Sun Life Assurance Company of Canada

Long-Term Disability Claim Statement - Employer

Instructions

Please complete this Disability Claim Statement for an employee who has a disability that extends beyond the elimination period that's included in your group policy.

Please complete, sign and date this form, and return it to us along with the following documents (as applicable).

- Enrollment form
- Job description
- Attendance records
- Workers' Compensation report
- Return-to-Work slip
- W-2
- 3 months of detailed payroll

You may also file this form online at www.sunlife.com/us, click on Submit a Disability Claim. Please send the additional documents by e-mail, mail or fax:

E-mail: myclaimdocuments@sunlife.com

Mail: Sun Life Assurance Company of Canada, 96 Worcester Street, Wellesley, MA 02481

Fax: 781-304-5537

If complete and accurate information is not provided, we may need to request additional information, which could delay disability benefits for your employee.

Group policy number

1 General information

Name of employer			
Street Address	City	State	Zip code
Name and address of division where employee works (if different from above)			

Does your company have a formal Return-to-Work Program..... ☐ Yes ☐ No

Contact person	Phone number

2 Employee's information

Name of employee (first, middle initial, last)			☐ Male ☐ Female	Class per contract	
Employee's street address		City		State	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone number	E-mail address		

3 Employment and claim information

Date hired:	Start date of disability insurance:	Date last worked before disability:	Hours worked last day:
Employee's job title			
List employee's major job duties (include a copy of the job description if available)			
How would you classify the employee's occupation? ☐ Sedentary (1-10lbs) ☐ Light (11-20lbs) ☐ Medium (21-50lbs) ☐ Heavy (51+ lbs)			
Indicate the days per week the employee regularly works. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7			
Indicate daily hours the employee regularly works ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Other:			
Has employee's employment terminated? ..... ☐ Yes ☐ No If "Yes," termination date:			
Has employee returned to work? ..... ☐ Yes ☐ No If "Yes," return date: ☐ Full-time (full capacity) ☐ Full-time (partial capacity) ☐ Part-time (attach payroll ledger)			
Is condition due to injury/sickness caused by employee's occupation? ..... ☐ Yes ☐ No ☐ Unknown			
Has a Workers' Compensation claim been filed? ..... ☐ Yes ☐ No			
Name of Workers' Compensation carrier		Phone number	

4 Salary and benefit information

If the employee contributes to the premium, attach a copy of employee's enrollment form.

How was the employee paid? (check one)

☐ Hourly $ per hour:	☐ Salaried $ per week:

Other work-related income:

Commissions $	Bonuses $	Overtime $

How does the employee contribute toward the premium? ☐ PRE-tax ☐ POST-tax ☐ Employee does not contribute
If employee contributes, please provide percentage %

5 Other income information

Indicate whether the employee is currently receiving or entitled to receive benefits from any of these sources.
Check all that apply.

	Source of Income	Payment Amount	Weekly or monthly	Payment Coverage (mm/dd/yyyy)	
☐	Sick Pay	$	☐ Wkly ☐ Mthly	From:	To:
☐	Salary Continuance	$	☐ Wkly ☐ Mthly	From:	To:
☐	State Disability	$	☐ Wkly ☐ Mthly	From:	To:
☐	Workers' Compensation	$	☐ Wkly ☐ Mthly	From:	To:
☐	Unemployment	$	☐ Wkly ☐ Mthly	From:	To:
☐	Social Security Disability	$	☐ Wkly ☐ Mthly	From:	To:
☐	Disability/Retirement Pension	$	☐ Wkly ☐ Mthly	From:	To:
☐	Other:	$	☐ Wkly ☐ Mthly	From:	To:

6 Certification and signature

I certify that the above statements are true and complete. I have read or had read to me the fraud warning for my state

Name of person completing this form	E-mail address
Title	Phone number
Signature X	Date signed (mm/dd/yyyy)

7 Fraud warnings

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, MA, MN, TX and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DE, ID and IN: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

7 **Fraud warnings**, continued

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR Any person who, with intent to defraud or knowingly providing false information may be guilty of fraud and may be subject to civil or criminal penalties.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Contact us

By mail
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96 Worcester Street
Wellesley Hills, MA 02481

By fax
781-304-5537

By e-mail
myclaimdocuments@sunlife.com

www.sunlife.com/us

Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET