

Sun Life Assurance Company of Canada  
Sun Life Assurance Company of Canada (U.S.)  
One Sun Life Executive Park  
Wellesley Hills, MA 02481  
(800) SUN-LIFE



**AUTHORIZATION FOR RELEASE AND DISCLOSURE  
OF HEALTH RELATED INFORMATION**

(This Authorization complies with the HIPAA Privacy Rule)

I, \_\_\_\_\_, hereby authorize: (a) any physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy or other medical or health care facility, that has provided payment, treatment or services to me or on my behalf; and (b) the Medical Information Bureau, Inc., to disclose my entire medical record and any other protected health information concerning me to the Underwriting Department of Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.)(together, "The Company"), their subsidiaries, affiliates, third party administrators and reinsurers.

I understand that such information may include records relating to my physical or mental condition such as diagnostic tests, physical examination notes, and treatment histories, which may include information regarding the diagnosis and treatment of human immunodeficiency virus (HIV) infection, sexually transmitted diseases, and mental illness, and the use of alcohol, drugs and tobacco, but shall not include psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose my entire medical record without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

I hereby authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc., or any other life insurance company with which I do business. I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents if they are to be insured under the life insurance policy applied for.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Underwriting Department of The Company at the address shown on the top of this form, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

UND 2003-1CA

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured or Personal Representative of  
Proposed Insured

\_\_\_\_\_  
Description of Personal Representative's Authority or  
Relationship to Proposed Insured

UND 2003-1CA

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Wellesley Hills, MA 02481  
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**AUTHORIZATION FOR RELEASE AND DISCLOSURE  
OF NON-HEALTH RELATED INFORMATION**

I, \_\_\_\_\_, hereby authorize any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy or other medical or health care facility, that has provided payment, treatment or services to me or on my behalf; (b) insurance company; (c) state department of motor vehicles; (d) consumer reporting agency; or the Medical Information Bureau, Inc., to disclose or furnish to the Underwriting Department of Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.) (together, "The Company") their subsidiaries, affiliates, third party administrators and reinsurers, any and all non-health information relating to me.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

I hereby authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc., or any other life insurance company with which I do business. I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

I acknowledge receipt of the summary of my rights under the Federal Fair Credit Reporting Act and the summary of Section 1876.22 of the California Investigative Consumer Reporting Agencies Act, which outlines my rights under California law in connection with investigative consumer reports.

This Authorization shall apply to information relating to my dependents if they are to be insured under the life insurance policy applied for.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Underwriting Department of The Company at the address shown on the top of this form, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured or Personal Representative of  
Proposed Insured

\_\_\_\_\_  
Description of Personal Representative's Authority or  
Relationship to Proposed Insured,

UND 2003-2CA

Sun Life Assurance Company of Canada  
Sun Life Assurance Company of Canada (U.S.)  
One Sun Life Executive Park  
Wellesley Hills, MA 02481  
(800) SUN-LIFE



**AUTHORIZATION FOR RELEASE AND DISCLOSURE  
OF PSYCHOTHERAPY NOTES**

(This Authorization complies with the HIPAA Privacy Rule)

I, \_\_\_\_\_, hereby authorize any physician, health care provider, health plan, medical professional, hospital, clinic, or other medical or health care facility that has provided payment, treatment or services to me or on my behalf to disclose any psychotherapy notes relating to me to the Underwriting Department of Sun Life Assurance Company of Canada or Sun Life Assurance Company of Canada (U.S.) (together, "The Company") their subsidiaries, affiliates, third party administrators and reinsurers.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose all psychotherapy notes relating to me without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

I hereby authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc., or any other life insurance company with which I do business. I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents if they are to be insured under the life insurance policy applied for.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Underwriting Department of The Company at the address shown on the top of this form, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Proposed Insured or Personal Representative of  
Proposed Insured

\_\_\_\_\_  
Description of Personal Representative's Authority or  
Relationship to Proposed Insured,

UND 2003-3CA

Sun Life Assurance Company of Canada  
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## PRIVACY INFORMATION NOTICE

This notice explains why Sun Life Assurance Company of Canada and Sun Life Assurance Company of Canada (U.S.) (together, "The Company") collect personal information about you when you apply for insurance, how we use that information, and under what circumstances we disclose it to others.

### COLLECTION OF INFORMATION

We need to obtain information about you to determine whether we can provide the life insurance coverage you have requested and to determine a fair and reasonable premium for it. We also use the information we obtain from you to maintain and service your account.

The information collection process begins when you apply for life insurance. The application for life insurance seeks basic information about you, e.g., your name and address, as well as more detailed information about your health. As part of the application process, we may ask you to undergo a physical examination, submit a statement from your physician, or provide copies of medical tests or other information relating to your health, finances and activities.

The Company may also request that you submit to certain laboratory tests. Such tests may include an analysis of blood, urine and/or saliva. The testing is done by a licensed laboratory and the results are sent directly to us.

We also may collect information about you from other sources. By signing the Authorization For Release And Disclosure Of Health Related Information, the Authorization For Release And Disclosure Of Non-Health Related Information and/or the Authorization For Release And Disclosure Of Psychotherapy Notes, you authorize us to obtain medical and non-medical information about you we need to underwrite your application. Depending upon your particular circumstances, we may collect additional information about you from:

- Physicians, health care providers, medical professionals, hospitals, clinics or other medical or health care related facilities;
- Other insurance companies you have applied to for insurance;
- The Medical Information Bureau, Inc.;
- Public records, such as motor vehicle records; and
- Consumer reporting agencies.

### INVESTIGATIVE CONSUMER REPORT

As part of the application process, we may obtain an investigative consumer report to assist us in evaluating your eligibility for insurance. Obtaining such reports is a common insurance practice. To create the report, a consumer reporting agency will gather medical and financial information about you from which judgments can be made about your character, habits, avocations, finances, occupation, general reputation, credit, health or other personal characteristics. The consumer reporting agency may retain any information it collects about you and may disclose it to other insurance companies you apply to for insurance.

If we request an investigative consumer report about you, you may request to be interviewed in connection with its preparation. If you request an interview, we will notify the consumer reporting agency accordingly. The consumer reporting agency may also obtain information about you through interviews with your neighbors, friends, associates, acquaintances or others who may have knowledge concerning your character, general

reputation, personal characteristics or mode of living.

The name and address of the investigative consumer reporting agency which will provide the report to The Company is Examination Management Services, Inc., 3003 LDB Freeway, Suite 100, Dallas, TX 75234.

Pursuant to the California Investigative Consumer Reporting Agencies Act, you have a right to request a copy of the investigative consumer report if we obtain one about you. If you wish to receive a copy of the report, please check the following box and then return this form together with your name and address to the Company's Underwriting Department at the address shown on the top of this form.

If we obtain an investigative consumer report about you, you have the right under the Federal Fair Credit Reporting Act to request: (a) additional disclosures about the nature and the scope of the report we obtained; and (b) a copy of a summary of your rights under the Fair Credit Reporting Act. In addition, you may obtain a copy of the report by sending a written request to The Company's Underwriting Department, at the address shown on the top of this form. Please address your request to the attention of the Underwriting Department.

### **THE MEDICAL INFORMATION BUREAU, INC.**

The Company and its subsidiaries are members of a nonprofit organization called the Medical Information Bureau, Inc. ("MIB") which operates an information exchange for insurance company members. If you apply for insurance with The Company or a subsidiary, we will ask MIB for information it has about you. Information from MIB will only alert us to significant medical or non-medical information about you. We must then develop our own information regarding your application to determine whether we can offer you life insurance coverage. We also may make a brief report to MIB regarding significant medical and non-medical information we collect about you. Any information that MIB receives about you may be retained by it and disclosed to other insurance companies you apply to for insurance.

Upon written request, MIB will arrange disclosure of any information it may have about you in its files. Medical information will only be disclosed to a physician designated by you. If you question the accuracy of information in your file you may contact the Medical Information Bureau, Inc., at P.O. Box 105, Essex Station, Boston, MA 02112. (Telephone Number 866-692-6901. TTY 866-346-3642 for hearing impaired.). You may seek to have MIB correct information pursuant to the Federal Fair Credit Reporting Act.

### **UNDERWRITING DECISION**

Most applicants for insurance are issued a policy on the terms applied for. Certain applicants, however, may be issued a policy on a modified basis or with a higher premium. Still other applicants may have their application postponed or declined. If The Company cannot issue you a policy as applied for, we will notify you that we cannot do so and will provide you with the reason(s) we cannot do so upon written request from you.

Given the sensitive nature of life insurance coverage determinations, it is our practice to communicate adverse coverage determinations through your physician as he or she is familiar with your medical history and is best equipped to answer any questions you may have concerning the medical findings leading to our determination. In those states that require release of such information directly to you, we will release the information to you upon written request.

Such requests should be sent to:

Sun Life Financial  
Att'n: Medical Director, Sun Code 1294  
One Sun Life Executive Park  
Wellesley Hills, MA 02481

Certain states prohibit us from releasing certain types of information directly to a proposed insured. In such circumstances, we will release the information to your physician or state department of public health, as permitted or required by applicable state law.

### **DISCLOSURE OF PERSONAL INFORMATION**

When you sign the Authorization For Release And Disclosure Of Health Related Information, the Authorization

For Release And Disclosure Of Non-Health Related Information and/or the Authorization For Release And Disclosure Of Psychotherapy Notes, you authorize us to disclose information we have about you:

- To the Medical Information Bureau, Inc.;
- To any other life insurance company you have applied to for insurance;
- To our reinsurers;
- As required or permitted by law.

In the course of underwriting your application or maintaining or servicing your account, we may need to disclose information about you to others. The law permits us to disclose such information, without obtaining authorization from you, to:

- Companies that help us conduct our business or perform services on our behalf;
- Your physician or treating medical professional;
- Comply with federal, state or local laws; to respond to a subpoena; or to comply with an inquiry by a governmental agency or regulator.

### **ACCESS, CORRECTION, AMENDMENT OF PERSONAL INFORMATION**

Upon written request to The Company, you can:

- Obtain a copy of the personal recorded information we have about you in our files (a fee may be charged to cover the cost of providing a copy of such information);
- Request that we correct, amend, or delete any recorded personal information about you in our possession.
- File your own statement of facts if you believe that the recorded personal information we have about you is incorrect.

To take any of these actions, please contact our Underwriting Department for further instructions.

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed for bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u. The FCRA gives you specific rights, as outlined below. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance or employment, must tell you and give you the name, address and phone number of the CRA that provided that consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA and if you request the report within 60 days of receiving notice of the action. You are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days; (2) you are on welfare; or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to \$8.00.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRA's of any error in the data it provided.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate information with the source of the information.** If you tell anyone, such as a creditor who reports to the CRA, that you dispute an item, they may not then report the information to a CRA without a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers or

employers, without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the FCRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or, in some cases, a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING</b>	<b>PLEASE CONTACT</b>
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 *202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 *800-613-6743
Federal Reserve System member banks (except national banks, foreign branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20219 *202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in the federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 *800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 *703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 *800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Office of Financial Management Washington, DC 20590 *202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 *202-720-7051

California Investigative Consumer Reporting Agencies Act  
Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
  - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in the files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.