

Non smoking declaration



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

1 Plan member details

Please PRINT clearly.

Plan member's last name		First name	
Contract number	Location/billing group name	Member ID number	
Spouse's last name (if applicable)		First name	

2 Declaration and authorization

Please select the appropriate box.

Member and/or Spouse must complete and sign if applicable.

Member

Have you used any tobacco products within the last 12 months?

Yes No

Spouse (if applicable)

Have you used any tobacco products within the last 12 months?

Yes No

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.

I authorize Sun Life Assurance Company of Canada, its agents and services providers, its reinsurers and their service providers to collect, use and disclose information provided by me in this form to underwrite, administer and adjudicate claims under the plan. A photocopy or electronic version of this authorization is as valid as the original.

Member's signature X	Date (yyyy-mm-dd) - -
Spouse's signature (if applicable) X	Date (yyyy-mm-dd) - -