

Sun Life Assurance Company of Canada

Refusal of Non-Contributory Group Coverage*



☐ I refuse all non-contributory _____ coverage provided under a health and welfare plan sponsored by _____ ("Policyholder") and insured by Sun Life Assurance Company of Canada ("Sun Life") under group policy number _____ ("Group Policy").

☐ I refuse any amount of non-contributory Life insurance coverage in excess of \$50,000 that I am eligible for under a health and welfare plan sponsored by _____ and insured by Sun Life under group policy number _____.

I understand that if I decide to seek such insurance coverage in the future, my eligibility for it will be subject to all Group Policy requirements in effect at the time I seek it, including, but not limited to, providing Evidence of Insurability, undergoing medical underwriting, and satisfying the Policy's pre-existing condition provision.

By refusing the _____ coverage, I (and my heirs, executors, administrators, successors, and assigns) release, remise, and forever discharge Sun Life and the Policyholder and each of their agents, employees, successors, assigns, parent companies, subsidiaries, and affiliates from any and all claims, demands, rights, and causes of action, known and unknown, arising out of or in any way connected with my refusal of the group coverage.

Signature of witness

X

Signature of employee

X

Date signed (mm/dd/yyyy)

Name of employee (please print)

Date of birth (mm/dd/yyyy)

* Non-contributory group coverage is coverage paid for in full by my employer for which I am not required to contribute or pay any money.

Contact us



By mail

Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



Customer Service **800-247-6875** M–F 8:00 a.m.–8:00 p.m. ET

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