

# Authorization to disclose information to my advisor/LTCI specialist on life, critical illness and/or long term care insurance applications



Policy no.

**Submit this with an application for insurance.** You may not make any changes to the content of this authorization.

In this form, *you* and *your* refer to the proposed insured. *We, us, our* and *the company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

First name of proposed insured	Middle initial	Last name	Date of birth (dd-mm-yyyy) — —
Advisor/LTCI specialist's first name	Middle initial	Last name	Advisor/LTCI specialist's no.

## Purpose of this authorization

If you sign this form, you give us permission to disclose your personal information to your advisor/LTCI specialist who may use it to discuss insurance options with you.

**We do not need this authorization to review and make a decision about your application.**

## Authorization you provide when you sign this form

By signing below, you authorize the company to share information about you:

- which was collected on the policy no. indicated above, and
- only to the advisor/LTCI specialist indicated above.

The information about you that we may share with your advisor/LTCI specialist could include:

- medical testing and laboratory results
- other confidential personal information about illness, including mental illness, infectious diseases, other medical conditions, use of medications; drug or alcohol use and rehabilitation
- other information about your health discovered as we assess your application but that you may not know about when you apply
- employment history and personal finances
- any record of criminal activity, and
- other facts about your life and how they affect our decision to insure you.

We may choose not to share information about you that we have obtained from a physician or medical facility where that information was not disclosed to us as part of the application process.

## Your agreement and signature

By signing this form, you agree:

- you have read and understood the purpose of this authorization
- you are authorizing us to release information, set out in this form, to your advisor/LTCI specialist
- even though you have signed this form, we have the right to withhold highly sensitive personal information from your advisor/LTCI specialist
- you can cancel this authorization at any time by calling us at 1 877 SUN-LIFE (1 877 786-5433), and
- you understand that this authorization remains valid until 30 days after the later of the day we:
  - (a) issue a new insurance policy or amend an existing insurance policy, or
  - (b) we mail you a notice telling you that we have declined your application.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy) — —
Proposed insured's signature (if under age 16 (18 in Quebec), signature of parent or guardian) X		
Printed name of parent or guardian's signature that is indicated above (if applicable)		

A copy of this authorization will be as valid as the original.