

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 the beneficiary designation on file
- Enrollment (self admin policies only): three (3) years of historical enrollment records for Optional/Voluntary coverage.
- Payroll (for benefits based on a multiple of earnings): two (2) pay cycles prior to the Employee's last date worked*
- A certified death certificate:**
 - Total benefit claim \$25,000 or less: No death certificate required
 - Total benefit claim over \$25,000: A copy of the death certificate is acceptable regardless of dollar amount or manner of death
 - An original certified death certificate is required for any death occurring outside of the United States or its territories.

*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.

**If a death certificate is required, it must list a final cause and manner of death. Sun Life reserves the right to request the death certificate if the death cannot be confirmed through other means.

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.

- If the Beneficiary is a minor, the Sun Life Benefit Account (SLBA) is not selected as a payment option (and the benefit is over the threshold for payment under the Uniform Transfers to Minor Act), court ordered financial guardianship paperwork should be provided with the Claimant Statement completed by the Financial Guardian on behalf of the minor. We are unable to pay benefits to a minor beneficiary or their custodial parent directly (unless the parent has been deemed Financial Guardian by the courts). For questions regarding Financial Guardianship for your state, please contact your local probate court.
- If the Beneficiary resides outside the US, or is a not a US citizen, the appropriate Tax form will need to be completed by the beneficiary (W9-Ben form for US citizens residing outside the U.S, W8-Ben for non-U.S. Citizens).

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 claim by the method set out in Section '**Submit your completed form**'.

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

Employer's Statement

1. Employer information

| | | | | |
|---|--|------------|---------------------|----------|
| Employer name | | | Group policy number | |
| Street address | | City | State | Zip code |
| Email address | | Fax number | Phone number | |
| Name and address of employee's division (if different from above) | | | | |
| Employer contact (name of person completing this form) | | | Title | |

2. Employee information

The deceased is insured as: Employee Spouse Child

| | | | | | |
|---|--|--|------------|--------------|----------------------------|
| First name | | Middle initial | Last name | | Date of birth (mm/dd/yyyy) |
| Street address | | | City | State | Zip code |
| Email address | | | | Phone number | |
| Social Security number | | | Occupation | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |

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

See policy for the definition of a dependent.

| | | | | | |
|---|--|--|---|--|----------------------------|
| First name | | Middle initial | Last name | | Date of birth (mm/dd/yyyy) |
| Relationship to Employee | | | | | |
| Social Security number | | | Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Dependent's most recent employer (if known) | | | Last date worked and reason (if known) | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |

4. Employment and Claim information

| | | |
|--|---|---|
| Date hired (mm/dd/yyyy) | Effective date of insurance (mm/dd/yyyy) | Scheduled hours/week |
| Occupation | | Class (as defined by policy) |
| Date last worked (mm/dd/yyyy)? <input type="checkbox"/> N/A | | |
| Reason for last day worked: | | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Discharge | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> Resigned |
| | | <input type="checkbox"/> Retired |
| | | <input type="checkbox"/> Temporary layoff |
| Date premiums terminated (mm/dd/yyyy)? <input type="checkbox"/> N/A | | |
| Date of last qualifying status change (mm/dd/yyyy)? <input type="checkbox"/> N/A | | |
| Reason for status change: | | |
| <input type="checkbox"/> Part-time to Full-time | <input type="checkbox"/> Marriage | <input type="checkbox"/> Birth of a child |
| | | <input type="checkbox"/> Other (please explain) |

Type of Claim(check all that apply)

| Benefit | Date of Death (mm/dd/yyyy) | Basic | Optional | Voluntary |
|---|----------------------------|-------|----------|-----------|
| <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 | <input type="checkbox"/> Salaried |
| \$ _____ per hour | \$ _____ per year |

Provide information about other income:

| | | |
|-------------|----------|----------|
| Commissions | Bonuses | Overtime |
| \$ _____ | \$ _____ | \$ _____ |

What was the date of the last pay increase (mm/dd/yyyy)?

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

6. Certification and signature

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 (mm/dd/yyyy) |
|---------------------------------|--------------------------|

7. 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.

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, 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 false or fraudulent information to obtain or amend insurance coverage or to make a 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: Any person who, with intent to defraud or knowingly providing false information may be guilty of fraud and may be subject to civil or criminal penalties.

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.

RI: 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.

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.

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.

Submit your completed form



By email

usebqlifeclaimsinbox@sunlife.com



By mail

Sun Life
Group Life Claims
P.O. Box 81365
Wellesley Hills, MA 02481



By express mail

Sun Life
Group Life Claims
96 Worcester Street
Wellesley Hills, MA 02481



By fax

800-979-5128

Contact us

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

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