



SunAdvantage™

Group benefits for business with 3 to 50 employees

Application

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.

Minimum systems requirements are – Windows 95 or higher – Internet Explorer 5.0 or greater – an Internet connection with adequate performance (56Kb modem or higher).

1 Internet-based Administration (Optional)

Please read carefully

SunAdvantage offers Group plan Administrators the alternative of an Internet-based administration system, which is available 24 hours a day, 7 days per week. This requires that you perform certain administrative functions yourself, in accordance with the provisions of the contract, and procedures provided to you by Sun Life Assurance Company of Canada.

Please complete this option *only* if you want to access the Plan Sponsor Services through the Internet.

In order to gain access to the Internet system, authorized persons need to be identified so we can provide a Personal Identification Number (PIN) as well as an access ID.

Note: Only complete the details below if you want the Internet-based Administration system.

Information about the Plan Administrator(s)

| | | | |
|-------------------------|------|----------------|-------------|
| Plan administrator name | | | |
| Address | City | Province | Postal code |
| Phone# | Fax# | E-mail address | |

| | | | |
|-------------------------|------|----------------|-------------|
| Plan administrator name | | | |
| Address | City | Province | Postal code |
| Phone# | Fax# | E-mail address | |

3 Please review the system requirements.

2 Ontario employees

- You elect to remit the entire amount of the Ontario Retail Sales Tax due on your premiums or deposits to us, in accordance with the Ontario Retail Sales Tax Act and Regulations.
- You certify that the premiums and/or deposits paid by you for individuals who are not residents of Ontario or who are Status Indians living on a reserve are exempt from the Ontario Retail Sales Tax. You also certify that you have not collected tax on these payments and/or deposits.

Vendor number: _____

The SunAdvantage™ products are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.



Application for SunAdvantage™

Please PRINT clearly

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.

3 General information

Information about the client being insured

| | | | |
|---|------|-------------------------------------|---|
| Full legal name of company | | | |
| Address | | City | Province |
| Postal code | | | |
| Phone # | Fax# | E-mail address | |
| Plan administrator name | | | # of years in business |
| Primary business activity | | <input type="checkbox"/> Affiliates | <input type="checkbox"/> Subsidiaries (to be covered under this plan) |
| Type of business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> 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

| | | | |
|---|-------------------------|-------------------------|---|
| # of full-time employees | # of eligible employees | # of enrolled employees | Are any employees to be excluded from coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below) |
| Categories of employees to be excluded: | | | |
| Are employees covered by Workplace Safety and Insurance Board? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain) | | | |

Residents of Canada under the age of 70 and employed on a permanent full-time basis, working more than 20 hours per week and not considered Temporary/Seasonal.

Coverage requirements

| # eligible employees | Coverage required |
|-------------------------------|-------------------|
| 3 | 100% |
| 4 or more | 75% |
| All eligible Quebec employees | 100% |

The waiting period is the period of continuous full-time employment that has been 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.

Commissioned salespersons

Are any employees to be insured whose compensation includes commissions? Yes No
 If yes, are commissions to be included in total earnings for insurance purposes? Yes No
 If yes, commissions must be based on an average of the previous two years. They will represent approximately _____ % of total earnings. Changes in earnings will take effect on the policy anniversary.

Illness and disability

As far as you know, does any employee or dependent to be insured have any serious medical problem?
 Yes No if Yes, give details: _____

List any eligible employees currently not at work due to injury or illness. These employees are not eligible for coverage until they return to work, unless currently insured.

| Name | Reason for absence | Last day worked (d/m/y) | Expected return (d/m/y) |
|------|--------------------|-------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

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.

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 requested for this policy | Amount paid with this application |
| You agree to contribute a minimum of 50% of the monthly premium? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you contributing to: Long-Term Disability (LTD) <input type="checkbox"/> Yes <input type="checkbox"/> No Short-Term Disability (STD) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

5 Pre-authorized chequing (PAC)

Banking information

| | | |
|--|----------------|----------------------------------|
| Name of account holder | | |
| Name and address of financial institution (street number and name) | | |
| Branch transit number | Account number | Signature of account holder X |

Terms and conditions for pre-authorized chequing

- You authorize Sun Life Assurance Company of Canada to make monthly withdrawals from this account or any other account designated to us.
- The monthly withdrawals we make will pay the premium, including taxes. You will see the premium due on the monthly premium statement we send you.
- The agreement is cancelled automatically if we are unable to make a withdrawal from this account.
- We will pay any withdrawal fees from your financial institution.

If the deposit for the first premium is from another account, attach a cheque marked "void" from the PAC account and initial here: _____.

6 Documentation

| | |
|--|--|
| Group policy to be provided in: <input type="checkbox"/> English OR <input type="checkbox"/> French | Employee Booklets to be provided in: <input type="checkbox"/> English <input type="checkbox"/> French |
|--|--|

7 SIN Attestation

Please be advised that all persons whose social insurance number has been given to Sun Life Assurance Company of Canada in connection with the group benefits plan for our employees have signed the appropriate written consent to the use of their social insurance number for all matters connected with the administration of this plan.

| | |
|-------|----------------|
| Name | Signature X |
| Title | Date (d/m/y) |

8 Authorized 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.

| | |
|-------|----------------|
| Name | Signature X |
| Title | Date (d/m/y) |

New case submission

Sales representative's report

Documents required

The following documents must be included to process the application:

1. Application

2. Deposit cheque (including tax if applicable)

3. Proposal

4. Enrolment cards

5. Health questionnaires (if applicable)

6. Proof of previous insurance
 - a current statement
 - proof of Major Dental (if applicable)

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.

Commissions should be paid to:

| | | |
|----------------|---------|------------------------|
| Name | Phone # | % Share of commissions |
| E-mail address | Fax # | Code |
| Name | Phone # | % Share of commissions |
| E-mail address | Fax # | Code |

Comments (include any information pertinent to the application):

| |
|--|
| |
| |
| |
| |

Sales representative's declaration

I certify that the information on the application and this report is true and complete.

| | |
|---|--------------|
| Signature - sales representative of record X | Date (d/m/y) |
| Signature - other sales representative X | Date (d/m/y) |