



Extended Health Care: Tuition Insurance Claim Form



Please PRINT clearly.

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

1 General information

Student information		Student's last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy) - -
Policy number(s)			Student ID number			
Residence address (street number and name)					Apartment or suite	
City			Province		Postal code	
Country	Telephone - -			Preferred language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English		

2 Disability due to sickness or injury

a) Please describe the nature of your condition:

b) When did you first receive treatment from a physician?

c) When were you first unable to attend classes?

Date (dd-mm-yyyy) - -	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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3 Treatment

a) Please provide the name and address of each physician or other health care provider involved in your medical care.

Last name		First name		Specialty	
Date of last visit (dd-mm-yyyy) - -		Frequency of visits		Date of next visit (dd-mm-yyyy) - -	
Address (street number and name)					Apartment or suite
City		Province	Postal code		Telephone - -
Last name		First name		Specialty	
Date of last visit (dd-mm-yyyy) - -		Frequency of visits		Date of next visit (dd-mm-yyyy) - -	
Address (street number and name)					Apartment or suite
City		Province	Postal code		Telephone - -

3 Treatment (continued)

b) Please describe your current treatment (i.e. surgery, physiotherapy, counselling).

c) If you are taking any prescription or over-the-counter medications, please provide the following details:

Name of medication	Dosage	Date started (dd-mm-yyyy)	Purpose of medication
		- -	
		- -	

d) If you are scheduled for any further referrals, blood tests, x-rays, examinations, surgery, or any other type of investigation or treatment, please provide details here.

Type of referral, investigation or treatment	Date scheduled (dd-mm-yyyy)	Healthcare provider or facility
	- -	
	- -	

e) Overall, how would you most appropriately describe your current condition?

- Recovered
 Improved
 Unchanged
 Deteriorating

Please list and comment on only the symptoms which affect your ability to attend classes.

Specific symptom	If applicable, please comment on location, duration, frequency and severity of this symptom

4 Returning to College or University

a) Have you returned to College or University part-time? No Yes

If YES, when?

Date (dd-mm-yyyy)
- -

b) Have you returned full-time (attending all classes) No Yes If YES, when?

Date (dd-mm-yyyy)
- -

c) If you have not returned what are your current thoughts about your readiness to do so?

I do not anticipate returning on either a part-time or full-time basis

I anticipate returning part-time on or around this date:

Date (dd-mm-yyyy)
- -

I anticipate returning full-time on or around this date:

Date (dd-mm-yyyy)
- -

Please provide any other information that would be helpful in the assessment of your claim.

Please attach to this claim form receipts for your book purchases as well as fees/expenses that are mandatory, non-negotiable and non-refundable and that you no longer use following withdrawal from College or University.

5 Declaration and authorization

I certify that the statements on this form are true and complete. I understand that Sun Life Assurance Company of Canada may investigate this claim.

With respect to this insurance coverage, I authorize Sun Life Assurance Company of Canada, its agents, service providers and reinsurers to use, obtain and exchange information needed for underwriting, administration and paying claims with any person or organization who has relevant information about me including health professionals, government agencies, provincial health care insurers, institutions, investigative agencies, insurers and reinsurers. I agree that a photocopy or electronic version of this authorization is as valid as the original and shall continue to have effect throughout the duration of my claim. I understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

I authorize Sun Life Assurance Company of Canada to disclose the information pertaining to this claim to ASEQ for benefits administration

I authorize Sun Life Assurance Company and its medical consultants to exchange information about me with my health professional(s) for the purpose of managing my claim.

Student's last name	First name	
Student's signature X	Date (dd-mm-yyyy) — —	

To avoid delays in processing your claim, please ensure that all sections of this application have been completed thoroughly.

6 Mailing instructions

Mail your complete form to :
Sun Life Assurance Company of Canada
1155 Metcalf Street, 6th Floor
Montreal, QC H3B 2V9
SunCode 606E65

7 Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.