

Application to exercise the guaranteed insurability benefit rider for residents



AMA #



The Alberta Medical Association Disability Insurance (Plan 4327)

In this application *you* and *your* refer to the person applying for insurance. *We* and *the Company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Please PRINT clearly.

1 Member information

You should complete this application if you are applying within 60 days of successfully completing a medical residency program. Please indicate the dates that you:

a) completed residency

b) commenced/commencing practice in your speciality/fellowship training

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Former/maiden name (if applicable)		Date of birth (dd-mm-yyyy)	
Mailing address (street number and name)		Apartment or suite	
City	Province	Postal code	
Telephone	Email address		

May we correspond with you via email so that we may contact you for the administration of this application?
 Yes No

2 Coverage applied for

In \$100 units
See letter for
amounts available.

Amount of additional monthly benefits applied for at this time (excluding existing AMA coverage)
\$

Elimination period applied for: 90 days 120 days

3 Occupational information

Your medical specialty

1. Number of hours worked per week: _____

If less than 25 hours, please explain

2. Number of weeks worked per year: _____

If less than 46 weeks, please explain

4 Financial information

1. Have you ever declared, or are you contemplating bankruptcy? Yes No

If yes, please indicate date of discharge

2. Should you become disabled, do you have any income that will continue under a partnership arrangement or employment contract? Yes No

If yes, provide amount and full details.

4 Financial information (continued)

Note: any amount approved during a period of disability will apply only to any new disability.

3. Are you now disabled and/or on claim and/or satisfying an elimination period? Yes No

If yes, provide full details.

5 Insurance information

1. Do you have in-force or have you concurrently applied for any disability income coverage (including coverage through your employer) other than AMA insurance? Yes No

If yes, provide full details below:

Amount of monthly benefit	Type of coverage	Insuring company or plan	Indicate if individual or group/association	Date of issue (mm-yyyy)	Elimination period (eg. 90 days)	Benefit period (eg. five years to age 65)	Taxable benefit
\$				-			<input type="checkbox"/> Yes <input type="checkbox"/> No
\$				-			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Will any disability insurance be discontinued if this application is approved? Yes No

If yes, provide full details below:

Company	Policy number	Amount
		\$

6 Declaration and authorization

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation or false declaration concerning this application will cause the insurance to be void. I also certify that as a member of the Alberta Medical Association or the Northwest Territories Medical Association, I understand and agree that this application is void unless I am in active practice on the date of this application.

I authorize Sun Life Assurance Company of Canada, the plan administrator (ADIUM), and their agents and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this insurance coverage with any person or organization who has relevant information about me including institutions, investigative agencies, insurers, and reinsurers. I agree that a photocopy or electronic version of this authorization is as valid as the original.

Signature of applicant	Date (dd-mm-yyyy)
X	- -

Please mail or fax your completed application to:

Adium Insurance Services Inc.
CMA Alberta House
12230 106 Avenue NW
Edmonton AB T5N 3Z1
Fax: 780-488-7558 or 1-877-302-3486

7 Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with investment and insurance products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.