doctors of bc
British Columbia Medical Association

Application to Exercise Future Insurance Option

Sun Life Financial

Doctors of BC ID #

Doctors of BC Life Insurance Plan

In this application *you* and *your* refer to the person applying for insurance. *We* and *the Company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

1 General information

Last name	Middle initial	First name	☐ Male ☐ Female	Date of birth (dd-mm-yyyy)

Former/maiden name (if applicable)	

Mailing address (street number and name)	Apartment or suite

City	Province	Postal Code

Telephone	Email address

2 Coverage applied for

Amount of additional insurance applied for
$50,000

3 Declaration of eligibility

You can only exercise your Future Insurance Option to increase coverage within 60 days of one of these events.

I am eligible to apply for this coverage, without evidence of insurability, for the following reason (please check one):

Attainment of age: ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55

	Date (dd-mm-yyyy)
☐ Marriage or eligible common-law relationship	
☐ Birth or legal adoption of a child	
☐ Completion of residency	
☐ Completion of medical school	

For SLF use:
DC-100

4 Occupational information

Occupation

Are you actively at work at least 25 hours per week? ☐ Yes ☐ No
If *no*, please respond to questions a) and b).

a) Were you hospitalized in the last six months? ☐ Yes ☐ No

If *yes*, provide details.

b) Are you able to perform all the usual duties of your normal occupation? ☐ Yes ☐ No

If *no*, provide details.

5 Declaration and authorization

Please read and sign this section.

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation or false declaration concerning this application will cause the insurance to be void.

I authorize Sun Life Assurance Company of Canada, its agents and service providers including institutions, investigative agencies, insurers and reinsurers including the plan administrator, to use and exchange relevant information about me in connecton with this application, for the purpose of administration and adjudicating claims under this insurance coverage.

Your signature X		
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) – –

Please mail your completed application to:

Doctors of BC Insurance Department
115-1665 West Broadway
Vancouver BC V6J 5A4

or FAX it to: 604-638-2909

or scan and email to:
insurance@doctorsofbc.ca

6 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at *www.sunlife.ca*, or send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.