

# Application for reinstatement – Clarica or Sun Long Term Care Insurance



**Instructions:**

- If the policy has been lapsed for **62-90 days**, complete this entire form.
- If the policy has been lapsed for **greater than 90 days to 2 years**, complete:
  - this entire form, and
  - the required Medical information and functional ability questionnaire for long term care insurance (E223).

|               |
|---------------|
| Policy number |
|---------------|

In this application, *I, you* and *your* refer to the proposed insured and the applicant.

*We, us, our* and *the company* refer to Sun Life Assurance Company of Canada, who is the insurer, and a member of the Sun Life group of companies.

At the start of each section, we've stated who *you* and *your* refer to.

## 1 General information

|  |                |           |
|--|----------------|-----------|
| Proposed insured's first name                      | Middle initial | Last name |
| Applicant's first name if not the proposed insured | Middle initial | Last name |

## 2 General eligibility

In this section, *you* refers to the proposed insured.

**Notes:**

- Section 2 must be completed by the proposed insured.
- The proposed insured must also sign section 6.

It's important you provide complete and true information for us to assess your application. If you're not sure whether some information is relevant, provide it anyway. If you fail to provide all relevant information that you know about, future claims could be denied and any policy we've issued declared void. Do not tell us about genetic testing or genetic test results.

1. Within the **last 12 months**, did you need or use the assistance or supervision of another person for bathing, dressing, toileting, transferring (such as moving to or from a bed or chair), continence or feeding? .....  Yes  No
2. Within the **last 12 months**, did you need or use the assistance or supervision of another person for **more than one** of the following: using the telephone, managing finances, taking transportation, shopping, laundry, housework, preparing meals/cooking or taking medications? .....  Yes  No
3. Within the **last 12 months**, did you use a medical appliance or therapeutic medical equipment such as a chronic nebulizer (mask), dialysis, feeding tube, hospital bed, Hoyer lift, motorized cart, multi-pronged cane, oxygen equipment, respirator, stair-lift, walker or wheelchair? .....  Yes  No
4. In the **last 12 months**, have you received a disability income benefit (for example, Worker's Compensation (WCB), Canada Pension Plan (CPP), long or short term disability) because of illness or injury for a period **exceeding 2 weeks**? .....  Yes  No
5. In the **last 2 years**, have you consulted a medical or healthcare advisor? .....  Yes  No
6. In the **last 12 months**, have you taken any prescribed or non-prescribed medication(s)? .....  Yes  No
7. Have you **ever** had any application(s) for life, disability, critical illness or long term care insurance declined, rated or modified in any way? .....  Yes  No

LTCREINE





**4 Outstanding payments**

Note: All outstanding payments must be collected before the policy can be reinstated.

Payment with application \$

Note: We do not accept cash payments.

Is this policy to be reinstated on a PAC basis? .....  Yes  No

If 'yes', complete section 5.

Note: If insufficient money is collected with the application, we will issue a special PAC withdrawal to pay the outstanding payments.

**5 Pre-authorized chequing (PAC)**

Notes: All PAC payors must agree to all of the following terms in order to use the PAC payment option.

All PAC payors agree:

- Sun Life Assurance Company of Canada (company) may make deductions, at any time, for regular recurring payments and/or one-time payments from time to time, from their bank account indicated in this application for insurance,
- all pre-authorized debits will be processed as personal under the Payments Canada rules (this means having 90 calendar days from the date any payment is processed to claim reimbursement for any unauthorized payment),
- the withdrawal amount is considered variable under the Payments Canada rules,
- any notices to be sent to them under this agreement may be sent to the applicant/owner's most recent address that the company has on record at the time a notice is sent,
- the company may charge a fee and may cancel the PAC for any withdrawal that is not honoured,
- all persons whose signatures are required to sign on the bank account indicated below have signed section 7 as a PAC payor,
- the company may not assign this authorization to another company or person, in order to permit them to debit the PAC payor's account for these payments (e.g. where there has been a change in control of the company), without providing at least 10 days prior written notice, and
- to waive the requirement that the company notify them of:
  - this authorization before the first payment is processed
  - any subsequent payments, and
  - any changes to the amount or date of the payment initiated by them or the company.

a)  Start a new PAC (Complete c) and d). Regular PAC withdrawals will start one month from the date the application was signed unless otherwise indicated in c.)

b)  Add to existing PAC that is paying for policy  (Regular PAC withdrawals for this policy will be withdrawn on the same day each month as the existing PAC for the policy number listed above, unless otherwise indicated in c.)

c) Sun Life Assurance Company of Canada will withdraw funds to pay all payments, including all outstanding payments if selected, on this policy each month from the bank account shown on the sample cheque attached or any account designated.

All persons whose signatures are required to sign on this account must sign the authorization on page 6. For a joint account requiring more than one signature to withdraw funds, all the account holders must sign the authorization on page 6.

We will withdraw all outstanding payments immediately.

Regular PAC withdrawals will start one month from the date the application was signed or on \_\_\_\_\_ (dd-mm-yyyy).

The payor may cancel this authorization at any time, subject to providing the company with 10 days notice. Payors should contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at [www.payments.ca](http://www.payments.ca).

Payors have certain recourse rights if any debit does not comply with this agreement. For example, payors have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on recourse rights, payors should contact their financial institution or visit [www.payments.ca](http://www.payments.ca).

Contact us at any time at:

Sun Life Assurance Company of Canada  
227 King Street South  
PO Box 1601 Stn Waterloo  
Waterloo ON N2J 4C5  
1-877-SUN-LIFE (1-877-786-5433)  
Fax # 1-866-487-4745  
[www.sunlife.ca](http://www.sunlife.ca)

d) Attach a sample cheque marked void OR complete the following: (Only accounts with chequing privileges may be used.)

Policy number

**5 Pre-authorized chequing (PAC) (continued)**

|   |                |           |             |
|---|----------------|-----------|-------------|
| Account holder's first name                               |                | Last name |             |
| Account holder's first name                               |                | Last name |             |
| Name of financial institution                             |                |           |             |
| Address of financial institution (street number and name) |                |           |             |
| City  | Province       |           | Postal code |
| Transit number  | Account number |           |             |

PROOF

**6 Translation agreement and declaration**

Was this application translated for any proposed insured and/or applicant in a language other than English?  Yes  No  
 If 'yes', you must complete the sub sections below.

**Note:** The translator must be 18 years of age or older and may not be:

- a beneficiary,
- an applicant, or
- any other person who has an interest in the policy (excluding the advisor).

**6.1 Proposed insured and/or applicant agreement**

In this section, you and your refer to the proposed insured and/or applicant.

1. Who was this application translated for in a language other than English?

Proposed insured  Applicant

2. Do you agree that your answers to the questions asked and translated for you are complete and true, and do you understand they form part of the application?

Proposed insured:  Yes  No Applicant:  Yes  No

**Note:** If 'no', we are unable to continue with your application at this time. The application must not be submitted.

3. Do you agree that this application was fully explained to you in your preferred language, and do you understand the content provided by the translator?

Proposed insured:  Yes  No Applicant:  Yes  No

**Note:** If 'no', we are unable to continue with your application at this time. The application must not be submitted.

4. Name of person who provided the translation:

| Translator's first name | Middle initial | Last name |
|-------------------------|----------------|-----------|
|                         |                |           |

5. Relationship to proposed insured:

| Proposed insured  | Indicate: | Applicant   | Indicate: |
|---|-----------|---|-----------|
| <input type="checkbox"/> Advisor <input type="checkbox"/> Other |           | <input type="checkbox"/> Advisor <input type="checkbox"/> Other |           |

6. In what language were the questions translated?

| Proposed insured | Applicant |
|------------------|-----------|
|                  |           |

**6.2 Translator's declaration/signature (if other than advisor)**

In this section, you and your refer to the translator.

By signing below, you declare that for any proposed insured and/or applicant indicated above in sub-section 6.1, you:

- faithfully and truly translated this application and the answers provided to you,
- read over the entire contents of this application and the answers provided to you were recorded, and
- explained the information and everyone understood the contents of this application and provided all requested information.

You also declare that you do not have any interest in this application and are age 18 or older.

| Province signed | Date (dd-mm-yyyy) | Translator's signature |
|-----------------|-------------------|------------------------|
|                 |                   | X                      |

**7 Declaration and authorization**

**Acknowledgement and agreement:** By signing below, the applicant confirms they've received, read and agree to:

- the brochure called "A clear connection: Your relationship with Sun Life" (only applicable if a Sun Life Financial advisor completed this application with you), or
- the brochure called "Caring for the long term – Our relationship with you" (only applicable if a Sun Life Financial LTCI specialist completed this application with you).

By signing below, the applicant and proposed insured (if other than applicant) confirm they've received, read and agree to the Sun Life Privacy Statement for Canada and the MIB, Inc. (MIB) notice (found on the Important information you should know page).

**Declaration:** By signing below, the applicant, proposed insured and pre-authorized chequing (PAC) payors acknowledge, declare and confirm:

- they were present when their portion of this application with the Sun Life Assurance Company of Canada (company) was completed,
- they reviewed all their answers and statements recorded in this application,
- that all information they supplied in connection with this application is complete and true, and was provided by them to the advisor (or some other person authorized by the company) for underwriting, administration of insurance and claims paying purposes,
- they understand that if they do not completely and truthfully answer all of their questions (if they misrepresent any of their answers or statements) the company may void the policy,
- they agree that their personal, medical and financial information, may be shared as set out in the Sun Life Privacy Statement for Canada,
- they agree that their personal information may be shared with or disclosed to our distribution partners such as managing general agencies or national accounts, market intermediaries and their employees and agents for the purposes identified in the Sun Life Privacy Statement for Canada;
- they are satisfied with the level of product information they received before signing this application and are aware that additional product information is available to them under the "Products and services" section of the website at [www.sunlife.ca](http://www.sunlife.ca) or by calling our toll-free Customer Care Centre at 1-877-SUN-LIFE (1-877-786-5433), and
- PAC payors agree to the terms of the PAC authorization, as set out in section 5.

**Authorization of proposed insured:** By signing below, the proposed insured authorizes:

- any health care professional, physician, hospital, clinic or medically-related facility, insurance company, investigation agencies, MIB, Inc. or other organization, institution or person, including the members of the Sun Life group of companies, which includes this company, that have records or knowledge about me, to give only that information necessary for underwriting, administration of insurance and claims paying purposes to the company, its representatives, service providers and reinsurers,
- Sun Life to disclose to your regular physician, health care professional or any other physician indicated by you, the underwriting decision on this application for insurance;
- the performance of such examinations, electrocardiograms, blood profiles, and tests for HIV (AIDS) antibody and hepatitis, if needed to underwrite this application, and
- the company to release only the necessary personal information obtained during the underwriting process to my personal physician, to MIB, Inc., to any insurance company, if an application has been made to that company for an insurance policy on my life, and for any infectious or communicable disease, to the Medical Officer of Health where required by law.

| Location signed | Date (dd-mm-yyyy) | Signature   |
|-----------------|-------------------|---|
| Province        | Signed on:        | Applicant (indicate title of signing officers if applicable)<br>X |
| Province        | Signed on:        | Proposed insured (if other than applicant)<br>X                   |
| Province        | Signed on:        | PAC payor (if other than applicant or proposed insured)<br>X      |
| Province        | Signed on:        | PAC payor (if other than applicant or proposed insured)<br>X      |

A copy of this authorization is as valid as the original.

**8 Advisor/LTCI specialist's statement (Complete for all applications)**

In this section, *you* refers to the advisor selling the policy.

|   |                         |                          |                         |
|---|-------------------------|--------------------------|-------------------------|
| 1. Selling advisor/LTCI specialist's number | Financial centre number | Referring advisor number | Financial centre number |
|---|-------------------------|--------------------------|-------------------------|

Is there another referring advisor that should receive commissions on this application?  Yes  No

If 'yes', complete the following:

|                                   |                         |         |                             |
|-----------------------------------|-------------------------|---------|-----------------------------|
| Commission sharing advisor number | Financial centre number | Share % | Lead service advisor number |
|-----------------------------------|-------------------------|---------|-----------------------------|

2. If you are aware of any additional information which might affect the assessment of risk, give details.

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

**Advisor/LTCI specialist's declaration:**

By signing below, with the understanding that Sun Life will rely on all of the information collected to process this application to conduct customer due diligence and to satisfy applicable regulatory requirements, I confirm that:

- I have reviewed with each applicant, proposed insured and PAC payor, all of their information in this application and, to the best of my knowledge, this information is complete and true, and has all the facts material to the insurance applied for;
- I have provided them with a copy of the brochure called "A clear connection: Your relationship with Sun Life" and discussed it with them (only applicable if a Sun Life Financial advisor completed this application);
- I have provided them with a copy of the brochure called "Caring for the long term – our relationship with you" and discussed it with them (only applicable if a Sun Life Financial LTCI specialist completed this application);
- I am licensed in the province in which this application was completed and this signature page was signed; and
- I confirm I saw every person sign this form.

If indicated in the Translation agreement and declaration section that I acted as a translator, by signing below, I declare that for any proposed insured(s) and/or applicant(s) indicated in that section, I:

- faithfully and truly translated this application and the answers provided to me,
- read over the entire contents of this application and the answers provided to me were recorded, and
- explained the information and everyone understood the contents of this application and provided all requested information.

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Date (dd-mm-yyyy) | Advisor/LTCI specialist's signature<br>X | Advisor/LTCI specialist's number |
| Date (dd-mm-yyyy) | Supervisor's signature<br>X              |                                  |

# Important information you should know



Policy number

**! Note:** This page is to be detached and given to the proposed insured. Do not submit with the application.

## Sun Life Privacy Statement for Canada

### Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy) or call us for a copy.

### Access to your information

We or our reinsurers may also submit a brief report of our findings to MIB, Inc. (MIB), a non-profit organization of life and health insurance companies, which operates an information exchange on behalf of its members. If the person named in this application also applies for insurance coverage or submits a claim with another life or health insurance company that is an MIB member, MIB will, on request, supply that insurance company with the information on its files.

MIB receives personal information and the collection, use and disclosure of such information is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Therefore, MIB has agreed to protect such information in a manner that is substantially similar to the company's privacy and securities practices, and in accordance with applicable laws. As a U.S. based company, MIB is bound by, and such personal information may be disclosed in accordance with, applicable U.S. laws. If you have any questions about MIB's commitment to protect the confidentiality and security of your personal information, you may contact the MIB Privacy Department at [privacy@mib.com](mailto:privacy@mib.com).

To learn more about MIB, Inc., you may visit the website at [www.mib.com](http://www.mib.com), call 416-597-0590 or write to:

MIB, Inc.  
330 University Avenue  
Suite 501  
Toronto ON M5G 1R7

You may ask to see your personal information on file with MIB, Inc. and correct anything that is inaccurate or incomplete.

### About Sun Life

As a leading international financial services organization, we're proud to offer a diverse range of wealth accumulation and protection products and services. Tracing our roots back to 1865, Sun Life has operations in key markets around the world. But most importantly, we're in business to help people achieve and maintain the peace of mind that comes from having sound financial solutions in place.

If you'd like more information about Sun Life, please visit our website at [www.sunlife.ca](http://www.sunlife.ca) or call 1-877-SUN-LIFE (1-877-786-5433).