

How to file a Life insurance claim

We want to make this process as easy as possible during a difficult time. There are three steps to processing a Life insurance claim: submission, adjudication, and payment.

Submission

Below are the items that we will need to process your claim:

Claimant statement

You need to fill out this form, which is part of the Sun Life Death Benefits Claim Packet (GLFM-7551). You can get this form from your employer, or find it at www.sunlife.com/us.

Death certificate

You will need to provide a copy of the death certificate confirming the cause and manner of death for benefit amount exceeding \$25,000. We may request the original death certificate if the copy is illegible, missing information or we are unable to verify the death through other sources. If the death occurred outside of the U.S., we will require the original death certificate.

Authorization forms (when necessary)

If a Sun Life claims analyst needs to request accident or medical records, these authorization forms allow Sun Life to request and obtain any health-related information and non-health-related information that we need to review as part of the claim decision process.

Funeral home assignment (optional)

If you want the funeral home to receive Life insurance proceeds directly from us, you should obtain a funeral home assignment form from the funeral home and submit it with your completed claim documents (claimant statement and death certificate). If the claim is approved, benefit proceeds will be paid directly to the funeral home, and any remainder will be paid to the beneficiary(ies).

Once you've gathered and completed all of the required documents, you can send them to us by:

Mail:

Sun Life
Group Life Claims
P.O. Box 81365
Wellesley Hills, MA 02481

Fax: 800-979-5128

Adjudication

After we receive the claim packet, a claims analyst will review the initial submission within five business days. We may follow up for additional information by telephone, email, or letter. Any additional information will be reviewed within five business days after it's received.¹

If the claim is approved, we will issue the payment within 10 business days of receiving all of the information necessary to complete the claim.

Payment

If the claim is approved, the claims analyst will mail the benefit payment directly to the beneficiary, along with a letter outlining the amount of the claim and the coverage the employee had in place under the policy.

The beneficiary can receive the benefit payment in two ways:

- If the claim is approved and the benefit payment is less than \$10,000, we will send the beneficiary a check for the full benefit amount.
- If the claim is approved and the benefit payment is greater than \$10,000, the beneficiary can choose between two payment methods: a check for the full benefit amount or the benefit amount can be set up in an interest-bearing account (subject to state availability).

If the beneficiary is a minor, benefits are paid to the guardian of his or her estate. You can find additional details in the Sun Life Death Benefits Claim Packet (GLFM-7551).

If you submitted a funeral home assignment, the proceeds will first be paid to the funeral home, and the remainder to the beneficiary.

If there are multiple beneficiaries, the remainder will be paid in accordance with the percentages set forth in the beneficiary designation.

Additional information about your Group Life insurance coverage

What is “Waiver of Premium”?

The Waiver of Premium provision allows Life insurance coverage to continue without premium payments if you are Totally Disabled, as defined in the Group policy. Coverage will continue without further premium payments from the employee or employer. The Waiver of Premium provision varies by contract. Please refer to your Group policy for details.

What are Accelerated Benefits?

Our Accelerated Benefits provision gives terminally ill employees—with a life expectancy of 12 months or fewer²—access to a portion of their death benefit while they are alive. Employees must have at least \$20,000 of Group Life coverage to be eligible for this benefit. Up to 75% of the employee’s Group Life benefit can be accessed, to a maximum of \$500,000.³

For more information, please contact your Benefits Administrator.

1. Instances such as, but not limited to, claim handling for minor beneficiaries, lost beneficiaries, claims without beneficiaries, and situations in which death may have resulted from a suspected criminal act may delay a Life claim. Additionally, police reports, toxicology screens, autopsy reports, and the death certificate may be required for an AD&D claim. The level of review for these claims may result in a processing delay.

2. The Accelerated Benefit is not long-term-care insurance. It will reduce the total amount of your Life insurance benefit payable under the Policy by the amount of the accelerated payment. Receipt of an Accelerated Benefit may be taxable; you should consult your tax advisor for specific advice. Receipt of an Accelerated Benefit may affect your eligibility for public assistance programs.

3. May vary by issuing company and by state.