

Surrogacy Medical and Non-Medical Benefit claim form



- Use this form for all surrogate medical expenses and services.
- Please print clearly and be sure all sections are complete to avoid delays in processing your claim.
- Use this form if you have an agreement with a surrogate.
- To be eligible, all expenses must have been paid by you.
- Attach the original receipt for each expense claimed and keep photocopies for your records.
- Sign on page 2 and mail your claim to the address at the bottom of page 2. Some plans allow claims to be submitted online at www.sunlife.ca or through the mobile app.

1 Information about the plan member – be sure to fully complete this section

Surrogacy Benefit contract number 150520	Member ID number	Your plan sponsor/employer University of British Columbia			
Your last name	First name		Date of birth (yyyy-mm-dd)	Daytime phone number	
Your address (street number and name)		Apartment or suite	City	Province	Postal code

2 Information about your claim

Add up all the receipts and insert the total amount claimed. Ensure each receipt clearly indicates the type of expense being claimed and that lump sum amounts are broken down.

Surrogate's name	Date of birth (yyyy-mm-dd)
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Category: medical	Description of expenses	Amount claimed
Physician and lab services		\$
Sperm and egg retrieval		\$
Cryopreservation, thawing, transfer and storage fees		\$
Screening and genetic testing		\$
Sperm selection, function test, wash and preparation		\$
Invitro maturation, assisted hatching, and intra-cytoplasmic sperm injection (ICSI)		\$
In-vitro fertilization (IVF), Intrauterine insemination (IUI) / artificial insemination (AI)		\$
Fertility drugs		\$
Other		\$

Category: non-medical	Description of expenses	Amount claimed
Legal services and expenses for obtaining medical or other records in relation to the surrogacy		\$
Midwife and doula		\$
Childcare and petcare (for surrogate's children and pets)		\$

2 Information about your claim (continued)

Vitamins, minerals and herbal supplements		\$
Fitness services (limited to prenatal specific classes)		\$
Nutrition counselling services (excludes the cost of food)		\$
Other		\$
For both medical and non-medical expenses		Total claimed \$

3 Authorization and signature – you must complete this section

I certify that all goods and services being claimed have been received by my surrogate.

I confirm that I and/or my spouse are responsible for the expenses, subject to this claim form, and have paid for them. I certify that the information in this form is true and complete and doesn't contain a claim for any expense previously paid for by this or any other benefits plan, or program, including a provincial program.

I confirm that my surrogate authorizes me to disclose information to Sun Life Assurance Company of Canada (Sun Life) about them, for the purposes of underwriting, administration, and adjudicating claims. I confirm that my surrogate also authorizes Sun Life to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing the Surrogacy Benefit.

I authorize Sun Life to collect, use and disclose information about me and my surrogate needed for underwriting, administration and adjudicating claims under this Surrogacy Benefit with any other person or organization who has relevant information relating to this claim including health professionals, institutions, investigative agencies, insurers, and reinsurers.

I also authorize Sun Life to disclose the financial information collected in this form to my Plan Sponsor for purposes relevant to the financial administration of this Surrogacy Benefit and the plan. I understand that I'm responsible for the outcome of any tax consequences that may arise from being reimbursed for these expenses. I also understand that my Plan Sponsor may have access to an itemized listing of claims submitted by me under this Surrogacy Benefit for the purposes of payroll-related taxes and deductions, tax slip preparation or other administrative reporting and plan management. I also understand that information about this claim may be reviewed in the event this plan is audited.

If Sun Life suspects fraud or plan abuse, Sun Life can investigate my claim. To detect, investigate and prevent fraud and/or plan abuse, Sun Life can collect, use and disclose information about me and my surrogate with relevant organizations. These include my Plan Sponsor, regulatory bodies, government organizations, medical suppliers and other insurers.

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 or the Plan Sponsor includes their respective agents and service providers.

Member's signature X	Date (yyyy-mm-dd)
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4 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

5 | Send us your form – keep a copy of your claim form and receipts for your records

All pages of this form must be submitted together.

If your plan allows, you can submit your claim 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 **FBPSURROGACY**

OR

You can mail or fax your completed form to the claims office nearest you.

Fax number: 1-866-366-8616.

Sun Life Assurance Company
of Canada

Attn: Claims Dept.

PO Box 11658 Stn CV

Montreal QC H3C 6C1

Sun Life Assurance Company
of Canada

Attn: Claims Dept.

PO Box 2010 Stn Waterloo

Waterloo ON N2J 0A6