

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 for the Claimant:

- a completed and signed Lender’s Statement
- a copy of the Line of Credit Insurance Application(s) pertaining to this claim
- a completed and signed Claimant Statement
- a completed Employer Statement
- a copy of your Record of Employment filed with Employment and Social Development Canada
- Employment Insurance Approval Letter
- Employment Insurance Payment Statement

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

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 line of credit 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

BMO Lender's Statement

Instructions – to be completed by the BMO Lender

- Give the customer the entire claim package including this Lender's Statement once it is completed.
- Provide copies of all line of credit or loan insurance applications pertaining to this claim to the customer.
- For any Line of Credit product please also attach screen prints of the last 12 months average balances prior to the date of job loss. Please refer to "Inquiries – Year to date balances" and provide a screen shot of the screen. Important: Please write the date the screen print was taken.
- Advise your customer to send the completed claim package directly to Sun Life.
- If the coverage status on the "Creditor Insurance at a Glance" screen is "Ineligible" or "Waived" please advise the customer there is no job loss coverage in force and do not provide a claim package.

1 Insured's information

First name		Last name		<input type="checkbox"/> Male	Language		<input type="checkbox"/> English
				<input type="checkbox"/> Female.			<input type="checkbox"/> French
Date of birth (dd-mm-yyyy)		Date of job loss (dd-mm-yyyy)		Telephone number		<input type="checkbox"/> Bus.	
						<input type="checkbox"/> Res.	
Address (street number and name)						Apartment or unit number	
City			Province			Postal code	

2 Revolving Line of Credit information – BMO Lenders please note that Sun Life requires all boxes in this section to be completed.

Line of Credit number	
91052	
Refer to "Loan Account Details" screen to complete this section	
Authorized limit	Payment due date (dd-mm-yyyy)
\$	
Refer to "Inquiry – Creditor Insurance at a Glance Screen" to complete this section	
When coverage starts (dd-mm-yyyy)	Max amount covered
	\$
Current job loss coverage status	
<input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Cancelled <input type="checkbox"/> Quote	

3 Instalment Line of Credit information – BMO Lenders please note that Sun Life requires all boxes in this section to be completed.

Line of Credit number	When coverage starts (dd-mm-yyyy)
91052	
Refer to "Loan Account Details" screen to complete this section	
Payment due date (dd-mm-yyyy)	
Refer to "Service Navigator – Features - Renewal and Interest Rate" screens to complete this section	
Original loan amount/limit	Date opened (dd-mm-yyyy)
\$	
If the insurance was sold before February 1, 2015 (grandfathered optional creditor insurance) Refer to "Service Navigator – Payments - Payment Maintenance – Payment Details" screen to complete this section	
Fixed payment amount (payment includes premium)	Payment frequency
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly
Refer to "Inquiries – Statements – Monthly" screens to complete this section	
Current monthly premium payments at date of job loss	
Disability Plus \$	Life \$

3 Instalment Line of Credit information (continued)

If the insurance was sold after February 1, 2015 (BMO Protection Plans)
Refer to "Inquiry – Creditor Insurance at a Glance Screen" to complete this section

Coverage option percentage Job loss _____ %	% of job loss payment covered %
Payment frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	Payment with insurance upon approval \$
Current job loss coverage status <input type="checkbox"/> Active <input type="checkbox"/> Ineligible <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Cancelled <input type="checkbox"/> Quote	

4 Insured co-borrower

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

5 Lender information

First name		Last name	
Title	Transit number	Telephone number — —	

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

Signature of BMO lender X	Date signed (dd-mm-yyyy) — —
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Claimant's Statement

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

Instructions

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

1 Claimant information						
First name			Last name			
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.	Line of Credit number only	
Address (street number and name)					Apartment or unit	
City			Province		Postal code	

2 Employment details		
Occupation on the date of job loss		
Employment type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	If seasonal, regular months of employment (dd-mm-yyyy) 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, ROE, EI approval letter and EI payment statement 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 authorize 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 duration of the claim.

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

This form is to be completed by the employer and returned to the employee.

1 Employee information

First name		Last name	
Employee's address (street number and name)			Apartment or unit
City	Province	Postal code	

2 Employment details

Name of employer		Telephone number	Fax number
Employee's commencement date of hire (dd-mm-yyyy)	Employee's last scheduled working day (dd-mm-yyyy)	Employee's last day worked (dd-mm-yyyy)	
Reason for discontinuing work <input type="checkbox"/> Dismissal without cause <input type="checkbox"/> Unionized labour dispute <input type="checkbox"/> Lay-off <input type="checkbox"/> Strike or lockout <input type="checkbox"/> Other (specify) _____			
If lay-off or other, 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 employment <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"/> Temporary specify number of hours worked per week:	<input type="checkbox"/> Seasonal If seasonal, please provide regular months of employment From: — — To: — —

3 Certification and signature

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

Name of authorized employer's representative		Title	
Address (street number and name)			
City	Province	Postal code	
Signature of authorized employer's representative X			Date (dd-mm-yyyy) — —