

Voluntary Waiver of Coverage and Release (Waiver and Release)



Information to be completed by plan sponsor

Member's last name	Member's first name	Member ID number
Name of employer	Contract number)	

Please check the box below for the benefit(s) only if the member pays 100% of the premiums.

LTD STD

Acknowledgement:

I understand that as the employer, we should consult with legal counsel to determine whether to rely upon this Waiver and Release and/or obtain some other document signed by the plan member in our favour. I acknowledge and agree that if we rely upon this Waiver and Release, then Sun Life is not responsible for any damages, costs or expenses that we incur should a plan member or their dependents suffer a loss or injury, submit a claim, make a demand for payment or start a legal action against us for benefits or other damages, relating to the waived coverage(s) or in connection with the waiver.

I have reviewed this form with the plan member. I have encouraged the plan member to maintain coverage so that they and any eligible dependent can claim for any unforeseen medical, life or disability event during that leave.

A copy or electronic version of this document is as valid as the original.

Sponsor signature X	Date (dd-mm-yyyy)
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Waiver and release to be completed by plan member

I understand that I am entitled to maintain my current coverage during my leave under my group benefits plan.

I voluntarily elect to (choose all that apply):

- waive all optional coverage
 waive LTD coverage as I am paying 100% of the premium
 waive STD coverage as I am paying 100% of the premium

Or

- waive all current coverage*

* **QUEBEC RESIDENTS** – In Quebec, if you are below 65 and are eligible for drug coverage under a private insurance group plan (through your employer, your spouse's employer or through an association), you must enrol in it. You can refuse the present coverage only if you have private coverage under another group plan that fulfills the minimum requirements set out by RAMQ.

For any coverage that I have waived, I understand and agree that as a result of this Waiver and Release:

- I have given up my right to claim benefits in respect of the waived coverage that may have otherwise been payable under the plan.
- My estate, heirs, personal representatives, executors, administrators and assigns are bound by this Waiver and Release and similarly have no right to claim benefits in respect of the waived coverage that may have otherwise been payable under the plan.

QUEBEC RESIDENTS – I declare that my dependents (spouse and/or children) if any, and I are covered under another private insurance plan that fulfills the minimum conditions set out by RAMQ. I also agree to provide the necessary proof of coverage upon request. I therefore request an exemption from deduction by my employer of the premium pertaining to the group insurance plan. If I lose my coverage under this other plan, I agree to advise my employer immediately.

- I cannot bring any claim, action, demand or proceeding against Sun Life or my employer for any benefit payment, damages or other expenses relating directly or indirectly this Waiver and Release and/or to any claim that arises or occurs while I am on my leave.
- Neither my estate nor my beneficiaries can submit any claims for benefits relating to my life coverage, including if applicable, accidental death coverage.
- My employer and/or Sun Life have a right to and will rely upon this Waiver and Release to bar any claim by my estate or any third party for life insurance benefits, including, if applicable accidental death benefits.
- Any inadvertent remittance of premiums will not make the waived coverage effective during my leave.

Waiver and release to be completed by plan member (continued)

- Immediately upon my return to work, I will ask my employer to reinstate all my waived coverage.
- I will have to submit proof of good health to reinstate any waived optional benefit and for any amount in excess of the contractual Non-evidence Maximum.
- If the request is received by Sun Life more than 31 days after my return to work, I will have to submit proof of good health to obtain coverage for all waived benefits and coverage will become effective when I receive Sun Life's approval in writing.*
- Any contractual limitations or exclusions, such as the pre-existing condition provision, will start anew on the reinstatement date of my waived optional coverage although the contractual waiting period will not apply.

*for mandatory plans, this will not apply

I have been given sufficient time to consider all aspects of this Waiver and Release and have been given an opportunity to seek independent legal advice. I have read, understood and agree with the terms of this Waiver and Release and hereby elect to terminate the coverage selected above effective the first day of my leave.

First day of my leave (dd-mm-yyyy)

A copy or electronic version of this document is as valid as the original.

My employer has reviewed these options with me and has encouraged me to maintain my coverage.

Member signature X	Date (dd-mm-yyyy)
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Plan sponsor to send the completed form to

SunAdvantage

Central sbb_central@sunlife.com

East sbb_east@sunlife.com

West sbb_west@sunlife.com

SunSolutions

Central EECENT@sunlife.com

Eastern EEEAST@sunlife.com

Western EEWEST@sunlife.com

AdminPlus

AdminPlus@sunlife.com

AdminPlusPrivilege@sunlife.com

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.