

Extended Health Care Claim Form

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

1 Member information

You must complete this section.

Contract Number	Member ID				
Last Name		Given Name		Date of Birth (d/m/y)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address				Daytime Telephone Number ()	
City	Province	Postal Code	Evening Telephone Number ()		

2 Spouse and Children Covered by this Claim

Complete only if you are attaching expenses for your spouse or children.

Spouse's Full Name				Date of Birth (d/m/y)			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Child's Name	Relationship to you		Date of Birth			Complete for coverage dependents (refer to benefit information for age limits)	
	Son	Daughter	Day	Month	Year	Disabled	Full-time Student
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

3 Co-ordination of benefits

Indicate if your spouse and/or children have coverage under any other medical plan or contract.

<p>Are your spouse and/or children covered for any of these expenses under any other medical plan or contract?</p> <p>No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Spouse's date of birth (d/m/y): _____</p> <p>If yes,:</p> <ul style="list-style-type: none"> You must submit a claim for your spouse to his/her plan first. You must submit a claim for your children first under the plan of the parent with the earliest birthday (month and day) in the calendar year. <p>If your spouse's plan is also with us:</p> <p>Contract Number _____ Member ID: _____</p> <p>Do you want us to co-ordinate benefits (process both claims)?</p> <p>No <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p>If yes, Spouse's Signature: <u>X</u> _____ Date (d/m/y) _____</p>	<p>For Plan Administrator Use Only</p>
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