

REQUEST FOR FINANCIAL DOCUMENTATION FORM

Re: Application for New or Increased OMA Disability Insurance

Name

OMA #

Our Insurers, Sun Life Financial, will require documentation to determine your financial eligibility for new/increased disability income insurance coverage. Please review and complete this form and return to our office.

My **FINANCIAL REPORTING SITUATION** is as follows: *(Please check the category which applies to your situation)*

Salaried

Self-Employed or Partnership

Incorporated*

* Note: If you have incorporated your medical practice, Sun Life considers Earned Income as your salary (if any) plus/minus your share of the corporation's

The following income documentation will be required depending on the financial reporting situation indicated

Employee (Salaried)	Self-Employed or Partnership	Incorporated
<ul style="list-style-type: none"> Most recent T1 Tax Return (pages 1 to 4 only) 	<ul style="list-style-type: none"> Most recent T1 Tax Return (pages 1 to 4 only) 	<ul style="list-style-type: none"> Most recent T1 Tax Return (pages 1 to 4 only) plus the most recent Corporate Financial Statement

Please check one:

I am enclosing the required income documentation.

Please contact my accountant to obtain the required income documentation as per my authorization below:

Accountant's Name
Address
Telephone Number
Fax Number

Signature

Date

Please return this form to the following address:

Sun Life Assurance Company of Canada
 PO Box 365 Stn Waterloo
 Waterloo, ON
 N2J 4A4