

Sun Life Assurance Company of Canada
Kitchener Claims Office
PO Box 100 Stn C
Kitchener ON N2G 3W9
Tel: 1-800-229-7089
Fax: 1-866-209-7215



August 1, 2006

Long Term Disability

Plan Member:	
Contract:	
Billing Group:	
Control Number:	
Certificate Number:	
Disability Date:	November 8, 1999
Destination Code:	P
Mail Address Code:	L001

We have received the completed Confirmation of Ongoing Total Disability form. Based on the information you provided, you continue to be eligible for disability benefits and we will continue your payments.

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