

Sun Life Insurance and Annuity Company of New York

Evidence of Insurability Cover Page



Employer Instructions

Complete this cover page and provide it to the employee. The employee may complete the Evidence of Insurability (EOI) application either online or on paper:

- **Online at www.sunlife-usa.com/planmembers**

Our secure online system allows employees to provide all of the information needed for Evidence of Insurability in about 10 to 15 minutes. Following completion of the application, the employee receives confirmation by email. The employee then will receive notification of our decision by email or mail.

- **Printable EOI application**

If submitting the EOI application on paper, the applicant must include this Cover Page with his/her submission. Failure to include a completed Cover Page could delay the EOI process.

Employee/Dependent Information (To be completed by employer)

Employee Name (first, middle initial, last)		Group Policy Number 820180	
Social Security Number (last four digits)		Approval Requested for	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Dependent Child(ren): No. of Children:

Coverage(s) Subject to Evidence of Insurability (To be completed by employer)

Select coverages for which EOI is required and fill in amounts. Sign and date this page if employee is submitting the printable EOI form.

Need help? See the **Administrator's Guide** and your **Group Policy**.

Life Insurance

	G.I. / Current Amount of Coverage	Requested Amount	Amount Subject to EOI
<input type="checkbox"/> Employee Basic	\$	\$	\$
<input type="checkbox"/> Employee Optional	\$	\$	\$
<input type="checkbox"/> Spouse/Partner Basic	\$	\$	\$
<input type="checkbox"/> Spouse/Partner Optional	\$	\$	\$
<input type="checkbox"/> Child Optional	\$	\$	\$

Other Coverages

<input type="checkbox"/> Short Term Disability
<input type="checkbox"/> Long Term Disability
<input type="checkbox"/> Buy-Up LTD: \$

Signature of person completing this cover page (Employer) X	Date
--	------

Employee Instructions

Complete and submit either the **Online EOI Application** or the **Printable EOI Application**, but **not both**.

- **Online EOI Application**

1. Go to www.sunlife-usa.com/planmembers and click on Evidence of Insurability.
2. Follow the instructions on the web site. Enter height weight, date of birth and medical history for you and any dependents on this application. Then, transfer the coverage type and amounts above to the Coverage Information section of the online application.

- **Printable EOI Application**

1. Complete pages 2 and 3 of the EOI Application according to the instructions. Please remember to sign and date the form.
2. Mail or Fax the EOI Application and this Employer Cover Page to us:

MAIL TO: Sun Life Insurance and Annuity Company of New York **-or-** **FAX TO:** (781) 446-1517
 Group Medical Underwriting, SC 7190
 273 Corporate Drive Suite 110
 Portsmouth, NH 03801

Continued on next page

Sun Life Insurance and Annuity Company of New York

Evidence of Insurability Application – Health Questionnaire



I Applicant Information (Please print clearly)

Complete and return pages 2 and 3 of this form, along with the employer cover page to:
 Sun Life (N.Y.)
 Group Medical Underwriting
 SC7190
 273 Corporate Drive
 Suite 110
 Portsmouth, NH 03801
Fax: (781) 446-1517

Your name (first, middle initial, last)		Name of your employer		Group policy no.	
Your street address		City		State	Zip Code
Social Security number - -		Daytime phone number		E-mail address	
This Application is for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Female					
Name (if different than above)		Date of birth (m/d/y)	Height ft. in.		Weight lbs.

II Health History (The information in sections II, III and IV is confidential and will not be shared with your employer)

Important: You must answer all questions. If you answer “Yes” to any question, please use the space in Section IV on page 3 to provide the details of your condition. Failure to provide the details of your condition will cause a delay in the review of your application.

- 1. In the past five years, to the best of your knowledge and belief, have you:**
 - a. Had transplant surgery, other surgery, injuries or been treated in a hospital? Yes No
 - b. Been treated for alcoholism or advised by a physician to change your drinking habits? .. Yes No
 - c. Used heroin, marijuana, cocaine, LSD, amphetamines, or any other narcotic? Yes No
 - d. Been off work for more than five consecutive days due to illness or injury? Yes No
 - e. Lost 20 lbs. or more over a 12 month period? Yes No

- 2. In the past five years, to the best of your knowledge and belief, have you been diagnosed with or treated for any of the conditions listed below?**
 - a. Dizzy spells, epilepsy, a nervous or neurological disorder, migraines or a mental disorder Yes No
 - b. Asthma, bronchitis, emphysema, chronic cough, shortness of breath, Chronic Obstructive Pulmonary Disease (COPD) or lung disorder Yes No
 - c. Abnormal blood pressure, chest pain, heart murmur, heart disease or heart attack Yes No
 - d. Ulcer, liver disorder, colitis, diarrhea or any complaint of the digestive organs Yes No
 - e. Arthritis, gout, rheumatism, back disorder, disc disease or joint or bone disorder Yes No
 - f. Cancer, tumor, enlarged glands, enlarged lymph nodes or lupus Yes No
 - g. Sugar in urine, diabetes, kidney or bladder disorder Yes No
 - h. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) Yes No
 - i. Anemia, blood vessel disease, bleeding or any other blood disease or disorder except for Human Immunodeficiency Virus (HIV) Yes No
 - j. Disorders of the eyes or ears Yes No
 - k. Chronic fatigue or fibromyalgia Yes No

- 3. To the best of your knowledge and belief, are you currently pregnant? Yes No**

Continued on next page

III Activities

Important: If you answer “Yes” to any question, use the space in section IV to list each activity, how often you participate in it and the last time you participated in it.

Please answer the following activity questions:

- a. Do you participate in aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline? Yes No
- b. Do you participate in skydiving or parachuting? Yes No
- c. Do you participate as a professional in athletics or sports? Yes No

IV Detail (Provide detail below about any “Yes” answer from sections II and III.)

Question number	Description/History of Condition (e.g. high blood pressure, recent BP reading etc.)	Date Condition Began	Duration of Condition/ Treatment	Treatment	Fully Recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need more room, check here and attach a separate sheet.

V Signature

Please read the Certification and sign and date the form below.

If an Authorization form is included in this package, please remember to sign and date all pages of the form and return it with your completed EOI Application.

Certification

I hereby certify, to the best of my knowledge and belief, that:

- The information I have provided in the Evidence of Insurability (EOI) Application is true, accurate and complete.
- I have read, or had read to me, the completed EOI Application, and understand that any false statements or misrepresentation made in it may result in a loss of coverage under the Group Insurance Policy.
- I have read or had read to me the Fraud Warning:

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or any other person files accident and health application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I also hereby confirm my understanding that:

- My EOI Application may be denied and I may be refused insurance if Sun Life Insurance and Annuity Company of New York (“The Company”) determines that I am not insurable. If The Company determines that I am not insurable, it will explain in writing the basis of its determination.
- I may ask The Company in writing to: (a) obtain certain information from the EOI Application file relating to me (a fee may be charged); (b) correct, amend or delete information in the EOI Application file relating to me (as permitted by applicable law); (c) file my own statement of facts if I believe any information in the EOI Application file relating to me is incorrect; and (d) provide me with a copy of my EOI Application.
- If I have any questions regarding my EOI Application, I can write to Sun Life (N.Y.), Group Medical Underwriting – SC7190, 273 Corporate Drive, Suite 110, Portsmouth, NH 03801

Signature of Employee X	Date signed
Signature of Spouse/Partner (If Application is for spouse/partner) X	Date signed