Sun Life Assurance Company of Canada
Life benefits claims packet- Employer

Use this claims packet for the following:

- waiver of premium benefits—totally disabled without further premium payments
- accelerated benefits—terminal illnesses and qualifying events
- accidental dismemberment benefits—accidental bodily injury or loss
- permanent total disability benefits—permanently and totally disabled

Do not use this claims packet for death claims. Instead, use the Sun Life Assurance Company of Canada death claims packet –Employer Statement (GLFM-7552) and Claimant Statement (GLFM-7551).

Instructions for the employer

In the event of illness, dismemberment, or disability of an insured, please follow these steps as soon as you determine whether the insured is eligible for accelerated benefits, waiver of premium benefits, permanent total disability benefits, and/or accidental dismemberment benefits.

Please be sure to submit the employer's statement directly to Sun Life Financial.

1. Complete the employer's statement and collect the following:
   - ☐ a copy of any and all enrollment forms
   - ☐ a copy of the most recent beneficiary designation on file
   - ☐ a copy of payroll records for at least the last 3 months prior to the date of disability
   - ☐ a copy of the job description

2. **Please send all claim paperwork to:**

   Sun Life Assurance Company of Canada
   Group Life Claims
   P.O. Box 81365
   Wellesley Hills, MA 02481
   Tel: 800-247-6875
   Fax: 888-551-2084

Failure to provide complete and accurate information could result in the need for an additional claims investigation, which could delay the initial benefit payment or the approval of the waiver of premium.

Fraud warnings

State law requires that we notify you of the following:

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, RI, 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 a false or fraudulent 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.

Fraud Warnings continued

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.

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 and 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.

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.

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.

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.

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Employer's statement

1 General information

Type of claim: ☐ Waiver of premium benefits ☐ Accidental dismemberment benefits ☐ Accelerated benefits ☐ Permanent total disability benefits

Please print clearly.

Employer's name	Group policy number	Class
Employer contact (name of person completing this form)	Title	
Employer's street address	City	State / Zip code
Employer's email address	Telephone number	Fax number
Name and address of division where employee works		

2 Employee information

Employee's name (first, middle initial, last) ☐ M ☐ F	Social Security number	Date of birth (m/d/y)
Employee's home address	City	State / Zip code

3 Dependent information

Complete only if submitting a dependent claim.

Dependent's name (first, middle initial, last) ☐ M ☐ F	Date of birth (m/d/y)	Relationship to employee

4 Employment and claims information

Basic insurance amount $	Optional insurance amount $	Number of regular hours worked
Date of disability or loss (m/d/y)	Date hired (m/d/y)	Effective date of insurance
Why did employee cease working? ☐ Illness ☐ Leave of absence ☐ Layoff ☐ Retired	☐ Still working ☐ Date last worked: _____	Occupation

5 Salary and benefits information

How was the employee paid? (check one)

☐ Hourly	☐ Salaried
$ per hour:	$ per year:

Provide information about other income:

Commissions	Bonuses	Overtime
$	$	$

What was the date of the last pay increase?

Please attach the following and submit with the completed employer's statement:

- all enrollment and beneficiary forms
- documentation of the employee's current class and benefit
- payroll records for at least the last 6 months prior to the date of disability

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.

Signature of plan administrator	Date signed
X	