

Sun Life Assurance Company of Canada

List Bill Member Data Change Form



Fax this completed form to: **FAX 1-888-888-8176** (toll free) **- OR -** Type updates and terminations directly into this Word document. Save the document and email it to: **your.bill@sunlife.com**

1 Employer Information

Employer Name	Policy/Client Number	Today's Date
Name of Person Completing This Form	Telephone Number	E-mail Address

Please contact me with confirmation that the updates below have been made (check one): By phone By email
 To ensure a speedy response, please provide your contact information in the Employer section above.

2 Add Members

Instructions: Enter member name(s) and billing group(s) below. Then, attach copies of basic and optional enrollment forms and fax to **1-888-888-8176** (toll-free fax). Enrollment forms must include the following information for each member you wish to add:

- First and last name • Date of birth • Gender • Social Security number • Date of hire • Earnings
- Benefit election(s) • Class or Plan (Group of Benefits) • Spouse information

Member Name (First, M.I., Last)	Billing Group No.
1.	
2.	
3.	
4.	

Member Name (First, M.I., Last)	Billing Group No.
5.	
6.	
7.	
8.	

3 Update Members (You do not need to attach enrollment forms to Update Members. Fill in information below and fax or e-mail to us.)

Member Name	Social Security Number	Date of Update	Reason for Update (salary, class, name, incorrect info on bill, benefit election, etc.)
1.			
2.			
3.			
4.			
5.			

4 Terminate Members (You do not need to attach enrollment forms to Terminate. Fill in information below and fax or e-mail to us.)

Member Name	Social Security Number	Date of Termination
1.		
2.		
3.		
4.		
5.		