

Sun Life Insurance and Annuity Company of New York

Special Risk Questionnaire



1 Policyholder Information

Name of Policyholder		
Street address		
City	State	Zip code

2 Medical Information for Eligible Employees

For confidentiality purposes, please do not list employee names.

*Some examples of serious medical conditions are: cancer, heart, lung, liver, or kidney disorder; organ or bone marrow transplants; diabetes; immune system disorders; or blood disorders.

Have any eligible employees been treated for a serious medical condition* in the past twelve months? Yes No

If yes, please list the: medical conditions, date of birth and group life coverage amount below:

3 Signature

Name of Authorized Company Representative	
Title of Authorized Company Representative	
Signature of Authorized Company Representative X	
Proposed Effective Date of Policy	Today's Date

For Internal Use Only

Group Office Representative	Group Office Manager	Underwriter Approval
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