

My Copy!



Name: [redacted] Policy: 025654 Certificate [redacted] Ltd Control # 260705-29619-00

You are responsible under your plan to apply for CPP benefits and to keep Sun Life Assurance Company of Canada ("Sun Life") informed of your application as well as any appeals. Please read this Agreement carefully, sign it, and return it to us at the following address, **Sun Life, Disability Claims Department, PO Box 100 Stn C Kitchener, Ontario N2G 3W9.**

I understand the Plan requires me to apply for disability benefits payable under CPP and that any CPP benefits that I am entitled to receive, reduce directly any long term disability ("LTD") payable to me under the Plan. I also understand that this reduction applies both to LTD benefits I received before my CPP entitlement was determined, as well as to LTD benefits payable after.

**Therefore, in consideration of paying unreduced LTD benefits for any period during which I may be entitled to CPP benefits I agree to the following terms:**

1. I will apply for CPP benefits and will immediately notify **Sun Life** of the CPP decision.
2. I will provide **Sun Life** with any CPP correspondence received from the CPP office.
3. If my application is denied, I will appeal the denial within 30 days of being requested by **Sun Life** to do so.
4. I will sign the enclosed CPP "Consent for Service Canada and Insurer to Communicate Disability Benefit Information" form and, *if enclosed*, the "Irrevocable Consent to Deduct and Pay an Insurer" form, and return them to **Sun Life** along with this Agreement form.
5. I agree that within 10 days, from the date I receive payment from CPP, I will reimburse **Sun Life** in a lump sum, for all payments it has advanced to me related to CPP which have not been reimbursed directly to **Sun Life** by CPP.
6. If I do not comply with any of the terms in this Agreement, I agree that **Sun Life** has the right to withhold or reduce my LTD benefits, until the amount of CPP disability benefits to which I may be entitled has been exhausted.

This agreement shall bind my heirs, executors, administrators and assigns.

I confirm that I applied for CPP disability benefits on April 27th, 2006 at [redacted]  
**OR**  
 I confirm that I appealed the decline decision on \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date [redacted]  
\_\_\_\_\_  
\_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If this agreement is not returned to Sun Life Assurance Company of Canada within 2 months of being requested, your LTD benefit payments may be reduced by an estimate of the amount of benefits to which you may be entitled under the Canada Pension Plan.**