

Accommodation Services Plan Member Statement

Sun Life Assurance Company of Canada (Sun Life) is a member of the Sun Life group of companies.

Your plan sponsor uses Sun Life to help assess employee requests for workplace accommodations due to a new or changing health condition.

- For accommodation assessments, Sun Life engages a service provider. Under this service, the service provider makes recommendations.
- Your plan sponsor will decide whether and how to accommodate you, based on the recommendations and other factors.

Sun Life is committed to keeping your information confidential

To request Accommodation Services:

- Please return this completed form to your plan sponsor. They will send it to Sun Life with their Accommodation Services Plan Sponsor Referral Form.
- Please also complete the Plan member information and authorization (section 1) of the Accommodation Services Attending Physician Statement. Your doctor also has to fill in part of the Accommodation Services Attending Physician Statement. You're responsible for any fees your doctor charges to do so. Please send the Accommodation Services Attending Physician Statement directly to Homewood Health. See Accommodation Services Attending Physician Statement for further instructions.

Last name (please print)		First name (please print)	
Plan sponsor's name			
Member ID		Plan Sponsor's contract number	
Work phone number	Alternate phone number		Preferred language of communication <input type="checkbox"/> English <input type="checkbox"/> French

Your permission

I understand that my plan sponsor has asked Sun Life for help in assessing my accommodation request.

For accommodation assessments, Sun Life engages Homewood Health as its service provider. The reference to Sun Life, Homewood Health and my plan sponsor includes their agents and service providers.

I authorize Sun Life and Homewood Health to collect, use and disclose relevant information about my job and my medical condition needed to assess and administer my accommodation request with:

- health professionals,
- my plan sponsor's occupational health services team, if applicable,
- my plan sponsor (excluding information about my diagnosis and treatment, unless it's already in my plan sponsor's file).

For disputes

I authorize Sun Life, Homewood Health, my plan sponsor and their occupational health services team to collect, use and disclose among them relevant information, including details about my diagnosis and treatment to respond to or resolve:

- a demand or dispute with or against my plan sponsor in which I have threatened to:
 - sue my plan sponsor or
 - file a grievance or other formal complaint before a board, tribunal or court;
- a legal proceeding, which includes a civil proceeding, arbitration or human rights complaint, about my request.

Conditions of consent:

- My consent is valid for the duration of:
 - my accommodation request,
 - any dispute related to this request or my accommodation,
 - for audit purposes, the contract between Sun Life and my plan sponsor.
- I understand that I can withdraw this authorization at any time during my accommodation request. I understand that if I withdraw this authorization:
 - Sun Life and Homewood Health will no longer be able to assess my accommodation request and,
 - Sun Life and Homewood Health will close my file.

In place of my handwritten signature, I have typed my name. Both my typed name and an electronic copy of this form are as valid as an original.

Plan member last name (please print)		First name (please print)	
Signature X		Date (dd-mm-yyyy)	

Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.