

Portability Application

Life and Accidental Death & Dismemberment (AD&D)

Please complete the sections indicated below, read the fraud warnings and acknowledgment, and sign and date the form. Mail the completed form, a copy of your Portability Notice, and a check for the first premium to Sun Life Assurance Company of Canada. Questions about portability? Please call 1-800-247-6875.

1 General information

Your name (first, middle initial, last)		Date of birth (mm/dd/yyyy)	
Residence address (street number & name, apartment or suite)		City	State
			Zip
Social Security number	Home phone number	Alternate phone number	

Information about the qualifying group policy(ies)

Name of group policyholder (i.e., your employer or plan administrator)	Policy number(s)
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2 Coverage amount information

Life and AD&D insurance coverage amount

See section 3 of the Portability Notice for the amount of insurance you are eligible to apply for. You may apply for coverage only if your employer's plan includes this option. You may elect to keep the current amount(s)* of coverage you had with your prior employer, or elect a lower amount. Check one box for each coverage you are requesting to port and write in the amount elected.

You may only port spouse and/or child benefits if you are electing to port your employee benefits and if your spouse/child were insured under the group policy at the time of your termination.

Employee Life and AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount <input type="checkbox"/> Include AD&D Amount elected \$	Spouse Life and AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount <input type="checkbox"/> Include AD&D Amount elected \$	Child Life and AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount <input type="checkbox"/> Include AD&D Amount elected \$
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Employee Voluntary AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount Amount elected \$	Spouse Voluntary AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount Amount elected \$	Child Voluntary AD&D insurance <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount Amount elected \$
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*subject to a policy maximum of \$500,000

2 Coverage amount information, continued

If you have elected spouse and/or child(ren) coverage above, be sure to write in the spouse/child(ren) name(s) and date(s) of birth.

Spouse name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
Child name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
Child name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)

If you need additional space, check here and attach a separate sheet.

3 Premium information

Premium payment

Amount enclosed \$	How would you prefer to pay premiums? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly
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4 Fraud warnings

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, MA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

4 Fraud warnings, continued

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

5 Acknowledgment and signature

To begin processing your request for portability coverage, Sun Life Assurance Company of Canada must receive this signed Application form, any other required documentation, and your first premium within 31 days of your termination date.

No insurance requested in this Application form will become effective until Sun Life Assurance Company of Canada approves the Application, notifies you of its approval, and receives the first premium payment from you. If you submit the initial premium payment with the Application and Sun Life Assurance Company of Canada rejects the Application, Sun Life Assurance Company of Canada will refund the premium. If your Application is approved, Sun Life Assurance Company of Canada will bill you for future premium payments. Rates will increase when you reach a new age band and may increase for reasons other than age. Please refer to your Portability kit or your employer for rate information.


You must read and sign to apply for coverage.

I/We understand and agree that: (1) My/Our eligibility for Portable Group Insurance will be based on the Portability conditions stated in the qualifying group policy(ies). (2) The answers and statements in this Application will be the basis for and become part of any insurance certificate issued as a result of this Application. I understand I am not eligible to port if the qualifying policy is not in force, I am age 70 or older, I am retiring, my insurance is being continued under any insurance Continuation provision, Waiver of Premium Benefit, or the Permanent Total Disability Income Benefit, I have suffered an injury or sickness resulting in a life expectancy of less than 12 months, I reside outside of the United States or Canada, or I have exercised my portable insurance right under a similar certificate issued by Sun Life Assurance Company of Canada. (3) The certificate issued will replace the coverage provided by the group policy indicated in section 1 of this Application. (4) No insurance requested in this Application will be effective until Sun Life Assurance Company of Canada approves this Application and receives my initial premium payment. (5) A claim may be denied in accordance with the Incontestability provision of the Portability Certificate if the statements in this Application are not complete and true. (6) All portable insurance will be subject to the terms and conditions of the Portable Group Insurance Certificate and the Group Policy under which it is issued. (7) I understand that the premium rate used to determine the premium I owe for my coverage may change after the first 12 months of coverage, and annually thereafter, if I reach a new age band or for reasons other than age.


I have read or had read to me the fraud warning for my state.

Signature of employee X	Date
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Contact us

 **By mail**
Sun Life Assurance Company of Canada
One Sun Life Executive Park, SC1220
Wellesley Hills, MA 02481

 www.sunlife.com/us

 Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET