Notification of Death

Sun Life Financial

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Please PRINT clearly.

To be completed by the administrator or the employer.

Clear

1 Member information

If the member is enrolled in a pre-retirement plan with Sun Life Group Retirement Services, please indicate Contract number and SIN (Social Insurance Number).

Contract number	Class	Billing group number	Member ID number

Member's last name	First name	Date of birth (dd-mm-yyyy)

Address (street number and name)	City	Province	Postal code

Date employment commenced (dd-mm-yyyy)	Date last worked (dd-mm-yyyy)	If not actively at work at death, state reason:
		☐ Sick leave ☐ Other (specify) ☐ Retired

Insurance amount	Date insurance last increased (dd-mm-yyyy)	If determined by salary or occupation, state salary or occupation:
$		$

Date of death (dd-mm-yyyy)	Cause of death:
	☐ Accident (Further details may be required.) ☐ Other (specify) ☐ Unknown at present

Contract number	Social Insurance Number

2 Dependent information

This statement should be accompanied by proof of death.

Employee data

Member's last name	First name	Date of birth (dd-mm-yyyy)

Address (street number and name)	City	Province	Postal code

Date employment commenced (dd-mm-yyyy)	Was employee actively at work at death of dependent?	If not actively at work at death, date last worked and reason:
	☐ Yes ☐ No	(dd-mm-yyyy) ☐ Sick leave ☐ Retired ☐ Other (specify)

Dependent data

If dependent is beyond normal limiting age and policy provides continued insurance, forward supporting documentation (school attendance letter, medical report or disability, etc.).

Dependent's last name	First name	Date of birth (dd-mm-yyyy)

Address (street number and name)	City	Province	Postal code

Date of death (dd-mm-yyyy)	Relationship to employee	
	☐ Spouse ☐ Child ☐ Other (specify)	☐ Married ☐ Single

Insurance amount	Cause of death:
$	☐ Accident (Further details may be required.) ☐ Other (specify)

3 Signature

NOTE: If your policy is self-administered, forward the enrolment and other cards, or forms. Photocopies are sufficient for Dependent Claims.

Group Policyholder name			
Address (street number and name)	**City**	**Province**	**Postal code**

Authorized signature	Telephone number
X	

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)

Sun Life Assurance Company of Canada, Group Life Claims (602D60), 1155 Metcalfe St, Montreal QC H3B 2V9