



# Enrolment form for Sun CI Plus Critical Illness Insurance for the Ontario Medical Association



In this enrolment form, *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.

Please PRINT clearly in ink. **IMPORTANT:** Your completed enrolment form must be received at our office before December 10, 2010.

## 1 General information

### Information about you

	Telephone (office) _ _	Telephone (home) _ _	Fax _ _
	E-mail address		Date of birth (dd-mm-yyyy) _ _
<input type="checkbox"/> Smoker      Non-smoker means that you have not used any marijuana, tobacco or nicotine in any form or tobacco cessation or nicotine replacement products within the last 12 consecutive months. <input type="checkbox"/> Non-smoker			
Are you actively at work for at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details. Include whether you were hospitalized in the last six months and whether you can perform the six activities of daily living (bathing, dressing, feeding, continence, toileting, transferring).			

### Information about your spouse (if applying for coverage)

First name	Middle initial	Last name	
Former/maiden name (if applicable)			Date of birth (dd-mm-yyyy) _ _
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker	Non-smoker means that you have not used any marijuana, tobacco or nicotine in any form or tobacco cessation or cessation or nicotine replacement products within the last 12 consecutive months.	
Residence address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone (home) _ _
E-mail address		Telephone (office) _ _	Fax _ _
Is your spouse actively at work for at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details. Include whether your spouse was hospitalized in the last six months and whether your spouse can perform the six activities of daily living (bathing, dressing, feeding, continence, toileting, transferring).			

## 2 Coverage applied for

<b>You</b> <input type="checkbox"/> Check (✓) here if you are applying for coverage.	Amount of insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$50,000</b></div>	<b>Your spouse</b> <input type="checkbox"/> Check (✓) here if your spouse is applying for coverage.	Amount of insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$50,000</b></div>
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## 3 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

#### 4 Declaration and authorization

I declare that my answers in this enrolment form are true and complete and I understand that concealment, misrepresentation and false declaration concerning this enrolment form will cause the insurance to be void.

I authorize Sun Life Assurance Company of Canada, its agents, and service providers to use and exchange information needed for underwriting, administration and adjudicating claims and to use and exchange information with the Ontario Medical Association for the purpose of administration of this insurance.

A photocopy or electronic version of this authorization is as valid as the original, and shall remain in effect for the duration of my insurance coverage.

Your signature (if applying for coverage) X		Your spouse's signature (if applying for coverage) X	
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —	

#### 5 Premium payments – pre-authorized debit (PAD)

Check (✓) to select one of the following payment frequencies to pay your premium by PAD:  Annual  Monthly

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions:

##### Terms and Conditions

You authorize Sun Life Assurance Company of Canada (Sun Life) to collect the annual or monthly premium (including applicable provincial tax), depending on your selection above, for this insurance through a Pre-Authorized Debit (PAD) from the account referenced on your enclosed blank cheque marked VOID. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the premium (including applicable provincial tax) collected through this agreement may vary. **You agree to waive the requirement that Sun Life notify you of any payments after the first payment whether the amount of the monthly or annual premium is changed or not.** You understand that if you selected to pay your premium annually, payment will be due on January 1 each year. If you selected to pay your premium monthly, it will be due on the first of each month. This agreement will be cancelled automatically if Sun Life is unable to make a withdrawal from your account.

This authorization is to remain in effect until Sun Life has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Sun Life may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

For further information about this authorization, please feel free to contact Sun Life at:

Sun Life Assurance Company of Canada  
Association & Affinity Business  
P.O. Box 365 Stn Waterloo  
Waterloo, ON N2J 4A4  
Telephone # 1-800-669-7921  
email: [Can\\_AssocAndAffinity@sunlife.com](mailto:Can_AssocAndAffinity@sunlife.com)

**Please attach a blank cheque, marked VOID across the front, to this enrolment form.**

##### Signature of account holder(s)

For a joint account, all account holders must sign if more than one signature is required on cheques issued against the account.

Signature of account holder X	Signature of account holder X
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Please return your completed application to:

OMA Insurance  
P.O. Box 4266, Station A  
Toronto, ON M5W 5T8

Or FAX it along with a copy of your void cheque to:

416-595-9528