Sun Life Assurance Company of Canada
Death Benefits Claim Packet

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 section of this claim packet and collect the following:
   - ☐ a copy of any and all enrollment forms
   - ☐ a copy of beneficiary designation on file
   - ☐ an original certified death certificate – must include the final cause and manner of death
   - ☐ the most recent payroll record for one full pay period prior to the employee's last day

2. Provide the beneficiary with the Claimant's section of this claim packet. Instruct him or her to complete and sign the form and return it to the Employer along with the original certified 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 report

   If 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.**

   The McKellan Group Inc.
   1449 Old Waterbury Rd #201
   Southbury CT 06488

   Tel: 800-531-2001
   Fax: 203-575-0308

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

Fraud Warnings

State law requires that we notify you of the following:

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.

Fraud Warning – AR, DC, KY, LA , MA , MN, NM, 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.

Fraud Warning – 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.

Fraud Warning – 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.

Fraud Warning – 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.

Fraud Warning – 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.

Fraud Warning – 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.

Fraud Warning – IN, ID, and DE: 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.

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

Fraud Warning – ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Warning – 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.

Fraud Warnings continued

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

Fraud Warning – 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**.**

Fraud Warning – OK: 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.

Fraud Warning – 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.

Fraud Warning – PA: Any person who knowingly and with intent to defraud any insurance company or any other person files a claim 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 and subjects such person to criminal and civil penalties.

Fraud Warning – 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

Section A: 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) ☐ M ☐ 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) ☐ M ☐ 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 ☐ Part-time to Full-time ☐ Marriage ☐ Birth of a child			

Type of Claim (check all that apply)	Date of Death (m/d/y)	Basic	Optional
☐ Life		$	$
☐ Dependent		$	$
☐ Accidental Death		$	$

Continued on next page

5 Salary and Benefits Information

How was the deceased paid? (check one)

☐ Hourly	☐ Salaried
$ per hour:	$ 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.

Signature of Administrator	Date signed
X	

Sun Life Assurance Company of Canada
Death Benefits Claim Packet

Section B: Claimant's Statement

Instructions

Return this completed form to the employer along with a certified copy of the Official Death Certificate.

Complete this form if benefits are legally payable to you as a beneficiary. You are a beneficiary if the insured designated you on his or her most recently dated enrollment or beneficiary designation form. When there is more than one beneficiary, each beneficiary must complete a separate form.

Please see page 8 for additional instructions if:

- The beneficiary is the estate of the insured
- The beneficiary is a trust
- The beneficiary is a minor
- The insured's death has been ruled accidental

1 Information About the Deceased

Please print clearly.

Employer's name			Group policy number
Employee's name (first, middle initial, last) ☐ M ☐ F		Social Security number	Date of birth (m/d/y)
Deceased's name (first, middle initial, last) ☐ M ☐ F			Social Security number
Date of birth (m/d/y)		Relationship	

2 Information About the Beneficiary

For individuals, enter your Social Security number or IRS Individual Taxpayer Identification number. For other entities, enter Employer Identification Number.

Name of beneficiary (first, middle initial, last) or estate		Date of birth (m/d/y)	Relationship
Social Security number or Tax Identification number		Telephone number	
Address of beneficiary or estate	City	State	Zip code

I certify that the statements made in sections 1 and 2 above are true and complete

Signature of beneficiary or estate representative X	Date (m/d/y)

3 Information About the Accidental Death (only if applicable)

To be completed by the beneficiary.

1. Did the accidental death occur at least 100 miles from the employee's principal place of residence? ☐ Yes ☐ No
2. Did the accidental death occur while the employee was traveling on business for the employer? ☐ Yes ☐ No
3. Are there any children of the employee in the 12th grade or currently enrolled in an accredited post-secondary institution of higher learning? ☐ Yes ☐ No
4. Did any family member incur any bereavement counseling expenses? ☐ Yes ☐ No

Continued on next page

4 Method of Payment

You may choose to receive the life insurance benefit in a lump sum check or by having it paid into a Sun Life Financial Benefit Account.

The Sun Life Financial Benefit Account is an interest bearing account provided free of charge on eligible life insurance benefits that provides you with immediate access to the benefit proceeds. You simply write a check for all, or a portion, of the proceeds. You may not make deposits to the Sun Life Financial Benefit Account.

The Sun Life Financial Benefit Account is available to all individual beneficiaries who will receive a benefit of $10,000 or more. If the beneficiary is a corporation, trust, or a guardian of a minor, or the benefit is less than $10,000, the benefit will be paid by check.

If the beneficiary is a minor and no guardian of the minor's estate has been appointed, we will pay the benefit into a Sun Life Financial Benefit Account. The Sun Life Financial Benefit Account is immediately available to the guardian of the minor's estate once the guardian has been appointed and to the minor once he or she reaches the age of majority.

Please indicate your choice below. **If no selection is made, benefits of $10,000 or more will be paid to a Sun Life Financial Benefit Account. (For Maryland residents, if no election is made, payment will be made by check.)**

☐ I elect the Sun Life Financial Benefit Account
☐ I elect a check

Sun Life Financial Benefit Account Settlement Option Features

Interest

Interest is earned on proceeds in your Sun Life Financial Benefit Account from the date your account is established until the date checks are cleared. Interest is compounded daily and is credited to your account once a month. The rate will be reviewed weekly and may change. Interest income is reflected in your monthly statement.

Monthly Statements

Beneficiaries will receive monthly statements at the end of each month. Cancelled checks will not be returned with monthly statements. If you need a copy of a check, call our Customer Service Center at 1-866-223-9149. We will send copies of checks to you as soon as possible. There is a $5 charge for each copy.

Minimum Check Amount

The minimum amount for which a check may be written is $250.

Minimum Account Balance

The minimum account balance is $250.00. At the end of each month, accounts with $250 or less are automatically closed. We will send the balance in the account plus accrued interest to you.

Closing an Account

You can close your account by:

- Writing a check in the amount of the balance indicated on your most recent statement and bring it to your local bank. Because interest is accrued daily, it may be difficult to know the exact balance. We will send a check containing any remaining interest within 30 days.
- Sending a written request to Sun Life Financial Benefit Account, Insurance Services, P.O. Box 535412, Pittsburgh, PA 15253-5412, indicating that you wish to close the account. Please be sure to include your account number. We will mail a check for the full account balance including interest posted to that day.

Interest Reporting

At the end of each year, we generate an IRS Form 1099 indicating the annual interest credited to the account. We then send the form to you and to the IRS.

Continued on next page

5 Certifications and Signature

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Cross out item 2 if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Under penalties of perjury, I certify that

1. the Tax Identification Number shown above is correct; and
2. I am not subject to backup withholding because
   a. the IRS has not notified me that I am subject to backup withholding as a result of my failure to report all interest or dividends; or
   b. the IRS has notified me that I am no longer subject to backup withholding.

I certify that the above statements are true and complete.

Signature X	Date (m/d/y)

6 Additional Instructions

If the Beneficiary is the Estate	**In some cases, life insurance may be payable to the insured's estate. The employer's Group Policy specifies the situations under which benefits are payable to the estate.** Payment of the life insurance benefits in these cases will be made to the executor or administrator of the estate. The executor or administrator is appointed by a probate court and is responsible for managing the insured's estate. Please note that a person named as the executor or administrator in the insured's last will & testament must be appointed by the court before payment can be made. The executor or administrator of the estate should complete the Claimant's Statement and provide a certified copy of the Letters Testamentary or Letters of Administration issued by the probate court. The estate tax identification number (not the Social Security number) is required on the Claimant's Statement.
If the Beneficiary is a Minor	If the beneficiary is a minor and does not have a guardian of his or her estate, we can pay a life insurance benefit to an adult member of the minor's family up to the limit of your state's Uniform Transfers to Minors Act (UTMA). For benefits greater than the state UTMA limit, we will pay the benefit to a court appointed guardian of the minor's estate. The guardian must provide us with a certified copy of the court document appointing the guardian and must complete and sign the Claimant's Statement as guardian. The guardian should enter the minor's Social Security number and date of birth on the Claimant's Statement. If no guardian of the minor's estate is appointed, we will pay the benefit into a Sun Life Financial Benefit Account. The Sun Life Financial Benefit Account is immediately available to the guardian of the estate once the guardian has been appointed and to the minor once he or she reaches the age of majority.
If the Beneficiary is a Trust	After Sun Life Assurance Company of Canada receives notice that the beneficiary of a policy is a Trust, we will prepare and send a Verification of Trust form to be completed by the Trustee and returned for file. We will also accept a certified copy of the Trust documents. The trustee should complete the Claimant's Statement. The trust's Tax Identification Number, (not the Social Security number), is required on the Claimant's Statement. Please provide copies of trust document.
If the Insured Died Accidentally	When the insured's death is the result of an accident, accidental death benefits may be payable if: • The Group Policy and employee class contain accidental death benefits • The cause of death is "accidental" as defined under the Group Policy • The Policy exclusions do not apply (please refer to the Group Policy) **The official police or emergency technician report of the accident must be furnished to determine if accidental benefits are payable. If a toxicology test is administered, the official results of the test must be provided. If no toxicology test was administered, we will need a letter from the Medical Examiner or admitting hospital or coroner confirming that. We may need other information or reports to determine if the death is accidental under the terms of the Policy.**

Sun Life Assurance Company of Canada
Death Claim Packet

Section C: Authorization

Authorization to Obtain and Disclose Information

Return to:
The McKellan Group Inc.
1449 Old Waterbury Rd #201
Southbury CT 06488

FAX: 203-575-0308

I HEREBY AUTHORIZE any clinic, healthcare or other medical facility, healthcare provider, hospital, medical practitioner, pharmacy, police department, and medical examiner's office or coroner's office to furnish or release (verbally or in writing), or otherwise make available to Sun Life Assurance Company of Canada, or its authorized representatives, all medical and non-medical information in its possession about _____. Medical information includes but is not limited to toxicology reports, other medical test results, any of which contain any diagnosis information including, but not limited to drugs, alcohol, substance abuse, mental nervous conditions, HIV or ARC, or AIDS, or any other illness or cause. Non-medical information includes, but is not limited to disability, employment earnings and history, financial, credit history, insurance benefits, claims or coverage, occupational duties and traffic/accident reports.

I UNDERSTAND, that any information acquired pursuant to this AUTHORIZATION will be used by Sun Life Assurance Company of Canada to determine eligibility for insurance benefits under claims submitted to it, to verify representations made in an insurance application, or for any other lawful purpose.

I FURTHER UNDERSTAND that by executing this Authorization, I waive the right for such information to be privileged.

I AGREE that this Authorization shall be valid for two and one-half years from the date shown below and that a photocopy of this Authorization shall be effective and valid as the original.

Print name of Beneficiary or Personal Representative	Group policy number
Signature of Beneficiary or Personal Representative X	Date
Name of employee	
Policyholder name	