

Personal Health Insurance – terminating coverage with Sun Life Assurance Company of Canada



Name of owner (please print your full name)	Policy 037000	ID number
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Carefully consider the following:

- You or your dependants may not qualify for new insurance coverage or be able to add an optional benefit(s) at a later date.
- 10 calendar days' notice before your next billing date is required to terminate your policy. Please allow sufficient time for mailing purposes if you are using a postal service to send your notice to our office.
- Premiums will be stopped on the next billing date after we receive your notice.
- Any expenses you have after your termination date will not be considered for reimbursement.

Section A. Terminate policy

Select one of the following options:

Please terminate my policy as of

The reason I am terminating coverage is

Date (dd-mm-yyyy)

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(Optional)

Section B. Rescind policy

You may return this policy to our office for cancellation within 10 days of receiving it. If this policy was sent to you by regular mail, it is considered to be received by you on the fifth day after it was mailed from our office. Please state the date you received the policy and your reason for requesting cancellation.

Date welcome kit received (dd-mm-yyyy)

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Sign and date here:

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

Send the completed form to the following address:

Sun Life Assurance Company of Canada
227 King Street South,
P.O. Box 1601 Stn Waterloo
Waterloo ON N2J 4C5,
Fax: 1-866-487-4745