

Plan Member's Disability Statement Short-Term Disability/Accommodation Services



The term “claim” as used throughout this statement relates to the assessment of any modification to the work you perform or your work hours, or your absence from work under this plan.

Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life group of companies, is committed to keeping your information confidential.

1 Plan Member information

In order to avoid any delays in the assessment of your absence, we also require the Plan Sponsor's and Attending Physician's Statements to be submitted. Any cost for information to substantiate this absence will be your responsibility.

First name		Last name (Quebec residents – maiden name)		<input type="checkbox"/> Male	Date of birth (dd-mm-yyyy)	
				<input type="checkbox"/> Female		
Address (street number and name)					Apartment or suite	
City					Province	Postal code
Occupation			Job title			
Home telephone number	Alternate telephone number		Email address			

2 Plan Sponsor information

Contract number 20574		Member ID	Division/Billing group number			
Company name University of Ontario Institute of Technology						
Address (street number and name)						
City					Province	Postal code
Contact person				Contact's telephone number		Ext.

3 About your illness or injury

You must notify Sun Life Assurance Company of Canada if,

- your medical condition improves so that you are able to work
- you begin working again either as an employee or as a self-employed person.

Date (dd-mm-yyyy)

When did your symptoms first appear?

Have you ever had the same or similar illness or injury? No Yes

If yes, please explain and give dates.

3 About your illness or injury (continued)

Date (dd-mm-yyyy)

On what date did you first see a doctor for this illness?

Please describe your present illness or injury and how it prevents you from working or how it may require modification to the work you perform or your work hours. Include a description of which duties of your job you are unable to perform because of your illness or injury. As well, list the duties of your job you are able to perform. (Attach extra sheets, if necessary.)

When was your last day of full-time duties/hours?

Date (dd-mm-yyyy)

When was your first day of modified work (if applicable)?

Date (dd-mm-yyyy)

When was your last day of modified work (if applicable)?

Date (dd-mm-yyyy)

What is the date you returned or expect to return to work?

Date (dd-mm-yyyy)

During this period, have you worked at any occupation or employment? No Yes If yes, please explain.

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What are the current symptoms preventing you from working or how it may require modification to the work you perform or your work hours?

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Is your condition related to pregnancy?

No Yes If yes, what is your delivery date?

Date (dd-mm-yyyy)

Please describe your complications, if any.

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4 Disability as a result of an accident

1. Is your disability the result of an accident?

No If no, continue with the next section "Your declaration and authorization".

Yes If yes, what was the date, time and location of the accident?

Date (dd-mm-yyyy)	Time	Location

2. Were you working for your employer at the time of the accident? Yes No Please describe how your illness or injury occurred.

4 Disability as a result of an accident (continued)

Is your illness or injury due to a motor vehicle accident? No Yes If yes, please enclose a copy of the accident report.

Name of insurance adjuster		
Auto carrier	Contract/Policy number	Telephone number

5 Your declaration and authorization

You must also sign and complete the Member's Authorization on the Attending Physician's Statement together with this form to complete your application for services under this program.

I certify that the statements in this form are true and complete.

I understand that Sun Life Assurance Company of Canada ("Sun Life") may investigate my claim. I authorize Sun Life to collect, use and disclose information needed for administration and adjudicating my claim under my Plan Sponsor's Short-Term Disability ("this Plan") to any person or organization who has relevant information pertaining to my claim including health professionals, institutions, investigative agencies, insurers and, where applicable, my Plan Sponsor. I agree that Sun Life and my Plan Sponsor may also share financial information related to my claim for purposes relevant to the management of this Plan. I understand that information about me pertaining to my claim may be reviewed in the event that this Plan is audited.

I authorize Sun Life and my Plan Sponsor to collect, use and disclose between them additional information about me that is not in my Plan Sponsor's file, **except** for details relating to diagnosis, treatment or medication, that is relevant to my claim, for the purposes described above as well as for the purpose of planning and managing my rehabilitation and return to work.

I authorize Sun Life and my Plan Sponsor to collect, use and disclose among them information about me, **except for** details relating to diagnosis, treatment or medication, that is relevant to my claim, for the purpose of facilitating in the resolution of any litigation or any other formal legal proceeding (threatened or actual) relating to my claim that I may raise or commence against my Plan Sponsor.

I agree that this authorization is valid throughout the duration of my claim from work or during the resolution of any decision relating to my claim that I have disputed, but for the purposes of audit, for the duration of the Plan. I agree that a photocopy of this authorization or electronic version is as valid as the original.

Any reference to Sun Life or my Plan Sponsor includes their respective agents and service providers. Any reference to medical consultants may include occupational health consultants.

Member's last name (please print)	First name (please print)
Signature X	Date (dd-mm-yyyy)

Please notify Sun Life Assurance Company of Canada and your Plan Sponsor of your expected return to work date.

6 How to submit your completed form(s)

You have multiple ways of submitting your completed claim forms to us, along with any other information in support of your claim you would like to submit. For all options, except for mail, you can keep the original copies for your records.



If your plan has provided access to the Sun Life mobile app, you can submit your completed forms through the 'Documents' feature.



You can also send in your disability claim forms directly to Sun Life by email. If you would like to use this option, you can email us your completed disability claim forms to disabilityclaims@sunlife.com. Please be advised that although Sun Life uses reasonable means to protect the security and confidentiality of the email content it sends and receives, the privacy or security of email communications cannot be guaranteed.



You can fax your completed claim forms to the number that appears below for the Sun Life Assurance Company of Canada Group Disability Management Office that manages your claims. If you are unable to fax this information, you can mail it to the appropriate address. If you are not sure which office to send your information to, please contact your Benefits Administrator.

Toronto:

Fax: 1-866-639-7851

PO Box 950 Stn A

Toronto ON M5W 1G5

7 Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.