Notification of Death

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies,

is committed to keeping your information confidential.

Please PRINT clearly.

1

To be completed by the administrator or the employer.

Clear

I Member information

If the member is enrolled in

a pre-retirement plan with

Sun Life Group Retirement

Services, please indicate

Contract number and SIN

(Social Insurance Number).

Contract number

Class

Billing group number

Member’s last name

Member ID number

First name

Date of birth (dd-mm-yyyy)

–

Address (street number and name)

Date employment commenced

(dd-mm-yyyy)

–

City

Date last worked

(dd-mm-yyyy)

–

Insurance amount

–

–

–

–

–

If determined by salary or occupation, state salary or occupation:

$

–

Cause of death:

 Accident (Further details may be required.)

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown at present

Contract number

Social Insurance Number

I

2

Postal code

If not actively at work at death, state reason:

 Sick leave

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Retired

Date insurance last increased (dd-mm-yyyy)

$

Date of death (dd-mm-yyyy)

Province

–

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I Dependent information

This statement should

be accompanied by proof

of death.

Employee data

Member’s last name

First name

Date of birth (dd-mm-yyyy)

–

Address (street number and name)

Date employment commenced

(dd-mm-yyyy)

–

–

City

Was employee actively at work

at death of dependent?

 Yes

Province

–

Postal code

If not actively at work at death, date last worked and reason:

(dd-mm-yyyy)

 Sick leave

 Retired

–

 No

–

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent data

If dependent is beyond

normal limiting age and

policy provides continued

insurance, forward supporting

documentation (school

attendance letter, medical

report or disability, etc.).

Dependent’s last name

Date of birth (dd-mm-yyyy)

–

Address (street number and name)

Date of death (dd-mm-yyyy)

–

–

Insurance amount

$

3

First name

City

Relationship to employee

 Spouse

 Child

Cause of death:

Province

–

Postal code

 Married

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Single

 Accident (Further details may be required.)

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I Signature

NOTE: If your policy is

self-administered, forward the

enrolment and other cards, or

forms. Photocopies are

sufficient for Dependent

Claims.

Group Policyholder name

Address (street number and name)

City

Authorized signature

Province

Postal code

Telephone number

X

Location signed (city)

–

Location signed (province)

–

Date (dd-mm-yyyy)

–

–

Sun Life Assurance Company of Canada, Group Life Claims (602D60), 1155 Metcalfe St, Montreal QC H3B 2V9

020-3252-07-11