

# Authorization to disclose medical information



Policy no.
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Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
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By signing below, I authorize that my personal information or my children's personal information, may be given to Sun Life Assurance Company of Canada (company), its reinsurers and its third party service providers, including Keyfacts Canada, by any of the following who has records or knowledge of me or of my children to be insured:

- health care professional, physician, hospital, clinic or other medically-related facility,
- MIB, Inc. (MIB),
- other insurers or reinsurers,
- investigation agencies, or
- any other organization or institution.

This information is necessary for the underwriting, administration of insurance and claims paying purposes of my application for insurance with the company.

Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured (required if age 16 and over [age 14 and over in Quebec]) X
Location signed (province)	Date (dd-mm-yyyy)	Signature of parent or legal guardian (required if proposed insured is under age 16 [under age 18 in Quebec]) X