



Prescription drug plan Maintenance drug request



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.

I am requesting the undernoted drug(s) to be changed from non-maintenance (i.e. 34 day supply) to maintenance (i.e. 100 day supply) for the named patient.

1 Employee/Retiree information

You must complete this section.

Contract number		
<input type="checkbox"/> 14178 – Retiree FlexBenefits	<input type="checkbox"/> 25027 – RB pensioner who retired before March 1, 1994	
<input type="checkbox"/> 25108 – RB/RT/RBC Insurance pensioner who retired after March 1, 1994	<input type="checkbox"/> 25364 – Active employee	
	<input type="checkbox"/> 150090 Off-formulary policy	
Employee/Retiree number	Daytime telephone number	Evening telephone number
	– –	– –
Last name		First name
Address (street number and name)		Apartment or suite
City	Province	Postal code

2 Prescription drug Information

Please Print

Patient last name	Patient first name
Relationship	Date of birth (dd-mm-yyyy)
	– –
DIN (Drug identification number)	Drug name
How long have you been taking this medication?	What is the estimated treatment period?
DIN (Drug identification number)	Drug name
How long have you been taking this medication?	What is the estimated treatment period?
Requested by (Employee/Retiree signature)	Date (dd-mm-yyyy)
X	– –
Approved by (Sun Life Financial, plan administrator)	Date (dd-mm-yyyy)
X	– –

Please Mail or Fax completed form to :

Sun Life Financial
Montreal Health Claims Office
PO Box 6076 Stn CV
Montreal QC H3C 4S3
Fax: 514-954-1404