

Sun Life Assurance Company of Canada

Evidence of Insurability Cover Page



Employer Instructions

Complete this cover page and provide it to the employee. The employee may complete the Evidence of Insurability (EOI) application either online or on paper:

- **Online at www.sunlife-usa.com/planmembers**

Our secure online system allows employees to provide all of the information needed for Evidence of Insurability in about 10 to 15 minutes. Following completion of the application, the employee receives confirmation by email. The employee then will receive notification of our decision by email or mail.

- **Printable EOI application**

If submitting the EOI application on paper, the applicant must include this Cover Page with his/her submission. Failure to include a completed Cover Page could delay the EOI process.

Employee/Dependent Information (To be completed by employer)

Employee Name (first, middle initial, last)		Group Policy Number 64512	
Social Security Number (last four digits)	Approval	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
	Requested for	<input type="checkbox"/> Dependent Child(ren): No. of Children:	

Coverage(s) Subject to Evidence of Insurability (To be completed by employer)

Select coverage(s) for which EOI is required. Fill in Current Amount of coverage, or the Guaranteed Issue (GI) amount of the plan. Then fill in Requested Amount and Amount Subject to EOI. Sign and date here if employee is submitting the printable EOI form.

Life Insurance

	Current Amount of Coverage (or GI)	Requested Amount	Amount Subject to EOI
<input type="checkbox"/> Employee Basic	\$	\$	\$
<input type="checkbox"/> Employee Optional	\$	\$	\$
<input type="checkbox"/> Spouse Basic	\$	\$	\$
<input type="checkbox"/> Spouse Optional	\$	\$	\$
<input type="checkbox"/> Child Optional	\$	\$	\$

Other Coverages

<input type="checkbox"/> Short Term Disability
<input type="checkbox"/> Long Term Disability
<input type="checkbox"/> Buy-Up LTD: \$

Signature of person completing this cover page (Employer) X	Date
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Need help determining EOI? Please see your **Group Policy** and the **Administrator's Guide**.

Employee Instructions

Complete and submit either the **Online EOI Application** or the **Printable EOI Application**, but not both.

- **Online EOI Application**

1. Go to www.sunlife-usa.com/planmembers and click on Start under Evidence of Insurability
2. Follow the instructions on the web site. Enter height weight, date of birth and medical history for you and any dependents on this application. Use the information supplied by your employer above to complete the Coverage Information section of the online application. Your application will not be submitted until you click the Submit for Review button on the last screen.

- **Printable EOI Application**

1. Complete pages 1 and 2 of the EOI Application according to the instructions. You may type your answers into the fillable form and then print the document. Please remember to sign and date the form.
2. Mail or Fax the EOI Application and this Employer Cover Page to us:

MAIL TO: Sun Life Assurance Company of Canada -or- FAX TO: (781) 446-1517
Group Medical Underwriting, SC 7190
15 Rye Street
Portsmouth, NH 03801