

Enrolment Form

Sun Life Assurance Company of Canada, a member of the Sun Life

Financial group of companies, is committed to keeping your information confidential.

1 Member details

Contract Number 087989		Contract holder name O.C.O.T.H. (Life Insurance)	
<input type="radio"/> New Hire	Date of Hire/Re-hire (yyyy/mmm/dd)	Member ID number:	
<input type="radio"/> Re-Hire			
Effective date of coverage (yyyy/mmm/dd)			
Member name (first, middle initial, last)		Gender <input type="radio"/> Male <input type="radio"/> Female	
Date of birth (yyyy/mmm/dd)		Language <input type="radio"/> English <input type="radio"/> French	
Occupation Medical Resident			

2 Revocable beneficiary nomination

Any changes to the beneficiary must be initialed by the Member.

Beneficiary's name (first, last)	Relationship to member

*Please note that according to legal requirements, Sun Life Assurance Company of Canada cannot pay benefits to beneficiaries who are minors. A trustee for minor children must be designated.

Beneficiary Trustee Nomination

Any payments becoming due during the minority of the minor(s) to be made to

_____ as Trustee, or failing such Trustee to the duly appointed guardian of such minor child as Trustee. Payment to said Trustee shall discharge the company.

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Revocable beneficiary

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Only complete Trustee Nomination section if nominating beneficiaries who are minors, Under the age of 18.

3 Authorization and signature

You must be authorized to disclose information about your spouse and dependents in order to enroll them in the Plan.

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service provider to use and exchange information collected in this form to underwrite, administer and adjudicate claims,
- My plan sponsor to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required.

Member Signature X	Date (yyyy/mmm/dd)
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