

# Personal Health Insurance – Remove dependant



Policy <b>037000</b>	ID number
First name of owner	Last name

Carefully consider the following:

- Your dependant(s)/insured person(s) may not qualify for new insurance coverage at a later date
- The insured person(s) will no longer be insured on the next billing date after we receive your notice
- 10 business days' notice is required to remove the insured person(s) from your policy. Please allow sufficient time for your notice to reach our office.

Any expenses the insured person(s) has/have, after they are removed from the policy, will not be considered for reimbursement. Remove the following dependant(s) from my policy. I understand coverage will continue for anyone currently insured by my plan who is not listed below. I am aware this change takes effect as of my next billing date.

Name of insured	Relationship	Reason (optional)

If the insured person(s) being removed would like their own policy, please ask them to call us at 1-877-SUN LIFE (1-877-786-5433).

Signed at (city)	Signed at (province)	Date (dd-mm-yyyy) — —
Signature of owner X		

**Send the completed form to the following address:**

Sun Life Assurance Company of Canada  
 227 King Street South  
 PO Box 1601 Stn Waterloo  
 Waterloo ON N2J 4C5  
 Fax: 1-866-487-4745