



Plan member confirmation of illness form – COVID19



Please complete this form only if your absence is due to symptoms of COVID-19 and you are pending test results, or if you have a clinical diagnosis of COVID-19.

In recognition of the increasing pressure on our medical clinics and hospitals due to the COVID-19 pandemic, if your absence is due to COVID-19, we will not, at the outset, require an Attending Physician’s Statement as part of your disability claim submission. This is a time-limited exception as we navigate through the current situation.

In the absence of an Attending Physician’s Statement, we require confirmation of your symptoms, your test results, and any medical treatment you may have received for your illness. Accordingly, please complete and sign this form and return it with your Plan Member Statement.

1 About your illness

1. Please confirm:

Contract number	Member ID	Company name	
First name		Last name	

Date symptoms first appeared:

First day absent from work:

2. Have your symptoms resulted from exposure/potential exposure to the virus through your workplace? Yes No
 If yes, have you applied for worker’s compensation benefits? Yes No Please explain why you have not applied.

3. Please indicate the symptoms associated with your illness:

- Fever
- Cough
- Fatigue
- Muscle aches
- Sore throat
- Shortness of breath
- Other (provide details)
- Decreased appetite
- Runny nose
- Nausea
- Vomiting
- Headache
- Loss of taste or smell

4. Do you have any other health problems that might affect your recovery (e.g. diabetes, heart disease, respiratory illness)?

1 About your illness (continued)

(dd-mm-yyyy)

5. a) Date of medical consultation related to COVID-19:
b) Who was the medical consultation with (e.g.: physician/clinic/hospital/Public Health authority)?

(dd-mm-yyyy)

6. a) Date of COVID-19 test (if applicable):
b) Name, address and phone number of facility where test conducted:

(dd-mm-yyyy)

- c) Test result: Positive Negative Pending – if pending, date expected:
Attach test result, if available.

7. a) Have you been instructed to quarantine? Yes No
If yes, complete b) to e).

- b) Who directed you to quarantine?

(dd-mm-yyyy)

- c) When did the quarantine start?

(dd-mm-yyyy)

- d) When do you expect the quarantine to end?

- e) Can you work from home? Yes No

(dd-mm-yyyy)

8. When are you next seeing your physician?

(dd-mm-yyyy)

9. When do you expect to return to work?

10. Any other details relating to your illness you would like us to know:

2 Your permission

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

Reference to Sun Life or the plan sponsor includes their agents and service providers.

I allow Sun Life and its re-insurers to collect, use and disclose:

- information needed to process my STD claim or my LTD claim
- relevant information with health professionals, institutions, investigative agencies, insurers and, where appropriate, my plan sponsor to underwrite, administer and adjudicate my claims.

I allow Sun Life and my plan sponsor to collect, use and disclose:

- relevant claims information – **except** for details about my diagnosis and treatment. Sun Life and my plan sponsor will disclose relevant claims information for managing my accommodation, vocational rehabilitation and return to work.
- financial information related to my claim needed for Plan administration.

Sun Life and my plan sponsor will disclose relevant claims information for managing my accommodation, vocational rehabilitation and return to work.

Occupational health services

If my plan sponsor has an occupational health services team:

- Sun Life and the occupational health services team can collect, use and disclose information to manage my accommodation, vocational rehabilitation and return to work. This includes information about my diagnosis and treatment.

Overpayment

If Sun Life overpays me, I allow them to:

- recover the money from any amount payable to me under my benefit plan(s)
- collect, use and disclose my information with others, including collection agencies and my plan sponsor, to recover the money.

Preventing fraud and Plan abuse

If Sun Life suspects fraud or Plan abuse, Sun Life can investigate my claim. To detect, investigate and prevent fraud and Plan abuse, Sun Life can collect, use and disclose information about my claim with relevant organizations. These include my plan sponsor, regulatory bodies, government organizations and other insurers.

Conditions of consent

- My consent is valid for the duration of my claim.
- If the STD or LTD Plan is audited, my claim may become part of the audit.
 - My consent is valid for the duration of the Plan.
- A photocopy or electronic version of this form is as valid as the original.

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

3 Declaration of Power of Attorney (if applicable)

If you are the Power of Attorney for Property and you have completed and signed this form on behalf of the Plan member, please complete the following section.

Last name		First name		Relationship to the Plan member	
Address (street number and name)				Apartment or suite	
City				Province	Postal code
Home telephone number	Alternate telephone number		Email address		
Do you have Power of Attorney for this member? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, have you provided supporting documentation? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, please provide it with this form.					
If you do not have Power of Attorney, please state the reason you are completing this form.					

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

Signature of Power of Attorney X	Current date (dd-mm-yyyy)
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4 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.

Halifax:

Fax: 1-866-639-7850
PO Box 11480 Stn CV
Montreal QC H3C 5P5

Montreal:

Fax: 1-866-639-7846
PO Box 11037 Stn CV
Montreal QC H3C 4W8

Toronto:

Fax: 1-866-639-7851
PO Box 950 Stn A
Toronto ON M5W 1G5

Kitchener - Waterloo:

Fax: 1-866-209-7215
PO Box 100 Stn C
Kitchener ON N2G 3W9

Edmonton:

Fax: 1-866-639-7820
PO Box 2733 Stn Main
Edmonton AB T5J 5C9

Vancouver:

Fax: 1-866-639-7829
PO Box 48810 Stn Bentall
Vancouver BC V7X 1A6

5 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.