

Predetermination for Medical and Dental 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 Important – please read carefully

Please complete this form when requesting a predetermination for an elective procedure or service (non-emergency treatment).

Please note that the completion of this form is not a guarantee of approval. It must be completed in full otherwise it will be returned to you. Any expense for medical evidence to support this request is your responsibility. Given the confidential nature of your information, we will issue our response to you in writing.

2 To be completed by plan member

Plan member information

Policy number		Member identification/Certificate number	
Last name		First name	
Date of birth (dd-mm-yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number	Email address
Canadian address (street number and name)			Apartment or suite
City			Province Postal code

Claimant information

Last name		First name	
Date of birth (dd-mm-yyyy)	Relationship to member <input type="checkbox"/> Member <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter		

Authorization and signature

I certify that the information I provided above is true and complete. I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this Plan with any person or organization that has relevant information pertaining to this application including health professionals, institutions, investigative agencies, insurers and reinsurers.

I agree that a photocopy of electronic version of this authorization shall be as valid as the original.

Claimant's signature X	Date (dd-mm-yyyy)
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3 To be completed by the physician

Provider's name /Name of clinic or hospital	Physician's last name	Physician's first name	
Address (street number and name)		Apartment or suite	
City		Province	Postal code
SLF provider ID number (if known)		Telephone number	

Statement of services. Additional information can be sent with this form.

Diagnosis	Planned service date (dd-mm-yyyy)	Description of service	Location of service (hospital or office)	Provincial Health Procedure Code (plus time units, if applicable)	Dental procedure code (plus time units, if applicable)	Total claim cost
						\$
						\$
						\$
						\$
Relevant additional information						
Provider's signature X					Date (dd-mm-yyyy)	

4 Dental claims (to be completed by the provider if applicable)

Has this procedure been judged medically necessary, as determined by a physician or dental surgeon? Yes No

Will the procedure(s) be performed in an approved hospital by a dental surgeon who is a staff member of the hospital? Yes No

Name of hospital

I declare that the above is a correct statement of the services that are medically necessary.

Provider's signature X	Date (dd-mm-yyyy)
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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.

Mailing instructions – keep a copy for your records

Email: case.mgmt@sunlife.com or

Toll free fax: 1-866-291-9479 or

Mail to:

Sun Life Assurance Company of Canada
1 York Street (International Student Claims)
Toronto ON Canada M5J 0B6