

Refusal of group coverage



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 Identification

Contract number	Contract holder name	
Member name	Member's date of birth (yyyy/mmm/dd)	

2 Declaration

I do not want to be covered under the Group contract offered by my Employer.
I understand that, if I apply for Group coverage at a later date, satisfactory Evidence of Insurability, at my own expense, will be required for myself and my dependents, if any.
I further understand that, additional limitations in effect at that time under the Group contract may also apply.

Employee's signature X	Date (yyyy/mmm/dd)
Plan administrator's signature X	Date (yyyy/mmm/dd)

947-0320 (03-05)

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