

Consent and release of personal information



Use this form to consent to the collection and sharing of personal information, including medical information:

- for underwriting an application for insurance, or
- to review information previously provided to us for an application for insurance or a claim.

Policy 037000	ID number
-------------------------	-----------

First name of person whose information is being collected	Middle initial	Last name	Date of birth (dd-mm-yyyy)
---	----------------	-----------	----------------------------

By signing below, I, the person named above or their parent or legal guardian if they are under age 16 (14 in Quebec), authorizes the release of my/their personal information to Sun Life Assurance Company of Canada (company), its reinsurers and its third party service providers, including Dynacare, by any of the following who have records or knowledge of that information to:

- health care professional, physician, hospital, clinic or other medically-related facility,
- MIB, Inc. (MIB),
- other insurers or reinsurers,
- investigation agencies, or
- any other organization or institution.

Province signed	Date (dd-mm-yyyy)	Signature of person named above (required if age 16 and over [age 14 and over in Quebec]) X
Province signed	Date (dd-mm-yyyy)	Signature of parent or legal guardian (required if person named above is under age 16 [under age 14 in Quebec]) X

Return instructions

Return this form directly to Sun Life via fax toll-free at **1-866-487-4745**, by interoffice mail to **Suncode 300B25** or by mail at the address below:

Sun Life Assurance Company of Canada
227 King Street South
PO Box 1601 Stn Waterloo
Waterloo, ON N2J 4C5

PHIMEDE

