Continuum Application Form for Health Care and Dental Care Insurance

Sun Life Financial

In this application form, *you* and *your* refer to the person applying for insurance. *We*, *us*, *our* and *the Company* refer to Sun Life Assurance Company of Canada (the insurer), a member of the Sun Life Financial group of companies.

Your application must be received by Sun Life Assurance Company of Canada within 30 days of when your coverage ends.

If you opted out of your student Health Plan, or if your student Health Plan is not insured by Sun Life Assurance Company of Canada, please note that proof of coverage by an equivalent extended health plan is required in order to be exempted from completing a health questionnaire. Please attach proof of coverage to this form.

Acceptable proof must consist of either a letter from your insurer, your parent's/spouse's employer, a letter from your employer, a membership card indicating coverage, or a photocopy of a receipt from a recent claim indicating health coverage. Proof of coverage must also contain your termination date of coverage.

Please PRINT clearly.

1 General information

Information about you

First name	Middle initial	Last name	☐ Male ☐ Female
Former/maiden name (if applicable)		Date of birth (dd-mm-yyyy) _ _	Language ☐ English ☐ French
Residence address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (home) _ _ / Fax _ _
Email address		Are you a resident of Canada and covered under the provincial health plan in your province of residence?	☐ Yes ☐ No
Name of school attended in last academic year			Student ID number

If you opted out of your student Health Plan and you did not have coverage by an equivalent health care plan, you must complete the Continuum Application – Statement of Health Form for Health-Care and Dental Care Insurance located on *www.continuumplan.com*.

Were you covered under your student plan during the last academic year?

☐ Yes If "Yes", what is the termination date of your coverage? Date (dd-mm-yyyy) _ _

☐ No If "No", under which plan were you covered? _____ What is the contract number? _____

What is the termination date for this plan? Date (dd-mm-yyyy) _ _

Information about your spouse

Please complete if applying for spousal insurance.

First name	Middle initial	Last name	☐ Male ☐ Female
Former/maiden name (if applicable)		Date of birth (dd-mm-yyyy) _ _	Language ☐ English ☐ French
Email address		Is your spouse a resident of Canada and covered under the provincial health plan in your province of residence?	☐ Yes ☐ No

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1 General information (continued)

Information about your dependent child(ren)

Please complete if applying for dependent child(ren) insurance.

First name	Middle initial	Last name	☐ Male ☐ Female	Date of birth (dd-mm-yyyy)	Student ☐ Yes ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female	Date of birth (dd-mm-yyyy)	Student ☐ Yes ☐ No
First name	Middle initial	Last name	☐ Male ☐ Female	Date of birth (dd-mm-yyyy)	Student ☐ Yes ☐ No

If you need more space, please complete on a separate sheet of paper, and sign and date it.

2 Coverage applying for

Please visit *www.continuumplan.com* for product details.

Health Plan

☐ Single ☐ Couple ☐ Family

Health & Dental Plan

☐ Single ☐ Couple ☐ Family

3 Payment of premiums

Monthly pre-authorized debit (PAD)

Please attach a personal blank cheque, marked VOID across the front, to this application form.

First name of account holder	Middle initial	Last name
Financial institution name	Financial institution address (street number and name)	
Transit number	Institution number	Account number

Complete this section if someone other than you, including a corporation, is paying for your policy. Please include all joint account holder information, if applicable.

Payor(s) name (first and last) or full legal name of corporation/entity			
If applicable, date of birth (dd-mm-yyyy)	Relationship to you		
Address (street number and name)			Apartment or suite
City	Province	Country	Postal code

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions:

Terms and conditions

You authorize Sun Life Assurance Company of Canada (Sun Life) to collect the monthly premium (including applicable provincial tax) for this insurance through a Pre-Authorized Debit (PAD) from the account indicated above. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the monthly premium (including applicable provincial tax) collected through this agreement may vary. **You agree to waive the requirement that Sun Life notify you of any payments after the first payment whether the amount of the monthly premium is changed or not.** You understand that the monthly premium is due the first of each month. This agreement will be cancelled automatically if Sun Life is unable to make a withdrawal from your account.

This authorization is to remain in effect until Sun Life has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting *www.payments.ca*.

Sun Life may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

3 Payment of premiums (continued)

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit *www.payments.ca*.

Sun Life Assurance Company of Canada
Association & Affinity Business
P.O. Box 2001 Stn Waterloo
Waterloo, ON N2J 0A3
Telephone: 1-800-669-7921
Email: *Can_AssocAndAffinity@sunlife.com*

I/we confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

Account holder printed name	Signature of account holder	Date (dd-mm-yyyy)
	X	– –
Account holder printed name	Signature of account holder	Date (dd-mm-yyyy)
	X	– –

Send no money with this application. You will be notified with a premium statement.

4 Declaration and authorization

I declare that my answers in this application form are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application form will cause the insurance to be void.

I authorize Sun Life Assurance Company of Canada, and its agents and service providers to use and exchange information needed for underwriting, administration and adjudication of claims under this insurance coverage with any person who has relevant information about me including institutions, investigative agencies, insurers and reinsurers and to use and exchange information with ASEQ/studentcare.net/works for the purpose of administration.

A photocopy or electronic version of this authorization is as valid as the original.

Your signature	Your spouse's signature (if applicable)	
X	X	
Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)
		– –

Please return your completed application to:
Sun Life Assurance Company of Canada
Association & Affinity Business
P.O. Box 2001 Stn Waterloo
Waterloo ON N2J 0A3

5 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*.