

# Plan Sponsor request to continue group coverage



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping information concerning this claim confidential.

## \*Important\* Please read carefully

This form is to be used for:

- temporary work stoppage including lay off, maternity/parental leave, leave of absence, sabbatical
- permanent work stoppage including permanent lay off, severance when the request to continue benefits is beyond the statutory notice period
- strike/lockout
- out of country day limit extensions
- dependent students studying outside Canada
- Coverage for dependent children (other than member/spouse's children)

In order for coverage to be continued beyond the terms outlined in your contract, you must make special arrangements in advance for continuation of all or some benefits. Approval of the special arrangements is subject to approval by Sun Life Assurance Company of Canada. You may be asked to provide additional information in order for your request to be fully considered. You will be notified in writing of the decision and any conditions of the approval.

You may approve temporary work stoppages up to the longer of 1 month or the time limit outlined in your contract. You may approve maternity/parental leaves for the longer of the province's legislated maternity/parental leave period or the time limit outlined in your contract. Complete this form only if the temporary work stoppage extends beyond the noted time period.

## 1 Plan Sponsor information

Plan sponsor name	Contract number	Billing group
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## 2 Member information

Member's last name (Quebec residents – maiden name)		First name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member ID			Date of birth (yyyy-mm-dd)		
Job title		Salary \$		Date of employment (yyyy-mm-dd)	
Date statutory notice period ends (yyyy-mm-dd)	Date benefit continuance begins (yyyy-mm-dd)	Length of time for benefits to be continued		Expected return to work date for temporary work stoppage (yyyy-mm-dd)	

## 3 Work stoppage details

Type of absence	Benefits requested	Benefit amounts (required for severance/permanent layoffs only)
<input type="checkbox"/> Temporary layoff	<input type="checkbox"/> Life	\$ _____
<input type="checkbox"/> Strike / lockout	<input type="checkbox"/> AD&D	\$ _____
<input type="checkbox"/> Maternity / parental leave	<input type="checkbox"/> Dependent Life	\$ _____
<input type="checkbox"/> Sabbatical	<input type="checkbox"/> Optional Life	\$ _____
<input type="checkbox"/> Severance / permanent layoff	<input type="checkbox"/> Optional AD&D	
<input type="checkbox"/> Out of country day limit extension	<input type="checkbox"/> Short-Term Disability	
<input type="checkbox"/> Dependent student studying outside Canada	<input type="checkbox"/> Long-Term Disability	
<input type="checkbox"/> Personal leave of absence*	<input type="checkbox"/> Critical Illness	
*Reason _____	<input type="checkbox"/> Extended Health: <input type="checkbox"/> Single <input type="checkbox"/> Family	
_____	<input type="checkbox"/> Dental: <input type="checkbox"/> Single <input type="checkbox"/> Family	
_____	<input type="checkbox"/> Health Spending Account	
_____	<input type="checkbox"/> Personal Spending Account	

### 3 Work stoppage details (continued)

Please answer all of the following questions:

1. Is there a commitment to return to work?  Yes  No
2. Will member be travelling outside of Canada?  Yes  No If yes, destination(s)

City/Town	State/Country
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Date (yyyy-mm-dd)	Date (yyyy-mm-dd)
Date departing from Canada	Date returning to Canada

3. Will member be residing outside of Canada?  Yes  No If yes,

City/Town	State/Country
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Will provincial coverage continue during the work stoppage?  Yes  No

If your answer to question 2 or 3 is YES, who is travelling?

Last name	First name
Relationship to member	

4. Is the purpose of the trip  Business or  Pleasure?

If pleasure, provide details of intended activities (i.e. scuba diving, sky diving, etc.)


If business, provide details of the occupation (i.e. description of work, projects, etc.)


### 4 Dependent details

1. If a dependent is attending university or college out of Canada, please provide us with:

Last name of dependent	First name	Date of birth (yyyy-mm-dd)
Name of institution		
City/Town of institution	State/Country	

End date of current school term plus two weeks.

Date (yyyy-mm-dd)

2. If a dependent child (other than member/spouse's children), please provide us with:

Last name of dependent	First name	Date of birth (yyyy-mm-dd)

Is the member financially responsible for the dependent?  Yes  No

Is the member responsible for the care and well being of the dependent?  Yes  No

If either is a 'No' response, then the dependent cannot be considered for coverage.

**5 Authorization and signature**

Authorized signature X	Date (yyyy-mm-dd) — —
Plan sponsor phone number — —	

**Submit the completed form to your Service Representative or Account Executive**

**Questions? Contact your Service Representative or Account Executive**