

Doctors of BC Resident Life and Disability Insurance Application (without proof of good health)

Doctors of BC ID#

For the members of Doctors of BC

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.

1 Member information (please print)

Last name	First name	Middle initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy) - -
Mailing address (street number and name)				Apartment or suite
City		Province	Postal Code	
Email address			Preferred telephone number - -	
<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker	Non smoker means that you have not used any tobacco or tobacco cessation products in the last 12 consecutive months.			

2 Occupational information

Date you started your program (dd-mm-yyyy) - -	Date your program is due to be completed (dd-mm-yyyy) - -
Year of residency <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5 <input type="checkbox"/> R6 <input type="checkbox"/> R7 <input type="checkbox"/> Fellowship	Location of your residency program (hospital and city)
Type of program (specialty)	
Are you actively at work full-time at least 30 hours per week in your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please explain why	

3 Coverage applied for

You will automatically receive the Disability Insurance coverage level corresponding with your year of residency, unless you indicate otherwise.

If you elect less than \$4000, future coverage increases during residency may require proof of good health.

The Retirement Protection benefit can be increased to \$1000/month when your annual income exceeds \$100,000.

If more than \$100,000 life insurance is desired, please contact Doctors of BC for information.

Disability insurance

R1-R5: \$4,000 per month

R6-R7: \$5,000 per month

Fellowship:

Family Practice \$6,000 per month

Specialist: \$7,500 per month

By checking here, I am choosing a lower coverage level (minimum \$500, in \$100 units)*

\$

Cost of Living Adjustment: Included

Guaranteed Insurability Benefit: Included upon start of practice

Own Occupation rider: Yes

Retirement Protection rider: \$500/month

* To qualify for the non-evidence Physicians Disability Insurance offer on start of practice, minimum coverage of \$2,000 of Doctors of BC Resident Disability Insurance is required.

Life insurance By checking here, I am choosing \$100,000 (in addition to any Student Life insurance benefit)

Waiver of Premium rider: Yes

Future Insurance Option rider: Yes

For more information about the coverage, optional riders and premium rates, please visit the Doctors of BC website at www.doctorsofbc.ca/insurance

4 Beneficiary designation

Beneficiary designation

This designation supercedes any previous beneficiary designation and will apply to the entire amount of your Doctors of BC Life insurance coverage.

PRIMARY beneficiary or beneficiaries – Share of benefits must add up to 100%.

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19
Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19

CONTINGENT beneficiary or beneficiaries – Share of benefits must add up to 100%.

Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19
Last name	First name	Middle initial	Relationship to life insured	Amount %	Indicate age if under 19

If all primary beneficiaries die before you, the contingent beneficiaries will receive the benefits payable.

Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child:

Trustee clause for minor children – applies when beneficiary is under age 19.

Last name of trustee	First name	Middle initial	Relationship to life insured
----------------------	------------	----------------	------------------------------

5 Existing insurance information

Do you have or have you concurrently applied for any other disability income insurance coverage other than with Doctors of BC?

Yes No If *yes*, provide full details below:

Amount of benefit	Insuring company	Date of issue (mm-yyy)	Elimination period (e.g. 90 days)	Benefit period (e.g. to age 65)	Taxable benefit?
\$		–			<input type="checkbox"/> Yes <input type="checkbox"/> No
\$		–			<input type="checkbox"/> Yes <input type="checkbox"/> No

Will any disability insurance be discontinued if the coverage you have applied for is issued?

Yes No If *yes*, provide details below

Insuring company	Amount of monthly benefit to be replaced \$
------------------	---

DO NOT CANCEL ANY EXISTING COVERAGE UNTIL THE COVERAGE YOU HAVE APPLIED FOR HAS BEEN APPROVED.

6 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 also certify that I am a member of Doctors of BC or the Yukon Medical Association and am actively engaged in my regular occupation on the date of this application.

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

A photocopy of this authorization shall be as valid as the original.

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

Please return your completed application to:

Mailing Address:
Doctors of BC Insurance Department
115 – 1665 West Broadway
Vancouver BC V6J 5A4

or Fax Number:
604-638-2909

or Email: Scan to Email Address
insurance@doctorsofbc.ca

7 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.