

Surrogacy Benefit Enrolment form



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

Instructions: complete all sections and return the form to Sun Life using the methods described in section 6.

1 Plan member information

To be completed by the plan member

Use this form when there is a surrogacy agreement with a third party. If the surrogate is the plan member, do not complete this form. You can't have more than one surrogate at the same time. But if a surrogacy arrangement ends and you enter into another one with a new surrogate, you must complete another enrolment form.

Your last name		First name		Date of birth (dd-mm-yyyy)
Surrogacy Benefit contract number 150520	Member ID number	Your plan sponsor/employer University of British Columbia	Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	

2 Surrogate information

To be completed by the surrogate

The surrogate cannot be a dependent of the plan member.

Last name		First name		Date of birth (dd-mm-yyyy)
Your address (street number and name)				Apartment or suite
City		Province	Postal code	
Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Telephone number	Do you have provincial health coverage or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (provide details) _____		

3 Surrogate authorization and signature

To be completed by the surrogate

I declare that I have:

- provincial health coverage or its equivalent,
- entered into a surrogacy agreement with the plan member or the plan member's spouse, and
- provided true and accurate information in this form.

I understand that when the plan member enrolls in this Surrogacy Benefit, they will disclose certain information about me. I authorize:

- Sun Life Assurance Company of Canada (Sun Life) to collect, use and disclose relevant information about me to underwrite, administer, and adjudicate claims, with relevant persons or organizations, which may include health professionals, institutions, investigative agencies, insurers, and reinsurers.
- Sun Life and the Plan Sponsor to collect, use and disclose information about me for the plan member's enrolment and the continued administration of the Surrogacy Benefit and the plan.

I may sign this form, or I may type my name in place of my handwritten signature. I agree that an electronic document is as valid as an original.

Any reference to Sun Life or the Plan Sponsor includes their respective agents and service providers.

Surrogate's signature X	Date (dd-mm-yyyy)
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4 Plan member authorization and signature

To be completed by the member

The surrogate listed in section 2 is the person who will provide me with assistance in growing a family under a surrogacy agreement.

By enrolling in this plan, I authorize the following:

- Sun Life and its reinsurers to collect, use and disclose relevant information about me necessary for enrolment and plan administration as well as to underwrite, adjudicate and pay claims,
- Sun Life to disclose, and the Plan Sponsor to collect, amounts payable to me (with an itemized claims listing if needed) under this plan for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management.

I declare that the information above is accurate and true.

My consent applies while this coverage is in effect.

I may sign this form, or I may type my name in place of my handwritten signature. To deliver this form to Sun Life, I can mail the original or upload a scan/image of this form. In all cases, I agree that an electronic document is as valid as an original.

Any reference to Sun Life, its reinsurer and the Plan Sponsor includes their respective agents and service providers.

Plan member's signature X	Date (dd-mm-yyyy)
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5 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.

Questions? Please visit www.sunlife.ca or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET.

6 How to send us your form

All pages of this form must be submitted together. Keep a copy for your records.

If your plan allows, you can submit your enrolment form through the mobile app or www.mysunlife.ca using the Submit Documents feature:

- For the Document type, select **Client Care Centre Requests**
- For the Document or Client Care Centre number, enter **FBPENROLMENT**

OR

You can mail your completed form to the following claims office address:

Sun Life Assurance Company of Canada

Attn: Health & Dental Claims

PO Box 2010, STN Waterloo

Waterloo ON N2J 0A6