Appeal form for disability benefits claim



Use this form to appeal a decision on your disability claim.

- · Complete each section of this form in full.
- Send us your completed form plus any new information about your claim.
- See our decision letter for a list of everything we've already received and reviewed for your claim.

Please keep in mind that:

- The appeal process may not change our decision.
- We need to receive all information for your appeal as soon as possible. Delays may affect our ability to make a decision on your appeal.
- If you choose to send us any new medical information for your appeal, you'll need to cover the costs.

1 Plan Member information											
Cont	ract number	Member ID	Claim control numb	er	Company name						
First name			Last name		Пм		0.00	Date of birth (dd-mm-yyyy)			
						☐ Fen					
Address (street number and name)							Apartment or suite				
City							Province	Postal code			
City						ľ	riovince	rostal code			
Occi	Occupation Job title										
Hom	e telephone number	Alternate telephone nu	mber	Email addres	s						
You can find your claim control number, contract number and member ID on the most recent letter we sent you.											
2	About your appe										
1. V	Vhy are you appealin	ng? Please provide details	here:								
-											
2. [Do you have new medical information that you didn't send previously and want us to consider now? Yes No										
If, yes please list this information here and include it when you send us this form. <i>Note: If y</i>											
please let us know when we can expect to receive it.											
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3 Your Agreement	
I agree that the statements in this form are true and complete.	
Member's last name (please print)	First name

Member's last name (please print)	First name		
Member's signature	•	Date (dd-mm-yyyy)	
X			

4 How to send in your appeal

You have multiple ways of submitting your completed appeal form to us, along with any other information in support of your claim you would like to submit. For all options, except for mail, you can keep the original copies for your records.



If your plan has provided access to the Sun Life mobile app, you can submit your completed form through the 'Documents' feature.



You can also send in your appeal form directly to Sun Life by email. If you would like to use this option, you can email us your completed appeal form to disabilityclaims@sunlife.com. Please be advised that although Sun Life uses reasonable means to protect the security and confidentiality of the email content it sends and receives, the privacy or security of email communications cannot be guaranteed.



You can fax your completed appeal form to the number that appears below for the Sun Life Assurance Company of Canada Group Disability Management Office that manages your claims. If you are unable to fax this information, you can mail it to the appropriate address. If you are not sure which office to send your information to, please contact your Benefits Administrator.

Halifax: Fax: 1-866-639-7850 PO Box 11480 Stn CV

Montreal QC H3C 5P5 Kitchener - Waterloo: Fax: 1-866-209-7215

PO Box 100 Stn C Kitchener ON N2G 3W9 Montreal:

Fax: 1-866-639-7846 PO Box 11037 Stn CV Montreal OC H3C 4W8

Edmonton:

Fax: 1-866-639-7820 PO Box 2733 Stn Main Edmonton AB T5J 5C9 Toronto:

Fax: 1-866-639-7851 PO Box 950 Stn A Toronto ON M5W 1G5

Vancouver:

Fax: 1-866-639-7829 PO Box 48810 Stn Bentall Vancouver BC V7X 1A6

Montreal Group Disability Management Office

Fax: 1-866-639-7849

Federal Government Disability Insurance Plan Sun Life Assurance Company of Canada P.O. Box 12500 Station CV

Montreal QC H3C 5T6

5 Respecting your privacy

Respecting your privacy is a priority for the Sun Life 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.