

# 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