



## POLICYHOLDER INFORMATION FORM

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*THANK YOU* for choosing Sun Life Financial. Your assistance in completing the following information will facilitate the correct processing of your firm's policy and booklets, as well as provide you with access to our on-line administration guide, Customer Link. Thank you for taking the time to complete this form.

1. Name, phone and fax number and e-mail address of the Benefits Administrator who will handle the day-to-day administration of your plan. An e-mail address allows us to send a link to our on-line administration guide, Customer Link.

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Does Benefits Administrator have internet access?**                      Yes                       No

1. Are separate billing groups required?  No  Yes If yes, please use reverse side or attach a sheet indicating the breakdown of billing groups, including address, phone number and contact name.
2. If employees contribute to the cost of STD or LTD, is it  Pre-tax or  Post-tax?
3. What kind of billing would you like?  Electronic bill (via the Internet),  list bill (via the mail), or  self-administered plan (where you prepare and send in the bill)

### BOOKLET INFORMATION

*(Booklets will be shipped directly to the employer unless otherwise noted.)*

If your plan has more than one class of employee or more than one benefit is sold, how should booklets be split?

1.  One combined booklet (all benefits or all classes of employees)
2.  Split by employee class - please indicate what titles should appear on covers
3.  Split by benefit

### ERISA INFORMATION

*(Required for groups of over 100 lives.)*

1. Employer's identification number assigned by the Internal Revenue Service: \_\_\_\_\_
2. Plan Number: \_\_\_\_\_