

Request for confidential information regarding serving members of the Canadian Forces



Policy no.

Serving member/proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy) — —
Commanding Officer (Unit or Base)			Date (dd-mm-yyyy) — —

Attention: Senior Medical Officer

Dear Sir:

I have applied to the Sun Life Assurance Company of Canada (company) for an insurance policy. To enable the company to consider my application, I authorize the Department of National Defence to give the company's Medical Director any details of my medical history that are in the Department, irrespective of the nature of the details in those records.

Serving member's first name		Last name	
Residential address (street number and name)			Apartment or suite
City	Province	Country	Postal code
Rank	Unit	Date of enlistment (dd-mm-yyyy) — —	

Yours very truly,

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —	Signature of serving member/proposed insured X
------------------------	----------------------------	--------------------------	---

Attention: Senior Medical Officer

Dear Sir:

The Sun Life Assurance Company of Canada is unable to complete our underwriting process on this member of the Canadian Forces without additional details of their medical history. Based on the above authorization, please provide our authorized representative with any significant and relevant information, contained in the medical records of the Department of National Defence, which might affect their life or health risk.

Yours very truly,

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —	Signature of Sun Life's Medical Director X
------------------------	----------------------------	--------------------------	---