Plan Sponsor's Statement
Claim for Short-Term Disability Benefits
SunAdvantage

Sun Life Financial

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies is committed to keeping information concerning this claim confidential.

1 Member information

Sun Life Assurance Company of Canada must receive the Plan Member's Statement, Attending Physician's Statement and this form in order to review this claim. Please complete this form in its entirety in order to avoid delays.

Contract Number	Sub. / Class	Member ID	Date of Birth (d/m/y)

Name - first and last name (Quebec residents - maiden name) ☐ Male ☐ Female

Address (street number and name, apartment or suite)

City	Province	Postal Code	Home Telephone Number
			( )

2 Plan Sponsor information

Company Name

Street Address

City	Province	Postal Code	Telephone Number
			( )

Contact Person	Division Number

3 Employment information

If member is expected to be absent for 4 weeks or more, please complete and enclose the Physical Job Demands Questionnaire.

Please provide attendance records for the last six months.

Date member started with the company (d/m/y)	Date last worked (d/m/y)

To the best of your knowledge, why did the member stop working?

Member occupation	Date member returned to work (d/m/y)

Employment class (check one box in each row)

a) Full-time	☐	Part-time	☐ ▶	How many hours per week?	
b) Permanent	☐	Temporary	☐	Seasonal	☐
c) Hourly	☐	Salaried	☐	Commissioned	☐

Is the member involved in shift work? Yes ☐ ▶ No ☐

If yes, provide the details of the actual rotation schedule for the three months prior to the disability date and the planned schedule for the claimed disability period.

4 Coverage information

Date member's Short-Term Disability coverage became effective with Sun Life Assurance Company of Canada (d/m/y)	Date member's Long-Term Disability coverage became effective with Sun Life Assurance Company of Canada (d/m/y)

Was the member's coverage in force on the last day worked? Yes ☐ No ☐ ▶ If no, please provide date and reason (e.g. layoffs)

5 Earnings and benefit information

Member's regular salary at the last date worked $ per week	Date this salary became effective (d/m/y)	Date member's regular salary ended (d/m/y)
Does the member have unused sick leave? Yes ☐ No ☐	If yes, how many days?	
Average monthly commissions earned in the last 24 months. $	If applicable, please provide a copy of the previous two T4s for this commissioned member.	
What income, if any, does the member receive from you during the absence? Please provide dates and amounts.		
How long will this income continue?		
What income, if any, does the member receive (or will receive) during the course of this claim from your retirement or pension plan?		
Is member entitled to any other benefits from any other source (e.g. WCB/WSIB/CSST/CPP/QPP)? Yes ☐ ▶ No ☐	If yes, please describe.	From what date (d/m/y)
If the disability is due to pregnancy, has or will the member receive any maternity leave? Yes ☐ No ☐	Date maternity leave begins (d/m/y)	Date maternity leave ends (d/m/y)
Are modified duties available? Yes ☐ No ☐	Were modified duties offered? Yes ☐ No ☐	If yes, please describe duties (part-time/full-time, modified)
Social Insurance Number | | ▌ | | ▌ | |	Total Personal Exemption: please enclose a copy of Federal TD-1 Form or provide applicable tax code	Provincial TP-1015.3V (Quebec residents only) $

If the Plan Sponsor pays any portion of the premium, the plan is taxable.
Social Insurance Number is required for issuance of T4A's.

6 Declaration

I certify that the statements in this form are true and complete.

Name of member's supervisor	Telephone Number	Fax Number
Name and position of person signing this statement (please print)	Telephone Number	Fax Number
Authorized signature X		Date (d/m/y)

Visit our Web site:
www.sunlife.ca/
health and work

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