

Special authorization application for growth hormone



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

1 Important – please read carefully

Provincial funding may be available in your province. Please submit all medical documentation for this Growth Hormone to your provincial health insurance plan for their consideration. Be sure to retain copies of all documents before submitting them to your provincial plan, as they may not return originals.

If the provincial plan has declined this claim, please provide Sun Life Assurance Company of Canada with the following information:

- copy of the letter of declination from the provincial plan indicating their reason for declining the expense, and
- this form, completed in full.

If you have already purchased the medication for which you are requesting a special authorization, please attach all original receipts along with the regular Extended Health Care claim form. Only drugs which legally require a prescription are eligible for special authorization.

If your request is approved, the expense will be subject to applicable plan maximums. The special authorization will apply for one year. Your file will be amended to ensure claims made during this period will be paid. You are responsible for any additional expense that may apply for medical evidence to support this request.

2 Plan member information – to be completed by plan member

Contract number		Member ID number		Plan sponsor/employer	
Last name			First name		Date of birth (yyyy-mm-dd) – –
Address (street number and name)					Apartment or suite
City			Province		Postal code
Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French		Daytime telephone number – –		Evening telephone number – –	

3 Patient information

Patient's last name		First name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy-mm-dd) – –		Relationship to plan member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child		

4 Prescribing physician information – to be completed by prescribing physician

Growth hormone drug		DIN	Is this prescription a <input type="checkbox"/> new request? or a <input type="checkbox"/> renewal request?	
Dosage		Treatment effective date (yyyy-mm-dd) – –		Anticipated duration of therapy
Diagnosis (including letter from endocrinologist)				
Growth chart (required for patients with on-going growth)				
Results of standard growth hormone stimulation test				
Physician's last name			First name	
Address (street number and name)				Apartment or suite
City		Province		Postal code – –
Physician's signature X				Date (yyyy-mm-dd) – –

5 Authorization and signature

I certify that the information I provided above is true and complete. I authorize Sun Life Assurance Company of Canada, its agents and service providers to collect, use and disclose 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 (yyyy-mm-dd) _ _
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Have you included . . .

- any additional medical documentation?
- growth charts?
- results from the standard growth hormone stimulation tests?
- a copy of the province's decline letter along with the reason for the decline?

6 Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Questions? Please visit www.sunlife.ca or call toll-free 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

7 Mailing instructions – keep a copy for your records

Mail or fax your completed form to the claims office nearest you.

Fax number: 1-855-342-9915

Sun Life Assurance Company
of Canada
PO Box 11658 Stn CV
Montreal QC H3C 6C1

Sun Life Assurance Company
of Canada
PO Box 2010 Stn Waterloo
Waterloo ON N2J 0A6