

Doctors of BC ID#

## For the members of Doctors of BC

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.

### 1 General information

First name	Last name	Middle initial	<input type="checkbox"/> Male <input type="checkbox"/> 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 - -		E-mail address		
Date you started medical school (dd-mm-yyyy) - -	Date you expect to graduate (dd-mm-yyyy) - -	What is your current year of medical school? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth		
Medical school site: <input type="checkbox"/> Vancouver (VFMP) <input type="checkbox"/> Victoria (IMP) <input type="checkbox"/> Prince George (NMP) <input type="checkbox"/> Kelowna (SMP)				
<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 Coverage applied for

If you are applying for Disability insurance, please check the box. Your coverage will be as shown, based on your year of medical school.

**Disability insurance:**

Disability Income:

**First/Second Year:**

\$1,500 Monthly Benefit  
COLA & GIB included\*  
HIV/Hepatitis B/C Benefit\*

**Third Year:**

\$2,500 Monthly Benefit  
COLA & GIB included\*  
HIV/Hepatitis B/C Benefit\*

**Fourth Year:**

\$2,500 Monthly Benefit  
 \$4,000 Monthly Benefit  
COLA & GIB included\*  
HIV/Hepatitis B/C Benefit\*

If you would like to apply for Life insurance, please check the box, and provide your beneficiary information.

**Life insurance – \$100,000 Level Term Insurance:**

Beneficiary's first name	Last name	Relationship to you
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\* For more information about the riders, please visit the Doctors of BC website at [www.doctorsofbc.ca/insurance](http://www.doctorsofbc.ca/insurance)



### 3 Other Insurance Information

Do you currently have disability insurance or have you concurrently applied for any disability insurance coverage provided by individual or group policies, or employment contracts/partnership agreements (other than Doctors of BC insurance)?

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

Amount of benefit	Insuring company	Date of issue (mm-yyyy)	Benefit period	Taxable
\$		–		<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 \$
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**IMPORTANT: DO NOT CANCEL ANY EXISTING COVERAGE UNTIL THE COVERAGE YOU HAVE APPLIED FOR HAS BEEN APPROVED.**

### 4 Authorization and declaration

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.

As a member of Doctors of BC or the Yukon Medical Association, I understand and agree that this application is void unless I am enrolled full-time, and not presently on a personal or medical leave, in a medical school in British Columbia on the date of this application.

I authorize Sun Life Assurance Company of Canada, its agents and service providers, and the Doctors of BC plan administrator, to use and exchange information needed for administration and adjudicating claims under this insurance coverage with any person or organization who has relevant information about me including institutions, investigative agencies, insurers, and reinsurers.

A photocopy or electronic version of this authorization is as valid as the original.

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 e-mail to:  
*insurance@doctorsofbc.ca*

### 5 Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).