

SunAdvantage™ Application



Group benefits for a business with 3 or more employees

Sun Life Financial is a leading financial services organization with offices in key markets worldwide. The Sun Life Financial group of companies offers its clients value-based lifetime financial solutions.

The SunAdvantage™ products are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

1 Internet-based administration (optional)

Please read carefully

SunAdvantage™ offers Group Plan Administrators the alternative of an Internet-based administration system, which is available 24 hours a day, 7 days per week. This requires that you perform certain administrative functions yourself, in accordance with the provisions of the contract, and procedures provided to you by Sun Life Assurance Company of Canada.

Please complete this option *only* if you want to access the Plan Sponsor Services through the Internet.

In order to gain access to the Internet system, authorized persons need to be identified so we can provide a Personal Identification Number (PIN) as well as access ID.

Note: Only complete the details below if you want the Internet-based Administration system.

System requirements

Minimum system requirements are Windows 95 or higher, Internet Explorer 5.0 or greater with 128-bit security encryption, an Internet connection with adequate performance (56Kb modem or higher).

Information about the Plan Administrator(s)

Plan administrator last name		Plan administrator first name		
Address	City	Province	Postal code	
Telephone number — —	Fax number — —	E-mail address		

Plan administrator last name		Plan administrator first name		
Address	City	Province	Postal code	
Telephone number — —	Fax number — —	E-mail address		

2 Documentation

Group policy to be provided in: <input type="checkbox"/> English OR <input type="checkbox"/> French	Employee booklets to be provided in: <input type="checkbox"/> English OR <input type="checkbox"/> French
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Application for SunAdvantage™

This form and the attached proposal constitutes the application.

Please make any corrections to the attached proposal, initial them, and return with this form. In this application *you* and *your* refer to the client being insured and the policy owner. *We, us, our* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

3 General information

Information about the client being insured

Full legal name of company			
Address			
City		Province	Postal code
Telephone number	Fax number	E-mail address	
Plan administrator last name		Plan administrator first name	Number of years in business
Primary business activity		<input type="checkbox"/> Subsidiaries (to be covered under this plan)	
Type of business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
If these benefits replace existing coverage, provide the name of your current insurer			

Existing coverage should not be cancelled until we have approved the application. Under insurance industry take-over rules, we need to know your current levels of existing coverage. Please attach a copy of the most recent billing.

Eligible employees

Residents of Canada under the qualifying age and employed on a permanent full-time basis, working more than 20 hours per week and not considered Temporary/Seasonal.

Number of full-time employees	Number of eligible employees	Number of enrolled employees	Are any employees to be excluded from coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (provide details below)
Categories of employees to be excluded			
Are employees covered by the Workplace Safety and Insurance Board? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)			

The waiting period is the period of continuous full-time employment that must be satisfied before an employee can be insured. Please indicate your choices below:

- There is no waiting period. Employees are eligible from the date they become permanent full-time.
- There is a waiting period of _____ for all benefits.
- For employees hired and working on or before the effective date, the waiting period will be waived.

Not actively at work

List any eligible employees currently not at work.

Last name	First name	Reason for absence	Last day worked (dd-mm-yyyy)	Expected return (dd-mm-yyyy)
			- -	- -
			- -	- -
			- -	- -

You agree to update this list prior to the effective date of the contract and agree that if we incur liability for any employee who should have been listed, but was not, you will indemnify us for such liability.

Please note: Dependents who are hospitalized on their effective date are not eligible for coverage until they are released from hospital, unless currently insured.

Minimum requirements	
No. eligible employees	Participation required
3	100%
4 or more	75%
All eligible Quebec employees	100%

These employees are not eligible for coverage until they return to work, unless currently insured.

4 Benefits requested

The benefits requested and the employee data for this application are contained in the proposal. Please attach a copy of the proposal.

Benefit and payment details

Effective date (dd-mm-yyyy) requested for this policy — —	Amount paid with this application \$
You agree to contribute a minimum of 50% of the monthly premium? <input type="checkbox"/> Yes	Are you contributing to: Long-Term Disability (LTD) <input type="checkbox"/> Yes <input type="checkbox"/> No Short-Term Disability (STD) <input type="checkbox"/> Yes <input type="checkbox"/> No

If you contribute to any portion of the LTD or STD premium, benefit payments will be taxable to the employee.

Please make the deposit cheque for the total cost payable to Sun Life Assurance Company of Canada. Post-dated cheques are not acceptable. The deposit should be at least one month's premium. If there is any difference between the information contained in the proposal and this application, we may recalculate the premium rates or decline the application.

A. Premium Split:

	Employer % Paid		Employer % Paid
Life	%	Short-Term Disability	%
A. D. & D.	%	Long-Term Disability	%
Extended Health Care	%	Critical Illness	%
Dental Care	%		

OR

B. Optimization Option (for Quebec)

Details:

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5 Pre-authorized debit (PAD)

Please attach a blank cheque marked "VOID".

Banking information

Last name of account holder		First name of account holder	
Name of financial institution		Branch transit number	Account number
Address of financial institution		City	Province Postal code
Signature of account holder(s) X			
X			

Terms and conditions for pre-authorized debit

- Sun Life Assurance Company of Canada, is authorized to make monthly withdrawals from the account noted above, or any account from which you direct us to take withdrawals. The withdrawals will pay for the monthly premium including taxes for the group policy issued by us to the group policyholder. The premium due will be the amount stated in the monthly premium statement mailed to you by us.
- If any withdrawal is not honoured within the grace period allowed for premium payments, this agreement and the insurance coverage detailed in the premium statement will end without further notice. We will pay for any financial institution charges for handling withdrawals.

5 Pre-authorized debit (PAD) – continued

Variable PAD amounts

You understand that your monthly PAD withdrawals will be variable amounts due to the administrative adjustments that may be processed and reflected on your monthly premium statement.

Timing of payment

Your monthly PAD withdrawals will be processed on the first business Friday of each month.

Waiver

You agree to waive the requirement that the company notify you of:

- this authorization before the first payment is processed
- subsequent payments, and
- any changes to the amount or date of the payment initiated by you or the company.

Recourse/Reimbursement

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 Pre-Authorized Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Cancellation

Your PAD Agreement may be cancelled provided written notice is received 30 days before the next scheduled PAD.

Assignment

You agree the company 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.

6 Authorized client signatures

Authority to debit account:

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed within Section 5 "Signatures of account holder(s) on Page 3".

By signing this application, I certify that the information provided on this form and proposal is complete and accurate. I am aware that the person advising me on the purchase of this group application receives a commission, and may also receive additional compensation in the form of bonuses or incentives.

Last name of signing officer		First name of signing officer	
Title		Signature X	
Signed at (City)	Signed at (Province)		Date (dd-mm-yyyy) — —

New case submission Advisor's report

Documents required

The following documents must be included to process the application:

1. Application
2. Deposit cheque (including tax if applicable)
3. Proposal
4. Enrolment forms
5. Health questionnaires (if applicable)
6. Proof of previous insurance
 - a current statement
 - proof of Major Dental (if applicable)
7. Ontario Retail Sales Tax (ORST) forms
 All contract holders with Ontario employees must complete the Ontario Retail Sales Tax form in order to ensure proper administration of the ORST occurs in accordance with the Ontario Retail Sales Tax Act. This form must be returned with this application. The form can be found on our website <http://www.smallbusiness.sunlife.ca>.

Points 4 & 5:
Do not hold this application if you are waiting for an employee on vacation to provide the necessary documentation. Please indicate when it will be submitted in the Comments section.

Commissions should be paid to:

Last name	First name	Phone number - -	% Share of commissions %
E-mail address		Fax number - -	Code
Last name	First name	Phone number - -	% Share of commissions %
E-mail address		Fax number - -	Code

Comments (include any information pertinent to the application):

Advisor's declaration

I certify that the information on the application and this report is true and complete.

Signature – advisor of record X		
Signed at (City)	Signed at (Province)	Date (dd-mm-yyyy) - -
Signature – other advisor X		
Signed at (City)	Signed at (Province)	Date (dd-mm-yyyy) - -