

# Sun Life Assurance Company of Canada

## Evidence of Insurability Cover Page



### Employer Instructions

Complete this cover page and provide it to the employee. The employee may complete the Evidence of Insurability (EOI) application either online or on paper:

- **Online at [www.sunlife-usa.com/planmembers](http://www.sunlife-usa.com/planmembers)**

Our secure online system allows employees to provide all of the information needed for Evidence of Insurability in about 10 to 15 minutes. Following completion of the application, the employee receives confirmation by email. The employee then will receive notification of our decision by email or mail.

- **Printable EOI application**

If submitting the EOI application on paper, the applicant must include this Cover Page with his/her submission. Failure to include a completed Cover Page could delay the EOI process.

### Employee/Dependent Information (To be completed by employer)

Employee Name (first, middle initial, last)		Group Policy Number 214181	
Social Security Number (last four digits)	Approval Requested for	<input checked="" type="checkbox"/> Employee <input type="checkbox"/>	<input type="checkbox"/>

### Coverage(s) Subject to Evidence of Insurability (To be completed by employer)

Select coverage(s) for which EOI is required. Fill in Current Amount of coverage, or the Guaranteed Issue (GI) amount of the plan. Then fill in Requested Amount and Amount Subject to EOI. Sign and date here if employee is submitting the printable EOI form.

	Current Amount of Coverage (or GI)	Requested Amount	Amount Subject to EOI
<input type="checkbox"/>	\$ n/a	\$ n/a	\$ n/a
<input type="checkbox"/>	\$ n/a	\$ n/a	\$ n/a
<input type="checkbox"/>	\$ n/a	\$ n/a	\$ n/a
<input type="checkbox"/>	\$ n/a	\$ n/a	\$ n/a
<input type="checkbox"/>	\$ n/a	\$ n/a	\$ n/a

#### Other Coverages

<input checked="" type="checkbox"/> Short Term Disability	
<input type="checkbox"/>	
<input type="checkbox"/>	\$ n/a

Signature of person completing this cover page (Employer) X	Date
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Need help determining EOI? Please see your **Group Policy** and the **Administrator's Guide**.

### Employee Instructions

Complete and submit either the **Online EOI Application** or the **Printable EOI Application**, but **not both**.

- **Online EOI Application**

1. Go to [www.sunlife-usa.com/planmembers](http://www.sunlife-usa.com/planmembers) and click on Evidence of Insurability
2. Follow the instructions on the web site. Enter height weight, date of birth and medical history for you and any dependents on this application. Use the information supplied by your employer above to complete the Coverage Information section of the online application. Your application will not be submitted until you click the Submit for Review button on the last screen.

- **Printable EOI Application**

1. Complete pages 1 and 2 of the EOI Application according to the instructions. You may type your answers into the fillable form and then print the document. Please remember to sign and date the form.
2. Mail or Fax the EOI Application and this Employer Cover Page to us:

**MAIL TO:** Sun Life Assurance Company of Canada  
Group Medical Underwriting, SC 7190  
15 Rye Street  
Portsmouth, NH 03801

**-or-** **FAX TO:** (781) 446-1517

# Sun Life Assurance Company of Canada

## Evidence of Insurability Application – Health Questionnaire

Indiana / Oregon



### I Applicant Information (Please print clearly)

Complete and return pages 1 and 2 of this form, along with the employer cover page to:  
 Sun Life Financial  
 Group Medical Underwriting  
 SC7190  
 15 Rye Street  
 Portsmouth, NH 03801  
 Fax: (781) 446-1517

Your name (first, middle initial, last)		Name of your employer City of Springfield, Oregon		Group policy no. 214181	
Your street address		City		State	Zip Code
Social Security number - -		Daytime phone number		E-mail address	
This Application is for: <input type="checkbox"/> Employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> Female					
Name (if different than above)		Date of birth (m/d/y)		Height ft. in. Weight lbs.	

### II Health History (The information in sections II, III and IV is confidential and will not be shared with your employer)

**Important:** You must answer all questions. If you answer "Yes" to any question, please use the space in Section IV on page 2 to provide the details of your condition. Failure to provide the details of your condition will cause a delay in the review of your application.

#### 1. In the past five years, have you:

- a. Had transplant surgery, other surgery, injuries or been treated in a hospital?.....  Yes  No
- b. Been treated for alcoholism or advised by a physician to change your drinking habits?..  Yes  No
- c. Used heroin, marijuana, cocaine, LSD, amphetamines, or any other narcotic? .....  Yes  No
- d. Been off work for more than five consecutive days due to illness or injury? .....  Yes  No
- e. Lost 20 lbs. or more over a 12 month period?.....  Yes  No

#### 2. In the past five years, have you been diagnosed with or treated for any of the conditions listed below?

- a. Dizzy spells, epilepsy, a nervous or neurological disorder, migraines or a mental disorder .....  Yes  No
- b. Asthma, bronchitis, emphysema, chronic cough, shortness of breath, Chronic Obstructive Pulmonary Disease (COPD) or lung disorder .....  Yes  No
- c. Abnormal blood pressure, chest pain, heart murmur, heart disease or heart attack .....  Yes  No
- d. Ulcer, liver disorder, colitis, diarrhea or any complaint of the digestive organs .....  Yes  No
- e. Arthritis, gout, rheumatism, back disorder, disc disease or joint or bone disorder .....  Yes  No
- f. Cancer, tumor, enlarged glands, enlarged lymph nodes or lupus .....  Yes  No
- g. Sugar in urine, diabetes, kidney or bladder disorder .....  Yes  No
- h. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV) .....  Yes  No
- i. Anemia, blood vessel disease, bleeding or any other blood disease or disorder .....  Yes  No
- j. Disorders of the eyes or ears .....  Yes  No
- k. Chronic fatigue or fibromyalgia .....  Yes  No

- 3. Are you currently pregnant?.....  Yes  No

Continued on next page

### III Activities

**Important:** If you answer “Yes” to any question, use the space in section IV to list each activity, how often you participate in it and the last time you participated in it.

**Do you engage in any of the following activities?**

- a. Skydiving .....  Yes  No
- b. Scuba diving.....  Yes  No
- c. Vehicle or boat racing .....  Yes  No
- d. Piloting an aircraft.....  Yes  No

### IV Detail (Provide detail below about any “Yes” answer from sections II and III.)

Question number	Description/History of Condition (e.g. high blood pressure, recent BP reading etc.)	Date Condition Began	Duration of Condition/ Treatment	Treatment	Fully Recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need more room, check here  and attach a separate sheet.

### V Signature

Please read the Certification and sign and date the form below.

If an Authorization form is included in this package, please remember to sign and date all pages of the form and return it with your completed EOI Application.

**Certification**

I hereby certify, to the best of my knowledge and belief, that:

- The information I have provided in the Evidence of Insurability (EOI) Application is true, accurate and complete.
- I have read, or had read to me, the completed EOI Application, and understand that any false statements or misrepresentation made in it may result in a loss of coverage under the Group Insurance Policy.
- I have read or had read to me the **Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Fraud Warning – Oregon:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

I also hereby confirm my understanding that:

- My EOI Application may be denied and I may be refused insurance if Sun Life Assurance Company of Canada (“The Company”) determines that I am not insurable. If The Company determines that I am not insurable, it will explain in writing the basis of its determination.
- I may ask The Company in writing to: (a) obtain certain information from the EOI Application file relating to me (a fee may be charged); (b) correct, amend or delete information in the EOI Application file relating to me (as permitted by applicable law); (c) file my own statement of facts if I believe any information in the EOI Application file relating to me is incorrect; and (d) provide me with a copy of my EOI Application.
- If I have any questions regarding my EOI Application, I can write to Sun Life Assurance Company of Canada, Group Medical Underwriting – SC7190, 15 Rye Street, Portsmouth, NH 03801.

Signature of Employee X	Date signed
Signature of Spouse (If Application is for spouse) X	Date signed