

Application for Life Insurance



For the members of Doctors of BC and/or their spouse

Please PRINT clearly.

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.

Doctors of BC #	Member information								
	Last name		First name			N		☐ Male ☐ Femal	
referred place and time to ontact member:	Former/maiden name (if applicable)	Date of bi	Date of birth (dd-mm-yyyy) Province			of birth Cour			
Place Day ☐ Residence ☐ Weekdays ☐ Business ☐ Weekends	Email address								
] Cell ime	Mailing address (street number and name) Apartment or suite								
Morning (9:00-12:00) Afternoon (12:00-5:00)	City			Province F		Postal code			
☐ Evening (5:00-8:00) ☐ Night (8:00-11:00)	Telephone (residence) Te	lephone (business	one (business) Telephone (co) Fax			
	Spouse information (if ap	plying for S	pouse Life)			•			
Preferred place and time to contact spouse: Place Day □ Residence □ Weekdays □ Business □ Weekends	Last name		First name		M		Aiddle initial	☐ Male ☐ Femal	
	Former/maiden name (if applicable)	Date of bi	Date of birth (dd-mm-yyyy) Province		e of birth Cour		intry of birth		
] Cell ime	Email address Non-smoker Non-smoker means that you have not used any tobacco or tobacco cessation products within the last 12 consecutive months.								
 ☐ Morning (9:00-12:00) ☐ Afternoon (12:00-5:00) ☐ Evening (5:00-8:00) ☐ Night (8:00-11:00) 	Telephone (residence)	Telephone (bu	ephone (business)			Telephone (cell)			
2 Member occupation	onal information								
lease complete this section nly if you are a member nd applying for coverage.	a) Medical specialty								
	dd-mm-yyyy								
	b) Date initial medical practice commenced in Canada:								
	c) Numbers of hours worked per week in the practice of medicine: If less than 30, please explain why								
	d) Numbers of weeks worked per year in the practice of medicine:								
	d) Numbers of weeks worked	i per year in t	ne practice of	i illedicille.					

2 Spause assumption	من امد	formation							
3 Spouse occupation Please complete this section only if your spouse is applying for coverage.	a)	Your spouse's occupa	tion		b)	Amount of ann	nual incom	ie	
	c)	C) Is your spouse actively at work for at least 20 hours per week? Yes No If no, please confirm whether your spouse: i) was hospitalized in the last six months? Yes No ii) can perform the six activities of daily living (bathing, dressing, feeding, continence, toileting, transferring)? Yes No							
4 Coverage applied	for (p	olease refer to the	brochure for elig	rible amounts and	benefits)				
Please indicate the amount	Member Life insurance								
of coverage you are applying for at this time, excluding existing Doctors of BC coverage, if any. Maximum number of units = 60	Level coverage No. of units x \$50,000 = \$				Waive	r of Premium rid	ium rider* Future Insurance Option rid		
	Bill me Personally My corporation Beneficiary designation								
	Thi	s designation sur			esignatio	n and will aj	pply to	the entire amount of	
PRIMARY beneficiary or beneficiaries – Share of	Las	t name	First name	Middle initial	Relationsh	ip to life insured	Amount	:% Indicate age if under 19	
benefits must add up to 100%.	Las	t name	First name	Middle initial	Relationsh	ip to life insured	Amount	% Indicate age if under 19	
	Las	et name	First name	Middle initial	Relationsh	ip to life insured	Amount	: % Indicate age if under 19	
	Las	t name	First name	Middle initial	Relationsh	ip to life insured	Amount	:% Indicate age if under 19	
CONTINGENT beneficiary or beneficiaries – Share of benefits must add up to 100%.	Las	st name	First name	Middle initial	Relationsh	ip to life insured	Amount	% Indicate age if under 19	
	Las	st name	First name	Middle initial	Relationsh	ip to life insured	Amount	% Indicate age if under 19	
	Las	st name	First name	Middle initial	Relationsh	ip to life insured	Amount	% Indicate age if under 19	
	Las	st name	First name	Middle initial	Relationsh	ip to life insured	Amount	: % Indicate age if under 19	
Trustee clause for minor children – applies when		y amount payable stee for such chile		nted above during	(his/her) minority s	hall be	paid to the following as	
beneficiary is under age 19.	Las	Last name of trustee First name			Middle initial Relationship to life insured				

^{*} For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca.

applying for at this time, eacheding existing Doctors of BC coverage No of units x \$50,000 = \$ Ves V	4 Coverage applied										
Lest care Spring for at this time, excluding existing Doctors of IRC coverage, if any.	Please indicate the amount of coverage your spouse is	Spouse Life insurance									
Beneficiary designation This designation This designation supercedes any previous beneficiary designation and will apply to the entire amount of your Doctors of BC Spouse Life insurance coverage. Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % In							'				
Beneficiary designation This designation supercedes any previous beneficiary designation and will apply to the entire amount of your Doctors of BC Spouse Life insurance coverage. PRIMARY beneficiary of beneficiaries - Share of benefits must add up to 100%. Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to lif		No. of units x \$50,000 = \$ ☐ Yes ☐ Yes							S		
PRIMARY beneficiary or 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 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name first name Middle initial Relationship to life insured Amount %		Beneficiary desig	Beneficiary designation								
Last name	units = 60		•								
Last name		your Doctors of BC	Spouse Life insu	ırance cov	erage.						
Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insured Last name of trustee First name Middle initial Relationship to life insure	beneficiaries – Share of benefits must add up	Last name	First name		Middle initial	Relationship to life insure	sured Amount %		Indicate age if under 19		
CONTINCENT 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 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last		Last name	First name		Middle initial	Relationship to life insure	d Amount	Amount % Indicate age i			
CONTINCENT beneficiary or 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 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initi		Last name	First name		Middle initial	Relationship to life insure	d Amount	: %	Indicate age if under 19		
or beneficiaries – Share of beneficiaries – Share of benefits must add up to 100%. Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name of trustee First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount % Indicate age if under 1 Indicate age if under 1 Any amount % Indicate age if under 1 Indicate age if unde		Last name	First name		Middle initial	Relationship to life insure	d Amount	: %	Indicate age if under 19		
or beneficiaries – Share of beneficiaries – Share of benefits must add up to 100%. Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name First name Mddle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name of trustee First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount % Indicate age if under 1 Indicate age if under 1 Any amount % Indicate age if under 1 Indicate age if unde	CONTEINIOENTEI										
Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee clause for minor children - applies when beneficiary is under age 19. *** For more information Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Life insurance coverage provided details below. S		Last name	First name		Middle initial	Relationship to life insure	d Amount	: %	Indicate age if under 19		
Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Last name First name Middle initial Relationship to life insured Amount % Indicate age if under 1 Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name of trustee First name Middle initial Relationship to life insured Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name of trustee First name Middle initial Relationship to life insured Amount % First name Middle initial Relationship to life insured Amount of Double insurance or have you or your spouse concurrently applied for any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? Date of issue (dd-mm-yyyy) S Date of issue (dd-mm-yyyy) S S S S S S S S S Will any Life insurance be discontinued if the coverage you have applied for is issued? Press No If yes, please provide details below. Insuring company Type of coverage Amount Type of coverage Amount Type of coverage Double Type of coverage Double Double Double Type of coverage Double Type of coverage Double Double Type of coverage Double Type		Last name	First name		Middle initial	Palationship to life incurs	d Amount	. 0/	Indicate ago if under 10		
Trustee clause for minor children – applies when beneficiary is under age 19. ** For more information Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Linsurance coverage provided by individual or group policies, or employment contracts/partnership agreements? S	to 100%.	Last Hame	riist name		Middle il iltial	Relationship to the hisure	AIIIOUIII	. /0	marcate age if under 19		
Any amount payable to a child appointed above during (his/her) minority shall be paid to the following as trustee for such child: Last name of trustee		Last name	First name Middle initial Relationshi		Relationship to life insure	p to life insured Amount %		Indicate age if under 19			
Trustee clause for minor children – applies when beneficiary is under age 19. ** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. ** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. ** For more information Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Li insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? Yes No If yes, please provide details below. Name of applicant Amount of benefit Insuring company Date of issue (dd-mm-yyyy)		Last name	First name Middle initial		Relationship to life insured Amount		: %	Indicate age if under 19			
** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. ** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. ** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. ** For more information Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? Yes				ointed abo	ve during	g (his/her) minority	shall be	paid to	o the following as		
** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca. Insurance information	children - applies when	Last name of trustee	ast name of trustee First name Middle in				iddle initial	initial Relationship to life insured			
Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? Yes No If yes, please provide details below. Name of applicant	beneficiary is under age 19.	** For more information about the riders, please visit the Doctors of BC website at www.doctorsofbc.ca.									
Please complete this section so that we may assess your insurable interest. Incomplete applications will be returned. Do you or your spouse currently have Life insurance or have you or your spouse concurrently applied for any Life insurance coverage provided by individual or group policies, or employment contracts/partnership agreements? Yes No If yes, please provide details below. Name of applicant	5 Insurance informa	tion									
Will any Life insurance be discontinued if the coverage you have applied for is issued? Yes No If yes, please provide details below.	so that we may assess your insurable interest.	insurance coverage p	provided by indiv	ridual or gr	oup polic						
\$											
\$ Will any Life insurance be discontinued if the coverage you have applied for is issued? Yes No If yes, please provide details below. Insuring company Type of coverage Amount		Name of applicant		benefit	Insur	ing company		(dd	-mm-yyyy)		
Will any Life insurance be discontinued if the coverage you have applied for is issued? Yes No If yes, please provide details below. Insuring company Type of coverage Amount				\$							
Will any Life insurance be discontinued if the coverage you have applied for is issued? Yes No If yes, please provide details below. Insuring company Type of coverage Amount				\$							
☐ Yes ☐ No If <i>yes</i> , please provide details below. Insuring company Type of coverage Amount				\$							
Type of coverage Amount						you have applied fo	r is issue	ed?			
		Insuring company									
		Type of coverage					Amoun	t			
		7,					\$				

IMPORTANT: DO NOT CANCEL ANY EXISTING LIFE 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. MEMBER ONLY: I also certify that as a member of Doctors of BC or Yukon Medical Association, I understand and agree that this application is void unless I am in active practice in Canada on the date of this application.

I hereby certify that I have read and understood the Medical Information Bureau (MIB) notice in section 7, and I have, by my signature below, authorized the MIB to give to Sun Life Assurance Company of Canada, or its reinsurers, any information it may have.

I authorize Sun Life Assurance Company of Canada, its agents and service providers including health professionals, institutions, the MIB, investigative agencies, insurers and reinsurers including 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 or electronic version of this authorization is as valid as the original.

Signature of member	Signature of spouse (if apply	Signature of spouse (if applying for coverage)				
X	X					
Signed at (city)	Signed at (province)	Date (dd-mm-yyyy)				

We retain the right to request a medical examination, urinalysis or tests such as a blood profile (including a blood test for HIV) which will be made at no expense to you. You may be contacted by a representative of the Company for your medical history.

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

7 Medical Information Bureau notice

In the course of underwriting your application, Sun Life Assurance Company of Canada may disclose information about you to its reinsurers. Sun Life Assurance Company of Canada and its reinsurers may also release information in their files to other life and health insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

Sun Life Assurance Company of Canada or its reinsurers may also submit a brief report of their findings to the Medical Information Bureau (MIB), a non-profit membership 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.

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

You may write to the MIB at:

Medical Information Bureau 330 University Avenue Toronto, Ontario M5G 1R7 or call: 416-597-0590

8 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.