

# Medical Reimbursement Form



Sun Life Assurance Company of Canada, Washington House, 3rd Floor, 16 Church Street, Hamilton, HM 11, Bermuda  
Tel: 441-294-6060

Please **PRINT** clearly.

Distributor Name
Contact

Attach applicable invoice(s) when submitting this form. See conditions for reimbursement below.

	Case No.	Policy/ Certificate No.	Full Name of Person Examined	Date of exam (dd/mm/yyyy)	Currency	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

## MEDICAL REIMBURSEMENT PROCESS

The Distributor is responsible for all communication with the physician, which includes receipt of invoices and any questions. If a physician contacts Sun Life Financial directly, he/she will always be directed back to the Distributor.

Reasonable and customary fees will be reimbursed to the Distributor by Sun Life International. Medical reimbursement payments will be wired to the Distributor only. Sun Life Financial will reimburse the Distributor and then the Distributor is to reimburse the physician or medical facility.

It is the responsibility of the Distributor to keep track of the invoices sent for reimbursement.

### Medical reimbursement will only occur under the following conditions:

1. The Medical Reimbursement Form (SLNP-5105) is completed in its entirety. The Distributor sends the completed form, with invoice(s) attached, and submits to Sun Life International. Both the Medical Reimbursement Form and the invoice(s) must be legible.
2. Detailed invoices from the medical/examining facility completed in English must be received by Sun Life along with a Medical Reimbursement Form. Reimbursement for charges are reasonable and can be validated. If miscellaneous or administration charges are included, instruct the physician to provide detail.
3. Medical reports and/or tests are received by Sun Life International.
4. Medical reimbursements must be received within 3 months of contract issue.

### Medical reimbursement will not occur if:

1. All the conditions required for medical reimbursement are not met.
2. Invoice(s) reference Sun Life International, or any other company's name in any way.

**Important:** Medical fees associated with cases submitted to Sun Life International for an opinion will not be reimbursable. However, if Sun Life International considers the case insurable, and you wish to proceed, all the conditions required for medical reimbursement must be met. Placing the case is one of the conditions that must be met. **Please submit all medical reimbursements within 3 months of contract issue.**

## WIRE INSTRUCTIONS

All reimbursement payments are made in U.S. dollars.

Complete wire instructions in full.

### a. Bank Information

Bank Name
Bank Address
Bank Routing Information (ABA or Swift Code)
Account Name* (exactly as it appears on the Bank Account)
Account Number (IBAN)
Account Address

\*Name on Bank Account must appear exactly how Bank Account is registered.

### b. Intermediary Bank Information (Optional and not required for all wires. This is a financial institution that the wire must pass through before reaching the Beneficiary bank.)

Intermediary ABA Code and or Swift
Intermediary Bank Name
Intermediary Bank Address, Branch, City, State, Country