

Election of method of settlement and statement of claim: Physician Statement



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

1 Member information

Policy number		Member ID number	
Member's last name		First name	
Address (street number and name)			Apartment or suite
City		Province	Postal code
Telephone number — —		Date of birth (dd-mm-yyyy) — —	

2 Physician's statement

Deceased's last name		First name	
Immediate cause of death		If death was due to accident, suicide or homicide, please specify: <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural	
Underlying causes of death	Date on which illness began (dd-mm-yyyy) — —	Date of death (dd-mm-yyyy) — —	Place of death
If you treated or referred the deceased during the last three years to another physician, please give details and specify the names and address of all the physicians below:			
Physician's last name (please print)		First name	
Telephone number — —		Fax number — —	
Address (street number and name)			Apartment or suite
City		Province	Postal code
Signature X			Date (dd-mm-yyyy) — —

Please return the fully completed form to:

Sun Life Assurance Company of Canada
Attn: Group Life Claims
1155 Metcalfe
Montreal QC H3B 2V9