Exception/Special Authorization Application Form

Sun Life Financial

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies is committed to keeping information concerning this application confidential.

1 Important - Please Read Carefully

Sometimes it may be medically necessary for your physician to prescribe a drug not covered by your regular benefit list or formulary. If this is your situation, you can request that Sun Life Assurance Company of Canada cover the drug as an exception.

Exceptions will only be made for drugs which legally require a prescription.

To be eligible for coverage, trials with two alternative drugs covered on your plan are required.

If you have already purchased the medication for which you are requesting an exception, please attach all original receipts along with a regular extended health care claim form.

If your request for an exception is granted, your record will be amended at Sun Life Assurance Company of Canada so all future claims for this drug can be paid for using your Pay Direct Drug Card, if you have one. Please use your card for subsequent claims for this drug. If approved, the duration of the current exception cannot exceed one year.

Please note that the completion of this form is not a guarantee of approval. It must be completed in full, otherwise it will be returned to you. Any expense for medical evidence to support this request is your responsibility.

2 To Be Completed By Plan Member

Please have your physician complete the reverse side of this form.

Plan Member Information

Name of Employer			
Plan Member's Name			
Address (street number and name, apartment or suite)			
City		Province	Postal Code
Member ID	Date of Birth (d/m/y)	Policy/Plan No.	Telephone Number ( )

Patient Information

Patients Name	Date of Birth (d/m/y)	Relationship to Plan Member: ☐ Self ☐ Spouse ☐ Child

Co-ordination of Benefit Information

** If other than member, is there additional third party coverage? If yes, please provide details.

Name of Insurance Company	Cert/ID No.	Policy/Plan No.

Authorization and Signature

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this Plan with any person or organization who has relevant information pertaining to this application including health professionals, institutions, investigative agencies, insurers and reinsurers.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Plan Member's Signature X	Date (d/m/y)

3 To Be Completed By Physician

Condition and Treatment

Diagnosis:
Describe Relevant Medical Condition:

Drug Exception Requested

Drug Name:	DIN:	Is this prescription a ☐ New request? or a ☐ renewal request?
Reason for requesting drug exception: ☐ Contraindication ☐ Adverse Effect ☐ Therapeutic Failure ☐ Drug Interaction ☐ Other (please specify) _____		
Treatment Effective Date (d/m/y)	Anticipated Duration of Therapy:	Dosage:
Frequency: ☐ OD ☐ BID ☐ TID ☐ QID ☐ PRN ☐ Other _____		
Drug Formulation: ☐ Tablets/caps ☐ Liquid ☐ Suppository ☐ Injectable ☐ Topical ☐ Other _____		
List other drugs patient has used/is using for this medical condition. 1. Drug Name		DIN No.
2. Drug Name		DIN No.
Comments		
Physician's Name (in full)		Phone No. ( )
Physician's Address (street number and name, apartment or suite)		
City	Province	Postal Code
Physician's Signature X		Date (d/m/y)

Please keep copies of all correspondence and forms.

Mail the completed form to the nearest Sun Life Assurance Company of Canada Health Claims office:

Health and Dental Claims Services
PO Box 2880, Stn Main
Edmonton Alta T5J 4S6

Health and Dental Claims Services
PO Box 6076, Stn CV
Montreal QC H3C 4S3

Health and Dental Claims Services
PO Box 3417, Stn D
Ottawa ON K1P 1G1

Health and Dental Claims Services
PO Box 4023, Stn A
Toronto ON M5W 2P7

For more information call 1 800 361-6212

E-mail: www.sunlife.ca/member or Can_GrpMedAndDen@sunlife.com