Refusal of group coverage

Sun Life Financial

NOTE: This form should not be completed if the contract requires 100% participation. Plan Members on such contract terms are not permitted to refuse group insurance.

Keeping Your Information Confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third-party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at *www.sunlife.ca*, or to obtain information about our privacy practices, send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Please PRINT clearly.

Clear

1 Identification

Contract number	Contract holder name	
Member's last name	First name	Date of birth (yyyy-mm-dd) – –

2 Declaration

I understand that I have a right to be covered under the Group contract offered by my employer. I confirm that I have chosen to refuse such coverage and I understand that as a result, my dependents and I are not entitled to make any claim for benefits under the Group contract.

I understand that if I apply for Group coverage at a later date, satisfactory proof of good health, at my own expense, will be required for myself and my dependents, if any.

I further understand that additional limitations in effect at that time under the Group contract may also apply.

For Quebec residents:
I confirm that I have prescription drug insurance coverage under another private drug insurance plan.

Member's signature X	Date (yyyy-mm-dd) – –
Plan administrator's signature X	Date (yyyy-mm-dd) – –