

Personal Health Insurance - Name change or correction



Policy **037000** ID: _____

1. Name change/correction: (Please print)

From:	To:
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2. Choose the following option(s) that apply:

<input type="checkbox"/> policy owner <input type="checkbox"/> spouse <input type="checkbox"/> dependent
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3. Reason for change/correction:

Required document:

<input type="checkbox"/> Marriage	none
<input type="checkbox"/> Returning to maiden name	none
<input type="checkbox"/> Legal change	supporting documentation
<input type="checkbox"/> Incorrectly shown on record	birth certificate/supporting documentation
<input type="checkbox"/> Commonly known as	birth certificate
<input type="checkbox"/> Adoption	adoption order or new birth certificate

4. Please sign and date here:

Signed at:	City	Province	Date (dd/mm/yyyy)
Signature of the owner of the policy X			

Return to:

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