doctors of bc
British Columbia Medical Association

Application for Student Insurance

Sun Life Financial

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.

Please PRINT clearly.

1 General information

First name	Last name	Middle initial	☐ 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	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?
_ _	_ _	☐ First ☐ Second ☐ Third ☐ Fourth

Medical school site:
☐ Vancouver (VFMP) ☐ Victoria (IMP) ☐ Prince George (NMP) ☐ Kelowna (SMP)

☐ Non-smoker
☐ 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*

Student Professional Expense Insurance:

First/Second Year:
$500 Monthly Benefit
12 Month Benefit Period
GIB included*

Third Year:
$500 Monthly Benefit
12 Month Benefit Period
GIB included*

Fourth Year:
$500 Monthly Benefit
12 Month Benefit Period
GIB included*

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

* For more information about the riders, please visit the Doctors of BC website at *www.doctorsofbc.ca/insurance*

For SLF use:
DC-100

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-yyy)	Benefit period	Taxable
$		–		☐ Yes ☐ No
$		–		☐ Yes ☐ 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
	$

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

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.