

Policy number:  
**95001**

Please PRINT clearly.

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

## 1 Member information

Ref # (if known)	Last name		First name		Middle initial
	Former/Maiden name (if applicable)			<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy) — —
Residence address (street number and name)					Apartment or suite
City		Province	Postal code	Telephone (residence) — —	
Business address (street number and name)					Apartment or suite
City		Province	Postal code	Telephone (business) — —	
Email address					

Send correspondence to:

- Residence address  
 Business address

## 2 Coverage applied for

Maximum of \$1,000,000.

Member only or  Member and family

Amount of insurance applied for in increments of \$100,000  
\$

Complete if applying for family coverage.

Spouse last name	Spouse first name	Middle initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Former/maiden name (if applicable)		Date of birth (dd-mm-yyyy) — —	

Do you wish to apply pilot or crew member coverage (applicable only if you have accumulated at least 75 hours of solo flying time as a pilot)?  Yes

Maximum of \$300,000.

If "yes", amount of insurance applied for in units of \$100,000  
\$

## 3 Beneficiary designation

Full name of beneficiary for member's loss of life benefit only. The beneficiary of all dependent's benefits will be the insured member, if living; otherwise, as described in the policy.

Full name	Relationship to you

DC-101



#### 4 Request for pre-authorized debit (PAD) option

There are no additional charges for paying on a monthly basis – the annual premium is simply divided by 12 months.

#### Payment options

- Annually, 1<sup>st</sup> of September
- Monthly, 1<sup>st</sup> day of the month
- Monthly, 22<sup>nd</sup> of the month

**PLEASE ATTACH A BLANK CHEQUE MARKED VOID ACROSS THE FRONT, FROM A CANADIAN FINANCIAL INSTITUTION.**

<b>If you are already insured under the OMA plan and would like to use your existing PAD arrangement, please complete the account number and transit number below for payment of premiums.</b>	
Account number	Transit number

#### Authorization

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 the OMA Insurance/Group Plan Administrator to collect the annual or monthly premium (including applicable provincial tax), depending on your selection above, for this insurance through a Pre-Authorized Debit (PAD) from the account referenced on your enclosed blank cheque marked void. 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 premium (including applicable provincial tax) collected through this agreement may vary, reflecting any changes, additions or deletions in plan coverage as well as premium rate changes. **You agree to waive the requirement that the OMA Insurance / Group Plan Administrator notify you of any payments after the first payment whether the amount of the monthly or annual premium is changed or not.** You understand that if you selected to pay your premium annually, payment will be due on September 1 each year. If you selected to pay your premium monthly, it will be due on either the first or the 22<sup>nd</sup> day of each month, depending on your selection. This agreement will be cancelled automatically if the OMA Insurance/Group Plan Administrator is unable to make a withdrawal from your account.

This authorization is to remain in effect until the OMA Insurance/Group Plan Administrator 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.cdnpay.ca](http://www.cdnpay.ca).

The OMA Insurance/Group Plan Administrator 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.

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.cdnpay.ca](http://www.cdnpay.ca).

For further information about this authorization, please feel free to contact the OMA Insurance/Group Plan Administrator at:

OMA Insurance  
P.O. Box 365 Stn Waterloo  
Waterloo, ON N2J 4A4  
Telephone # 1-800-758-1641  
email: [Can\\_AssocAndAffinity@sunlife.com](mailto:Can_AssocAndAffinity@sunlife.com)

#### Account holder(s) – Please complete and sign

Signature of account holder (if business, authorized person to sign and indicate title) X	Date signed (dd-mm-yyyy) – –
Signature of joint account holder (if both signatures required) X	Date signed (dd-mm-yyyy) – –

## 5 Declaration and authorization

\* Residents of Quebec are eligible if 1) they practice outside of Quebec but still reside in Canada; 2) the Application form is signed in a province or territory other than Quebec; and 3) the certificate and all other communications will be delivered in a province or territory other than Quebec.

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation or false declaration concerning this application will cause the insurance to be void. As member of the Ontario Medical Association, Newfoundland and Labrador Medical Association, New Brunswick Medical Society, Medical Society of Prince Edward Island or Doctors Nova Scotia, I understand and agree that this application is void unless I am in active medical practice or in medical training in Canada and reside in Canada\* on both the date of this application and on the effective date of coverage.

With respect to this application, I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose relevant information about me for the purposes of underwriting, administration and adjudicating claims with any person or organization who has relevant information about me including health professionals, institutions, the MIB, investigative agencies, insurers, and reinsurers and my accountant, and to collect, use and disclose information with OMA Insurance for the purpose of administration.

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

Signed at (city)	Signed at (province)	
Signature of applicant X	Date (dd-mm-yyyy) - - -	

**Return completed application to:**

**OMA Insurance  
PO Box 365 Stn Waterloo  
Waterloo, ON N2J 4A4  
Fax: 1-800-367-0813**

## 6 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.