

Sun Life Assurance Company of Canada

Refusal of Non-Contributory Group Coverage



I refuse non-contributory _____ coverage provided under a health and welfare plan, sponsored by _____ ("Policyholder") and insured by Sun Life Assurance Company of Canada ("Sun Life") under group policy number _____ ("Group Policy").

I understand that should I decide to request this _____ insurance coverage in the future, my eligibility for coverage and benefits will be subject to all provisions of the Group Policy in effect at the time of the late enrollment, including but not limited to Evidence of Insurability, medical underwriting, and pre-existing conditions provisions.

By refusing the _____ coverage, I (and my heirs, executors, administrators, successors, and assigns) release, remise, and forever discharge Sun Life and the Policyholder and each of their agents, employees, successors, assigns, parent companies, subsidiaries, and affiliates from any and all claims, demands, rights, and causes of action, both known and unknown and unanticipated, arising out of or in any way connected with my refusal of the group _____ coverage referred to above.

Signed in the witness of:

Signature of witness

X

Signature of employee

X

Date (mm/dd/yyyy)

Name of employee (please print)

Date of birth (mm/dd/yyyy)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary signature

Date (mm/dd/yyyy)

Notary seal

My commission expires (mm/dd/yyyy): _____

Contact us

By mail

Sun Life Assurance Company of
Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

www.sunlife.com/us

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

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