

### Instructions

The following benefits, subject to the election of your employer, may be covered under your Certificate.

The Accident, Critical Illness, and Hospital Indemnity policies provide one Wellness Benefit per calendar year per covered person from the list of covered benefits. The Cancer policy provides one Cancer Screening Benefit per calendar year per covered person from the policy list of covered benefits.

See the policy for details of covered items and services. Only tests and procedures listed in the policy are eligible for benefit payment.

Complete a separate form for each family member and date of service. Complete all applicable sections.

You must include the:

- name of the provider of the service
- type of service
- date of service

Submit this form to the address, fax number or e-mail address stated at the bottom of this form.

**Note:** Some policies do not contain the Wellness Benefit.

### 1 Employer information

Employer name	Policy number
---------------	---------------

### 2 Insured information

Insured name	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Date of birth (mm/dd/yyyy)	
Insured street address	City	State	Zip code	
Insured phone number	E-mail address			

### 3 Claimant information

Claiming benefits for:  Insured  Spouse  Dependent child

Check all the coverages in place for the insured on the service date of the screening:

Accident policy  Critical Illness policy  Cancer policy  Hospital Indemnity policy

Claimant name	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Date of birth (mm/dd/yyyy)
---------------	--	------------------------	----------------------------

Provider name	Provider phone number	Date of service (mm/dd/yyyy)	
Provider street address	City	State	Zip code
Claimant home phone number	Claimant work phone number		

#### 4 Wellness/Cancer screening information

Please check off the appropriate box that best describes the screening test completed.

**Note:** Not all screenings are available in all policies. See descriptions below for availability and consult the policy.

<input type="checkbox"/>	Annual physical examination (Hospital Indemnity policy only)
<input type="checkbox"/>	Abdominal and aortic aneurysm ultrasonography (Hospital Indemnity policy only)
<input type="checkbox"/>	Biopsy for cancer (Cancer and Hospital Indemnity policies only)
<input type="checkbox"/>	Bone density screening (Hospital Indemnity policy only)
<input type="checkbox"/>	Bone marrow testing (Hospital Indemnity policy only)
<input type="checkbox"/>	Breast Cancer Screening (clinical breast exam, mammography*, MRI, thermography, ultrasound, cervical cancer screening)
<input type="checkbox"/>	BRCA testing (Cancer and Hospital Indemnity policies only)
<input type="checkbox"/>	CA 15-3 (blood test for breast cancer)
<input type="checkbox"/>	CA 125 (blood test for ovarian cancer)
<input type="checkbox"/>	Cardiac Exercise Stress Test
<input type="checkbox"/>	Carotid Doppler
<input type="checkbox"/>	CEA (blood test for colon cancer)
<input type="checkbox"/>	Chest x-ray
<input type="checkbox"/>	Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
<input type="checkbox"/>	CT angiography (Hospital Indemnity policy only)
<input type="checkbox"/>	CT scans or MRI scans (Cancer policy only)
<input type="checkbox"/>	Dental examination (Hospital Indemnity policy only)
<input type="checkbox"/>	Diabetes tests (fasting blood glucose test, hemoglobin A1c)
<input type="checkbox"/>	Double contrast barium enema (Hospital Indemnity policy only)
<input type="checkbox"/>	Echocardiogram
<input type="checkbox"/>	Electrocardiogram (ECG) - resting or stress
<input type="checkbox"/>	Gynecological exam (PA only)
<input type="checkbox"/>	Hemocult Stool Analysis
<input type="checkbox"/>	Immunizations (includes flu shots)
<input type="checkbox"/>	Interscholastic Sports Physical Exam
<input type="checkbox"/>	Lipid panel (cholesterol, triglycerides, HDL, LDL)
<input type="checkbox"/>	Lymphocyte genome sensitivity test (LGS) (universal blood test for cancer) (Hospital Indemnity policy only)
<input type="checkbox"/>	Pap smear (including ThinPrep)
<input type="checkbox"/>	Prostate Cancer Screening (digital rectal exam, PSA blood test)
<input type="checkbox"/>	Serum Protein Electrophoresis (blood test for myeloma)
<input type="checkbox"/>	Skin Cancer Screening
<input type="checkbox"/>	Smoking cessation program (Hospital Indemnity policy only)
<input type="checkbox"/>	Testicular ultrasound (Hospital Indemnity policy only)
<input type="checkbox"/>	Vision examination (Hospital Indemnity policy only)
<input type="checkbox"/>	Weight reduction program (Hospital Indemnity policy only)

\*For TN, see policy for mammography benefit

## 5 Fraud warnings

**General fraud warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an 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 subjects such person to criminal and civil penalties.

**AK:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**AL:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**AR, LA, MA, MN, TX and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**AZ:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**DE, ID and IN:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**KS:** Any person who knowingly and with intent to defraud any insurance company or other person files an 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 may be guilty of insurance fraud as determined by a court of law.

**KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**MD:** Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**NH:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## 5 Fraud warnings, continued

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OR:** Any person who, with intent to defraud or knowingly providing false information may be guilty of fraud and may be subject to civil or criminal penalties.

**PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TN and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VA:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**VT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## 6 Signature

I/we understand that all or part of the information provided may be communicated between the Sun Life Assurance Company of Canada (the "Company") and its affiliates. The information provided may be shared to process transactions that concern any coverage I may have requested or have with the Company or as permitted by law. I have read or had read to me the fraud warning for my state.

Claimant name	Policy number
Claimant signature or authorized representative X	Date

## Contact us



### By mail

Sun Life Assurance Company of Canada  
300 Southborough Drive, STE 200  
South Portland, ME 04106-6914



### By fax

866.376.9480

### By e-mail

[sfworksitclaims@disabilityrms.com](mailto:sfworksitclaims@disabilityrms.com)



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **877-820-5306** M–F 8:00 a.m. – 5:00 p.m., ET

Sun Life Assurance Company of Canada is a member of the Sun Life group of companies.  
© 2020 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved.  
Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada.