee information

Contract number	Billing group number	Class	Member ID number
Employee's last name		Employee's first name	
Amount of insurance at date last worked \$	Annual salary at date last worked \$	Employee's insurance classification	
Employee's occupation			
Is employee receiving benefits from: a) Canada/Quebec Pension Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes and approved, attach a copy of the official advice of approval. b) Workers' Compensation Board? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Union affiliated name and agreement number (if applicable)	Date employment commenced (dd-mm-yyyy)	Effective date insurance commenced (dd-mm-yyyy)	
Last day employee will be paid (dd-mm-yyyy)	Date employee last worked	<input type="checkbox"/> Full time (dd-mm-yyyy)	<input type="checkbox"/> Part time (dd-mm-yyyy)
If employee was not actively at work at time of disability, state his/her employment status			Termination date of service/insurance (dd-mm-yyyy)

The following completed documents are attached hereto:

Enrolment card Proof of age Physician's statement Group certificate

In the event that this claim is for Total & Permanent Disability, payment of benefits should be made as follows:

Lump sum payments of \$ _____

In equal instalments of \$ _____ paid Monthly Quarterly Annually
(60 instalments)

2 Remarks

3 Designated Officer's signature

I certify that, according to the records of this organization, the above information is correct.

Last name of Designated Officer (please print)	First name of Designated Officer	Title	
Address (street number and name)		Apartment or suite	City
Province	Postal code	Fax number	Telephone number
Signature X			Date (dd-mm-yyyy)

Submit the completed form to: Sun Life Assurance Company of Canada
Group Life Claims
1155 Metcalfe Street
Montreal QC H3B 2V9