SunAdvantage™ Application

Sun Life Financial

Group benefits for a 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.

Clear

1 Plan Sponsor Services – Group Benefits Administration (optional)

If this section is completed you are electing to use our Web-based tool to maintain your plan member records directly on our online administration system. This Web-based tool provides you with the convenience of keeping plan member records up to date, in accordance with the provisions of the contract, and procedures provided to you by Sun Life Assurance Company of Canada.

A key part of the plan administrator's role is to update all necessary plan member information on a timely basis so we can pay claims and prepare your monthly premium statement. All plan member enrolment forms and changes, which include beneficiary designations, are kept at your location providing further simplicity to managing plan administration.

In order to gain access to the Web-based online tool, authorized persons need to be identified below in order to provide each identified person with a personalized Access ID and Password.

Note: Only complete the details below if you are electing to manage Plan Member records directly through the online administration system.

System requirements

Minimum system requirements are:

- Windows 2000 or higher
- Internet connection with adequate performance (56 modem or higher)
- 128 bit encryption
- Microsoft Adobe Acrobat Reader 7.0 or higher
- Microsoft Internet Explorer, version 8.0 or higher, Mozilla Firefox, version 2 or higher

Information about the Plan Administrator(s)

Plan administrator last name	Plan administrator first name	
Address (street number and name)		Apartment or suite
City	Province	Postal code
Telephone number	Fax number	Email address

☐ Full access
☐ Restricted access – please enter applicable locations
☐ View access only

Plan administrator last name	Plan administrator first name	
Address (street number and name)		Apartment or suite
City	Province	Postal code
Telephone number	Fax number	Email address

☐ Full access
☐ Restricted access – please enter applicable locations
☐ View access only

2 Documentation

Group policy to be provided in:	Employee booklets to be provided in:
☐ English OR ☐ French	☐ English OR ☐ French

For SLF use:
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SunAdvantage™ Application

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 (street number and name)			Apartment or suite
City		Province	Postal code
Telephone number	Fax number	Email address	
Plan administrator last name	Plan administrator first name		Number of years in business
Primary business activity	Subsidiaries (to be covered under this plan)		
Type of business ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ 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? ☐ No ☐ Yes (provide details below)
Categories of employees to be excluded			
Are employees covered by the Workplace Safety and Insurance Board? ☐ Yes ☐ 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.

Not actively at work

List any eligible employees currently not at work.

Last name	First name	Reason for absence	Last day worked (dd-mm-yyyy)	Expected return (dd-mm-yyyy)
			– –	– –
			– –	– –
			– –	– –

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.

Please note: Dependents who are hospitalized on their effective date are not eligible for coverage until they are released from hospital, unless currently insured.

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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 (dd-mm-yyyy) requested for this policy	Amount paid with this application
– –	$
You agree to contribute a minimum of 50% of the monthly premium? ☐ Yes	Are you contributing to: Long-Term Disability (LTD) ☐ Yes ☐ No Short-Term Disability (STD) ☐ Yes ☐ 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.

A. Premium Split – Employer % Paid

Life	%	Short-Term Disability	%
A. D. & D.	%	Long-Term Disability	%
Extended Health Care	%	Critical Illness	%
Dental care	%		

OR

B. Optimization Option (for Quebec)

Details:

5 Pre-authorized debit (PAD)

Please attach a blank cheque marked "VOID" if pre-authorized debit is selected.

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

Company name on cheque	
Signature(s) of account holder(s) X	Date (dd-mm-yyyy) – –
Signature of Joint account holder (if applicable) X	Date (dd-mm-yyyy) – –

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5 Pre-authorized debit (PAD) (continued)

Terms and conditions for pre-authorized debit

- Sun Life Assurance Company of Canada, is authorized to make monthly withdrawals from the account noted above, or any account from which you direct us to take withdrawals. The withdrawals will pay for the monthly premium plus applicable taxes for the group policy issued by us to the group policyholder. The premium due will be the amount stated in the monthly premium statement mailed to you by us.
- If any withdrawal is not honoured within the grace period allowed for premium payments, this agreement and the insurance coverage detailed in the premium statement will end without further notice. We will pay for any financial institution charges for handling withdrawals.

Variable PAD amounts

You understand that your monthly PAD withdrawals will be variable amounts due to the administrative adjustments that may be processed and reflected on your monthly premium statement.

Timing of payment

Your monthly PAD withdrawals will be processed on the first business Friday of each month.

Waiver

You agree to waive the requirement that the company notify you of:

- **this authorization before the first payment is processed**
- **subsequent payments, and**
- **any changes to the amount or date of the payment initiated by you or the company.**

Recourse/Reimbursement

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 Pre-Authorized Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Cancellation

Your PAD Agreement may be cancelled provided written notice is received 30 days before the next scheduled PAD.

Assignment

You agree the company 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.

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.

If you have elected pre-authorized debit:

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed within Section 5 "Signatures of account holder(s) on Page 3".

Last name of signing officer		First name of signing officer
Title		Signature X
Signed at (city)	Signed at (province)	Date (dd-mm-yyyy) – –

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New case submission
Advisor's report

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.

Documents required

The following documents must be included to process the application:

1. ☐ Application

2. ☐ Deposit cheque (including tax if applicable)
   ☐ Void cheque is attached if pre-authorized debit (section 5) is completed

3. ☐ Proposal

4. ☐ Enrolment forms

5. ☐ Health questionnaires (if applicable)

6. ☐ Proof of previous insurance
   – a current statement
   – proof of Major Dental (if applicable)
   – Inter-Company EP3 Statement (if applicable)

7. ☐ If EHC was sold, does grandfathering apply to the Prior Authorization Program (does not apply to non-PDD)? ☐ Yes ☐ No If yes, please provide the following information:
   ☐ Previous carrier information is available through Telus.
   ☐ If no information is available through Telus, please attach the plan member drug history listing from previous carrier.

8. ☐ Ontario Retail Sales Tax (ORST) forms
   All contract holders with Ontario employees must complete the Ontario Retail Sales Tax form in order to ensure proper administration of the ORST occurs in accordance with the Ontario Retail Sales Tax Act. This form must be returned with this application. The form can be found on our website http://www.smallbusiness.sunlife.ca.

9. How do you want to receive your copy of the contract, booklet and quick reference guide?
   ☐ PDF ☐ Hard copy (if no selection made, documents will be sent as PDF)

Advisor name submitting business on behalf of a corporation:

Last name	First name

Commissions should be paid to:

Last name	First name	Phone number	% Share of commissions
		– –	%
Email address		Fax number	Code
		– –	
Last name	First name	Phone number	% Share of commissions
		– –	%
Email 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)	Signed at (province)	Date (dd-mm-yyyy) – –
Signature – other advisor X		
Signed at (city)	Signed at (province)	Date (dd-mm-yyyy) – –

For SLF use:
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