

Personal Health Insurance - Date of birth correction

Policy **037000** ID: _____

1. Name of insured person:

(Please print full name)

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

policy owner
 spouse
 dependent

3. Date of birth:

Day	Month	Year
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4. Please provide a copy of one of the following documents:

- Canadian Driver’s License
- Birth certificate
- Provincial ID Health Insurance Card. Note: Only if the date of birth is indicated.
- Valid passport
- Hospital Certificate of Birth
- Provincial Age of majority Card
- Indian Status Card
- Canadian Citizenship
- Military Card
- Register of Civil Status in Quebec
- Permanent Resident Card

NOTE: the Pre-authorized chequing payor (PAC payor must also sign this form because a change in the insured person’s date of bith may change the premiums payable.

DECLARATION: I, the owner authorize Sun Life Assurance Company of Canada to make the correction requested. I/we (owner and PAC payor) understand that this correction to the insured person’s date of birth may change the premiums payable.

5. Please attach a copy of the proof of age document to this form.

6. Please sign and date here:

Signed at (City, Province)	
Policyowner signature X	Date (dd/mm/yyyy)

PAC payor signature (if different from the owner)
X

Return to:

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