

SunAdvantage™ Application



Group benefits for business with 3 or more employees

Sun Life Financial is a leading financial services organization with offices in key markets worldwide. The Sun Life Financial group of companies offers its clients value-based lifetime financial solutions.

The SunAdvantage™ products are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

1 Internet-based Administration (Optional)

Please read carefully

SunAdvantage offers Group Plan Administrators the alternative of an Internet-based administration system, which is available 24 hours a day, 7 days per week. This requires that you perform certain administrative functions yourself, in accordance with the provisions of the contract, and procedures provided to you by Sun Life Assurance Company of Canada.

Please complete this option *only* if you want to access the Plan Sponsor Services through the Internet.

In order to gain access to the Internet system, authorized persons need to be identified so we can provide a Personal Identification Number (PIN) as well as access ID.

Note: Only complete the details below if you want the Internet-based Administration system.

Information about the Plan Administrator(s)

Plan administrator name			
Address	City	Province	Postal Code
Telephone number ()	Fax number ()	E-mail address	

Plan administrator name			
Address	City	Province	Postal Code
Telephone number ()	Fax number ()	E-mail address	

System requirements

Minimum system requirements are -

Windows 95 or higher -

Internet Explorer 5.0 or greater with 128-bit security encryption -

an Internet connection with adequate performance (56Kb modem or higher).

2 Documentation

Group policy to be provided in: <input type="checkbox"/> English OR <input type="checkbox"/> French	Employee Booklets to be provided in: <input type="checkbox"/> English OR <input type="checkbox"/> French
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Application for SunAdvantage™

This form and the attached proposal constitutes the application.

Please make any corrections to the attached proposal, initial them, and return with this form. In this application *you* and *your* refer to the client being insured and the policy owner. *We, us, our* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

3 General information

Information about the client being insured

Full legal name of company			
Address		City	Province
Telephone number ()		Fax number ()	E-mail address
Plan administrator name			Number of years in business
Primary business activity		<input type="checkbox"/> Subsidiaries (to be covered under this plan)	
Type of business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
If these benefits replace existing coverage, provide the name of your current insurer			

Existing coverage should not be cancelled until we have approved the application.

Under insurance industry take-over rules, we need to know your current levels of existing coverage.

Please attach a copy of the most recent billing.

Eligible employees

Number of full-time employees	Number of eligible employees	Number of enrolled employees	Are any employees to be excluded from coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Categories of employees to be excluded:			
Are employees covered by Workplace Safety and Insurance Board? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)			

Residents of Canada under the qualifying age and employed on a permanent full-time basis, working more than 20 hours per week and not considered Temporary/Seasonal.

Minimum requirements

No. eligible employees	Participation required
3	100%
4 or more	75%
All eligible Quebec employees	100%

The waiting period is the period of continuous full-time employment that must be satisfied before an employee can be insured. Please indicate your choices below:

- There is no waiting period. Employees are eligible from the date they become permanent full-time.
- There is a waiting period of _____ for all benefits.
- For employees hired and working on or before the effective date, the waiting period will be waived.

Commissioned salespersons

Are any employees to be insured whose compensation includes commissions? Yes No

If *yes*, are commissions to be included in total earnings for insurance purposes? Yes No

If *yes*, commissions must be based on an average of the previous two years. They will represent approximately _____ % of total earnings. Changes in earnings will take effect on the policy anniversary.

Illness and disability

As far as you know, does any employee or dependent to be insured have any serious medical problem?

Yes No

Name	Reason for absence	Last day worked (d/m/y)	Expected return (d/m/y)

List any eligible employees currently not at work.

These employees are not eligible for coverage until they return to work, unless currently insured.

You agree to update this list prior to the effective date of the contract and agree that if we incur liability for any employee who should have been listed, but was not, you will indemnify us for such liability.

4 Benefits requested

The benefits requested and the employee data for this application are contained in the proposal. Please attach a copy of the proposal.

Benefit and payment details

Effective date requested for this policy	Amount paid with this application
You agree to contribute a minimum of 50% of the monthly premium? <input type="checkbox"/> Yes	Are you contributing to: Long-Term Disability (LTD) <input type="checkbox"/> Yes <input type="checkbox"/> No Short-Term Disability (LTD) <input type="checkbox"/> Yes <input type="checkbox"/> No

If you contribute to any portion of the LTD or STD premium, benefit payments will be taxable to the employee.

Please make the deposit cheque for the total cost payable to Sun Life Assurance Company of Canada. Post-dated cheques are not acceptable. The deposit should be at least one month's premium. If there is any difference between the information contained in the proposal and this application, we may recalculate the premium rates or decline the application.

	Employer % Paid		Employer % Paid
Life	<input type="text"/>	Short-Term Disability	<input type="text"/>
A. D. & D.	<input type="text"/>	Long-Term Disability	<input type="text"/>
Extended Health Care	<input type="text"/>	Critical Illness	<input type="text"/>
Dental Care	<input type="text"/>		
Other <input type="checkbox"/>	Details <input type="text"/>		

5 Pre-authorized chequing (PAC)

Banking information

Name of account holder		
Name and address of financial institution		
Branch transit number	Account number	Signature of account holder X

Terms and conditions for pre-authorized chequing

- You authorize Sun Life Assurance Company of Canada to make monthly withdrawals from this account or any other account designated to us.
- The monthly withdrawals we make will pay the premium, including taxes. You will see the premium due on the monthly premium statement we send you.
- The agreement is cancelled automatically if we are unable to make a withdrawal from this account.
- We will pay any withdrawal fees from your financial institution.
If the deposit for the first premium is from another account, attach a cheque marked "void" from the PAC account and initial here: _____.

6 Authorized client signatures

By signing this application, I certify that the information provided on this form and proposal is complete and accurate. I am aware that the person advising me on the purchase of this group application receives a commission, and may also receive additional compensation in the form of bonuses or incentives.

Name and title of signing officer	Signature X
Signed at (City and Province)	Date (d/m/y)

New case submission Advisor's report

Documents required

The following documents must be included to process the application:

- 1. Application

- 2. Deposit cheque (including tax if applicable)

- 3. Proposal

- 4. Enrolment forms

- 5. Health questionnaires (if applicable)

- 6. Proof of previous insurance
 - a current statement
 - proof of Major Dental (if applicable)

Points 4 & 5: Do not hold this application if you are waiting for an employee on vacation to provide the necessary documentation. Please indicate when it will be submitted in the Comments section.

Commissions should be paid to:

Name	Phone number ()	% Share of commissions
E-mail address	Fax number ()	Code
Name	Phone number ()	% Share of commissions
E-mail address	Fax number ()	Code

Comments (include any information pertinent to the application):

Advisor's declaration

I certify that the information on the application and this report is true and complete.

Signature - advisor of record X	
Signed at (City and Province)	Date (d/m/y)
Signature - other advisor X	
Signed at (City and Province)	Date (d/m/y)