Plan member confirmation of illness form – COVID-19

Sun Life

Please complete this form only if you have a positive COVID-19 test result.

In recognition of the increasing pressure on our medical clinics and hospitals due to the COVID-19 pandemic, if you have tested positive for 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.

Clear

1 About your illness

1. Please confirm:

Contract number	Member ID	Company name

First name	Last name

Date symptoms first appeared: (dd-mm-yyyy)

First day absent from work: (dd-mm-yyyy)

When do you expect to return to work? (dd-mm-yyyy)

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:

When did your fever resolve (dd-mm-yyyy)?

- ☐ 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

1 About your illness (continued)

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

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

6. a) Date of COVID-19 test (dd-mm-yyyy)
   Who performed the test?
   b) Type of test: ☐ Laboratory test (PCR, molecular testing) ☐ Rapid Antigen testing (self testing kit)
   If laboratory test: name, address and phone number of facility where conducted
   c) Include an image or copy of test results (including rapid antigen test results).

7. a) Have you been instructed to isolate? ☐ Yes ☐ No
   If yes, complete b) to e).
   b) Who directed you to isolate?
   c) When did the isolation start? (dd-mm-yyyy)
   d) When do you expect the isolation to end? (dd-mm-yyyy)
   If this date is beyond your provincial health guidelines on isolation, please explain your extended isolation period.
   e) Can you work from home? ☐ Yes ☐ No

8. Do you have an appointment to see a physician? ☐ Yes ☐ No If so, when? (dd-mm-yyyy)

9. 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.
- 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	Date (dd-mm-yyyy)
X	

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?
☐ No ☐ Yes If yes, have you provided supporting documentation? ☐ No ☐ 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	Current date (dd-mm-yyyy)
X	

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

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

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

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

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

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*.