

Sun Life Assurance Company of Canada

96 Worcester Street, Wellesley Hills, MA 02481

Application for Long-Term Disability Conversion Insurance



Complete the sections below, read the fraud warnings and acknowledgment, and sign and date the form. This application will be made part of the policy. Mail the completed application, a copy of your LTD Conversion Notice, and a check for the first premium to the address listed in the Contact Us section on the last page.

1 Insured information

Name (first, middle initial, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	
Address		City	State	Zip code
Date of birth (mm/dd/yyyy)	Phone number	E-mail address		

2 Employer information

Name of employer		Group policy number	Phone number	
Address		City	State	Zip code

3 Policy information

Date of termination of employment (mm/dd/yyyy)	Date of termination of LTD coverage under employer's plan (mm/dd/yyyy)			
Basic monthly salary as of date of termination (not including commissions, bonuses, or overtime) \$		Gross monthly benefit you are applying for \$		

4 General information

Premium

The amount of premium due on a quarterly basis will be as shown on the conversion insurance policy or certificate. The amount paid with this Application is \$ _____. Sun Life Assurance Company of Canada ("Sun Life") will refund to me any amount that is in excess of the required premiums for the conversion insurance.

Eligibility

You must have been insured by Sun Life and the prior carrier (if any) under your employer's long-term disability plan for at least twelve consecutive months at the time your group long-term disability insurance under your employer's plan terminated.

Effective date

If this Application is approved by Sun Life, your insurance will be effective at 12:01 a.m. on the day after your coverage under your employer's group long-term disability insurance terminates.

Contract

Your insurance contract will consist of this Application and the insurance policy and/or certificate together with any riders or amendments issued by Sun Life.

5 Fraud warnings

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.

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, NM, RI, 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.

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.

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.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil 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: 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: 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.

5 Fraud warnings, continued

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.

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.

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.

6 Acknowledgment and signature

To begin processing your request for LTD conversion coverage, Sun Life must receive this signed Application form, any other required documentation, and your first premium within 31 days of your termination date.

No insurance requested in this Application form will become effective until Sun Life accepts the Application, notifies you of its acceptance, and receives the first premium payment from you. If you submit the initial premium payment with the Application and Sun Life rejects the Application, Sun Life will refund the premium. If your Application is accepted, Sun Life will bill you for future premium payments. Rates will increase when you reach a new age band. Contact us at the number below for rates and age bands.

You must read and sign to apply for coverage.

I understand and agree that: (1) My eligibility for LTD conversion insurance will be based on the conversion conditions stated in the qualifying group policy. (2) The answers and statements in this Application will be the basis for and become part of any insurance policy or certificate issued as a result of this Application. (3) The policy or certificate issued will replace the coverage provided by the group policy or certificate indicated in section 2 of this Application. (4) A claim may be denied in accordance with the Incontestability provision of the Conversion Certificate if the statements in this Application are not complete and true.

I declare that the information provided in this Application is complete and true to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

Signature of applicant

X

Date (mm/dd/yyyy)

Contact us



By mail

Sun Life Assurance Company
of Canada
Group LTD Conversion
96 Worcester Street
Wellesley Hills, MA 02481



www.sunlife.com/us



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