



When printed at BMO branch:

BMO employee must follow the steps below:

1. Before your customer leaves the branch:
 - Complete the Bank Statement found in this claim package on page 2.
 - Provide your customer with a copy of their Insurance Application Form found in their customer file.
Note: You may need to request a copy from their home branch.
2. Advise your customer to carefully read and follow the instructions on page 1 of this claim package to complete their claim.



When printing at home:

BMO client must follow the steps below:

1. This claim package includes:
 - **Bank Statement:** Bring to your local branch to complete this statement. While you are at your branch, collect a copy of the Insurance Application Form.
To locate your nearest branch and book an appointment visit branchlocator.bmo.com.
 - **Claimant Statement:** To be completed by the claimant.
 - **Employer Statement:** Please provide this to your manager/HR department as appropriate to complete and provide back to you
2. Carefully read and follow the instructions on page 1 for additional required documentation.
3. Once all of the above are completed and in your possession, submit them to Sun Life as per the instructions on page 1 of this claim package.

Important notes:

- Sun Life will only process your claim when **all** statements are fully completed.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.
- Discard this page before sending to Sun Life.

BMO Bank of Montreal Representative:

| | |
|--------------------------|-------------------|
| First name | Last name |
| Signature X | |
| Telephone number _ _ | Fax number _ _ |
| Date (dd-mm-yyyy) _ _ | |

| |
|-----------------------|
| Branch Domicile Stamp |
|-----------------------|

Attach screen print(s) of account details and a copy of all insurance applications pertaining to this claim.

What information is required for a Job Loss Claim?

Checklist:

- a completed Bank Statement
- a completed and signed Claimant Statement
- a completed Employer Statement
- a copy of your Record of Employment filed with Human Resources Development Canada
- Employment Insurance Approval Letter
- Employment Insurance Payment Statement
- a copy of the Mortgage Insurance Application(s) pertaining to this claim.

Sun Life Assurance Company of Canada can only process your claim when we have received all of the above documents fully completed. To prevent delays, please be sure the forms are completed in full and provide as much information as possible to help with the adjudication of your claim.

Please submit your claim to: Sun Life Assurance Company of Canada
Creditor Team – Disability Claims
PO BOX 100 Stn C
Kitchener ON N2G 3W9.

Important notes

- Proof of claim must be submitted within 120 days of the date of job loss.
- Payment of benefits commence after completion of the qualifying period.
- Any costs for information to substantiate your claim is your responsibility.
- It is your responsibility to notify Sun Life Assurance Company of Canada of your return-to-work date.
- Please retain a photocopy of your claim forms for your records.
- Sun Life Assurance Company of Canada will inform you if your claim is subject to further investigations.
- Until Sun Life Assurance Company of Canada advises you in writing of the decision, it is your responsibility to continue paying your mortgage payments in full.
- For questions about your claim, you may call Sun Life Assurance Company of Canada at 1-877-271-8713.

Sun Life Assurance Company of Canada is the insurer, and is a member of the Sun Life Financial group of companies.

Bank's Statement

Instructions

- To be completed by the Branch Representative.
- Attach a copy of all mortgage insurance applications pertaining to this claim.
- Give the entire claim package to the customer once this Bank Statement is complete.
- Advise your customer to send the completed claim package directly to Sun Life.

1 Insured's information

| | | | | | | |
|----------------------------------|--|-------------------------------|--|--|--------------------|----------------------------------|
| First name | | Last name | | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Language | <input type="checkbox"/> English |
| | | | | <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. | | <input type="checkbox"/> French |
| Date of birth (dd-mm-yyyy) | | Date of job loss (dd-mm-yyyy) | | Telephone number | | |
| | | | | | | |
| Address (street number and name) | | | | | Apartment or suite | |
| City | | Province | | Postal code | | |
| | | | | | | |

2 Mortgage information

| | | | | | |
|--|--|---|--|--|--|
| Mortgage number | | Effective date of insurance (dd-mm-yyyy) | | | |
| | | | | | |
| Funding Mortgage account number | | | | | |
| Bank number | | Transit number | | Account number | |
| | | | | | |
| Is this mortgage <input type="checkbox"/> New <input type="checkbox"/> Refinanced – If refinanced, was it previously insured? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Pre-approved mortgage – If yes, what is the closing date (dd-mm-yyyy) _____ | | | | | |
| Mortgage payment (PIT) at date of job loss | | Current premium payments at date of job loss | | | |
| \$ _____ | | Disability \$ _____ | Life \$ _____ | Critical Illness \$ _____ | Job loss \$ _____ |
| | | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly |
| | | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly |
| Last payment due date (dd-mm-yyyy) | | Percent of payment covered | | Coverage status | |
| | | <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other | | <input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending | |

3 Insured co-borrower

| Last name | First name | Last name | First name |
|-----------|------------|-----------|------------|
| 1 | | 5 | |
| 2 | | 6 | |
| 3 | | 7 | |
| 4 | | 8 | |

4 Lender information

| | | | |
|------------------|--|----------------|---------------------------|
| First name | | Last name | |
| | | | |
| Telephone number | | Transit number | Current date (dd-mm-yyyy) |
| | | | |

I am an authorized representative of the Bank of Montreal and I hereby certify that the above information is true and correct.

| | |
|---------------------|-------|
| Signature of lender | Title |
| X | |

Claimant's Statement

Proof of claim must be submitted within 120 days of the date of job loss.

Instructions

- The "Claimant's Statement" must be fully completed, making sure all questions are answered.
- Please be sure to indicate your mortgage number below.
- Please be sure to sign and date the Claimant Authorization.
- It is your responsibility to advise Sun Life Assurance Company of Canada when you return to work.
- Print clearly in block letters.
- Please complete and send back to Sun Life.

1 Claimant information

| | | | | | |
|----------------------------------|--|--------------------------|--|---|--|
| First name | | Last name | | | |
| Address (street number and name) | | | | | |
| City | | | Province | | Postal code |
| Date of birth (dd-mm-yyyy) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Language | <input type="checkbox"/> English <input type="checkbox"/> French | Telephone number | <input type="checkbox"/> Bus. <input type="checkbox"/> Res. |
| Branch Transit | Mortgage number | Current mortgage payment | Payment frequency | | |
| | | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly | <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks | |

2 Employment details

| | | | | | |
|--|------------------------------------|------------------------------------|--|--|-------------|
| Occupation at date of job loss | | | | | |
| Employment type | | | If seasonal, regular months of employment (dd-mm-yyyy) | | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Temporary | From: | To: |
| Brief job description | | | | | |
| Name of employer (at time of job loss) | | | | | |
| Address (street number and name) | | | | | |
| City | | | Province | | Postal code |
| Last day worked (dd-mm-yyyy) | | Date returned to work (dd-mm-yyyy) | | Expected date of return to work (dd-mm-yyyy) | |

If employed by the above employer for less than 6 months, please provide:

| | | | |
|---|--|--|---|
| Name of previous employer | | | |
| Address (street number and name) | | | |
| City | | Province | Postal code |
| | | Telephone number | |
| Please provide details regarding your Employment Insurance (E.I.) application (please include a copy of all E.I. correspondence for this claim) | | Date you registered for E.I. benefits (dd-mm-yyyy) | Benefit effective date, if known (dd-mm-yyyy) |

3 Claimant authorization

I certify that the statements in this form are true and complete. I understand that Sun Life Assurance Company of Canada may investigate this claim. I authorized Sun Life Assurance Company of Canada, its agents and service providers (i) to collect, use, and disclose information about me (excluding health information) with the Bank of Montreal for the purpose of administering my claim and (ii) to collect, use and disclose information about me (including health information) needed for underwriting, administration and adjudicating claims under this Group Policy with any person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, insurers and reinsurers. Further, any such person or organization is also authorized to disclose my relevant personal information to Sun Life Assurance Company of Canada, its agents and service providers. A photocopy of this authorization is as valid as the original and shall continue to have effect throughout the administration of the plan.

| | |
|----------------------------|--------------------------|
| Signature of claimant X | Date (dd-mm-yyyy) — — |
|----------------------------|--------------------------|

4 Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial 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.

Employer's Statement

Proof of claim must be submitted within 120 days of the date of job loss.

1 Employee information

| | | | |
|---|--|---|-------------|
| First name | | Last name | |
| Employee's address (street number and name) | | | |
| City | | Province | Postal code |
| Employee's commencement date of employment (dd-mm-yyyy) | Employee's last scheduled working day (dd-mm-yyyy) | Employee's last day worked (dd-mm-yyyy) | |
| - - | - - | - - | |

2 Employment details

| | | | |
|---|---|---|---------|
| Reason for discontinuing work | | | |
| <input type="checkbox"/> Dismissal without cause | <input type="checkbox"/> Unionized labour dispute | <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Lay-off | <input type="checkbox"/> Strike or lockout | | |
| If lay-off, date employee notified (dd-mm-yyyy) | Date expected to return to work (dd-mm-yyyy) | Date returned to work (dd-mm-yyyy) | |
| - - | - - | - - | |
| Occupation as of last day worked | | | |
| Type of position | | | |
| <input type="checkbox"/> Full-time specify number of hours worked per week: | <input type="checkbox"/> Part-time specify number of hours worked per week: | <input type="checkbox"/> Seasonal provide inclusive date of employment (dd-mm-yyyy) | |
| | | From: - - | To: - - |

3 Certification and signature

I certify that, according to the records of this organization, the above information is correct.

| | | | |
|--|--|------------------|-------------------|
| Name of authorized official (please print) | | Title | |
| Name of employer | | Telephone number | Fax number |
| | | - - | - - |
| Address (street number and name) | | | |
| City | | Province | Postal code |
| Signature of authorized official | | | Date (dd-mm-yyyy) |
| X | | | - - |