Critical illness out of country diagnosis questionnaire

Sun Life Financial

To be completed by the insured.

Clear

1 Policy details

Policy number	Amount of insurance

2 Particulars of the insured

First name	Middle name	Last name	Name commonly known by (if any)

Date of birth (dd-mm-yyyy)	Place of birth
– –	

Nationality	Passport number	Date and place of issue of passport (dd-mm-yyyy)
		– –

Occupation

Name, address and telephone number of last employer (or name of firm if self-employed)

Last address in Canada	Date left Canada (dd-mm-yyyy)
	– –

Intended duration of visit	Purpose of the visit

3 Details of illness

Date of first symptoms of illness (dd-mm-yyyy)

Nature of illness

Name and address of all medical attendants for your illness while abroad	
Name	Address
Name	Address
Name	Address

Please provide details when and why you sought consultation, diagnosis and treatment abroad?

Did you see a physician prior to leaving Canada? If so, please provide physician(s) name, address as well as date last seen and reason for the visit.	
Physician name	Address
Date last seen (dd-mm-yyyy) – –	Reason for visit
Physician name	Address
Date last seen (dd-mm-yyyy) – –	Reason for visit

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3 Details of illness (continued)

Have you received medical attention for your illness since your return to Canada? Provide name and address of all medical attendants.	
Name	Address
Name	Address
Name	Address

Hospital name, address and telephone number (if applicable) both in Canada and abroad

4 Health insurance coverage with other companies (please list)

Name of insurance company	Amount of insurance coverage
	$
	$
	$

5 Proof of travel requirements (please provide all of the following documents)

1. Proof of travel – Copy of passport, flight tickets, visa and itinerary.
2. All invoices for medical care received abroad and attach translation if invoices are not in English or French.

6 Declaration

I hereby declare that the foregoing is true to the best of my knowledge and belief.

Signed at (city)	Signed at (province)	Date (dd-mm-yyyy)
Address		
Signature X		

WITNESS:

Name	Occupation	
Signed at (city)	Signed at (province)	Date (dd-mm-yyyy)
Address		
Signature X		