

# Extended Health Care: Tuition Insurance Claim Form

Please PRINT clearly.

The provider of these benefits, Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

## 1 General information

Student information

Student's last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy) _ _
Policy number(s)		Student ID number		
Residence address (street number and name)				Apartment or suite
City		Province	Postal code	
Country	Telephone _ _		Preferred language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English	

## 2 Disability due to sickness or injury

a) Please describe the nature of your condition:

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b) When did you first receive treatment from a physician?

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c) When were you first unable to attend classes?

Date (dd-mm-yyyy) _ _	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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## 3 Treatment

a) Please provide the name and address of each physician or other health care provider involved in your medical care.

Last name	First name	Specialty		
Date of last visit (dd-mm-yyyy) _ _	Frequency of visits	Date of next visit (dd-mm-yyyy) _ _		
Address (street number and name)				Apartment or suite
City	Province	Postal code	Telephone _ _	
Last name	First name	Specialty		
Date of last visit (dd-mm-yyyy) _ _	Frequency of visits	Date of next visit (dd-mm-yyyy) _ _		
Address (street number and name)				Apartment or suite
City	Province	Postal code	Telephone _ _	

**3 Treatment (continued)**

b) Please describe your current treatment (i.e. surgery, physiotherapy, counselling).


c) If you are taking any prescription or over-the-counter medications, please provide the following details:

Name of medication	Dosage	Date started (dd-mm-yyyy)	Purpose of medication
		— —	
Name of medication	Dosage	Date started (dd-mm-yyyy)	Purpose of medication
		— —	

d) If you are scheduled for any further referrals, blood tests, x-rays, examinations, surgery, or any other type of investigation or treatment, please provide details here.

Type of referral, investigation or treatment	Date scheduled (dd-mm-yyyy)	Healthcare provider or facility
	— —	
Type of referral, investigation or treatment	Date scheduled (dd-mm-yyyy)	Healthcare provider or facility
	— —	

e) Overall, how would you most appropriately describe your current condition?

- Recovered    Improved    Unchanged    Deteriorating

Please list and comment on only the symptoms which affect your ability to attend classes.

Specific symptom	If applicable, please comment on location, duration, frequency and severity of this symptom

**4 Returning to College or University**

a) Have you returned to College or University part-time?  No  Yes

If YES, when? 

Date (dd-mm-yyyy)
— —

b) Have you returned full-time (attending all classes)  No  Yes If YES, when?

Date (dd-mm-yyyy)
— —

c) If you have not returned what are your current thoughts about your readiness to do so?

I do not anticipate returning on either a part-time or full-time basis

I anticipate returning part-time on or around this date:

Date (dd-mm-yyyy)
— —

I anticipate returning full-time on or around this date:

Date (dd-mm-yyyy)
— —

Please provide any other information that would be helpful in the assessment of your claim.


Please attach to this claim form receipts for your book purchases as well as fees/expenses that are mandatory, non-negotiable and non-refundable and that you no longer use following withdrawal from College or University.

## 5 Declaration and authorization

I certify that the statements on this form are true and complete. I understand that Sun Life Assurance Company of Canada may investigate this claim.

With respect to this insurance coverage, I authorize Sun Life Assurance Company of Canada, its agents, service providers and reinsurers to use, obtain and exchange information needed for underwriting, administration and paying claims with any person or organization who has relevant information about me including health professionals, government agencies, provincial health care insurers, institutions, investigative agencies, insurers and reinsurers. I agree that a photocopy or electronic version of this authorization is as valid as the original and shall continue to have effect throughout the duration of my claim. I understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

I authorize Sun Life Assurance Company of Canada to disclose the information pertaining to this claim to ASEQ for benefits administration

I authorize Sun Life Assurance Company and its medical consultants to exchange information about me with my health professional(s) for the purpose of managing my claim.

Student's last name	First name	
Student's signature X	Date (dd-mm-yyyy) — —	

To avoid delays in processing your claim, please ensure that all sections of this application have been completed thoroughly.

## 6 Mailing instructions

Mail your completed form to:

**If you reside in Quebec please mail to:**

**Sun Life Assurance Company of Canada**  
1155 Metcalfe Street, 6<sup>th</sup> floor  
Montreal, QC H3B 2V9

**If you are not a resident of Quebec please mail to:**

**Sun Life Financial**  
A&A Business  
PO Box 4097 Stn A  
Toronto, ON M5W 2Z5

## 7 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.