

Sun Life Assurance Company of Canada

Death Benefits Claim Packet – Employer



Instructions for the Plan Administrator

In the event of the death of an insured employee or dependent, please follow these steps as soon as you receive notice of death:

1. Complete the Employer's Statement and collect the following:
 - a copy of **any** and **all** enrollment forms
 - a copy of beneficiary designation on file
 - payroll documentation for **one month** immediately prior to the insured's **last day worked**.*
 - a certified death certificate:**
 - Total benefit claim \$10,000 or less: No death certificate required
 - Total benefit claim over \$10,000 to \$249,000: Copy of death certificate required
 - Total benefit claim over \$249,000: Original certified death certificate required
 - Original certified death certificate is required on any Certificate issues outside of the U.S.

*We may request additional payroll information if needed to confirm eligibility and/or calculate the benefit per the Basic Annual Earnings as defined by the policy.

*For Dependent Life Claims, payroll documentation for one month immediately prior to the date of death is required to verify the employee's status at the time of death.

**If a death certificate is required, it must list a final cause and manner of death

2. Provide the Beneficiary with the Claimant's Statement. You will need to instruct the Beneficiary to complete and sign the form and return it to the Employer with the original certified death certificate. Please use the same guidelines noted above for providing the death certificate.
3. If this is an Accidental Death, please have the Employer or Beneficiary submit:
 - an original police report
 - an original autopsy report
 - an original toxicology reportIf there is no autopsy or toxicology report done, please send verification from the coroner, medical examiner or admitting hospital.
4. **Collect all completed sections and additional required information and submit the entire packet to the address below.**

Sun Life Financial
Group Life Claims
P.O. Box 81365
Wellesley Hills, MA 02481
Tel: 800-247-6875
Fax: 800-979-5128

Failure to provide complete and accurate information could result in the need for additional claims investigation which could delay the initial benefit payment.

State law requires that we notify you of the following:

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.

AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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, MN, RI, TX 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.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

DE, ID and IN: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 a 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.

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.

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.**

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM: 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 civil fines and criminal 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 and 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.

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 and 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.

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.

Sun Life Assurance Company of Canada

Death Benefits Claim Packet - Employer



Employer's Statement

1 General Information

Please print clearly.

Employer's name		Group policy number	Billing number
Employer contact (name of person completing this form)		Title	
Employer's street address		City	State Zip Code
Employer's email address		Telephone number	Fax number
Name and address of Division where Employee worked (if different from above)			

2 Employee Information

Employee's name (first, middle initial, last)	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Date of birth (m/d/y)
Employee's street address	City	State	Zip Code

3 Dependent Information (Complete only if submitting a Dependent claim)

Dependent's name (first, middle initial, last)	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (m/d/y)	Relationship to employee
--	--	-----------------------	--------------------------

4 Employment and Claim Information

Complete entire section.

Date hired (m/d/y)	Effective date of insurance	Scheduled hours	Occupation
Date last worked	Reason for last day worked		
Date premiums terminated (m/d/y)		Class (as defined by policy)	
Date of last qualifying status change			
<input type="checkbox"/> Part-time to Full-time		<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth of a child

Type of Claim (check all that apply)	Date of Death (m/d/y)	Basic	Optional
<input type="checkbox"/> Life		\$	\$
<input type="checkbox"/> Dependent		\$	\$
<input type="checkbox"/> Accidental Death		\$	\$

5 Salary and Benefits Information

How is/was the employee paid? (check one)

<input type="checkbox"/> Hourly \$ per hour:	<input type="checkbox"/> Salaried \$ per year:
---	---

Provide information about other income:

Commissions \$	Bonuses \$	Overtime \$
-------------------	---------------	----------------

What was the date of the last pay increase?

Did you apply age reductions on the amount of insurance..... Yes No

6 Certification and Signature

Tip: To certify eligibility, submit the Employee's enrollment form with the claim.

I certify that the above statements are true and complete. I have read or had read to me the fraud warning for my state.

Signature of Administrator X	Date signed
---------------------------------	-------------