

Notice of Claim – Long-Term Disability Benefits

SunAdvantage



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 General information

Where there is reason to believe an employee will qualify for Long Term Disability Benefits this notice should be completed by the plan sponsor and forwarded to Sun Life Assurance Company of Canada.

Contract number		Member ID number	
Name (last, first)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (d/m/y)	Basic monthly salary \$	Occupation	
Address (street number and name, apartment or suite)			
City/Town		Province	Postal code

2 Claim information

Effective date of LTD coverage (d/m/y)	Present status of coverage <input type="checkbox"/> in force <input type="checkbox"/> cancelled	If cancelled, date of cancellation (d/m/y)
Date employee last worked (d/m/y)	Expected return to work date (d/m/y)	
Remarks		

Name and position of person signing this statement (please print)		
Authorized Signature X		Date (d/m/y)
Telephone number ()	Fax number ()	

Visit our Web site:
[www.sunlife.ca/health and work](http://www.sunlife.ca/healthandwork)

Please fax or mail this form along with any forms you may receive from the member to the Sun Life Assurance Company of Canada Group Disability Management office that manages your claims.

If you live in the Atlantic provinces, Quebec or Ottawa

Montreal:
Toll-free fax: 1 866 639-7846
PO Box 11037 Stn CV
Montreal QC H3C 4W8

If you live in Ontario except Ottawa

Kitchener - Waterloo:
Toll-free fax: 1 866 209-7215
PO Box 100 Stn C
Kitchener ON N2G 3W9

If you live in the Prairie provinces, British Columbia or the Territories

Edmonton:
Toll-free fax: 1 866 639-7820
PO Box 2733 Stn Main
Edmonton AB T5J 5C9