

How to submit a Wellness claim online including cancer screenings

Step 1: Sign in to your Sun Life member account – www.sunlife.com/account

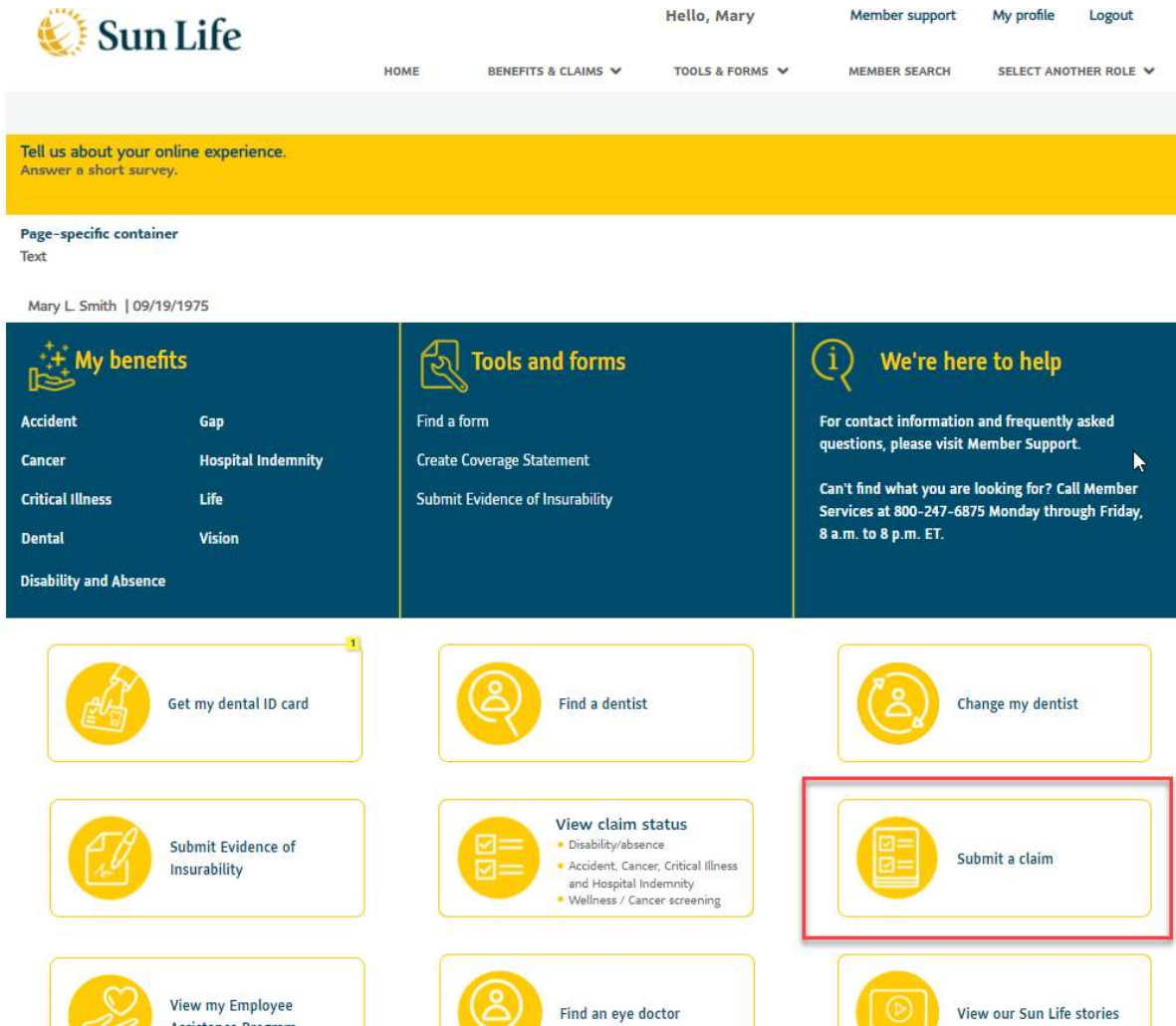
- You can sign in from a desktop, tablet or mobile device.
- If you don't have an account, you can create one at www.sunlife.com/createaccount



Welcome. Select your role to log in

Members, Employers, and Brokers Username Enter username Password Enter password Forgot username or password? By logging in, you agree to these terms and conditions Log in > New to Sun Life? Create an account.	Providers  Access the new Provider Portal  Sign in or register now to see how we are doing dental better Individual Life Insurance Policyholder  I have an individual life insurance policy not provided through my employer Broker  I am a broker or financial professional with individual life insurance business
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Step 2: From the member home page, select “Submit a claim”



The image shows the Sun Life member home page. At the top, there is a navigation bar with the Sun Life logo, a greeting "Hello, Mary", and links for "Member support", "My profile", and "Logout". Below this is a secondary navigation bar with links for "HOME", "BENEFITS & CLAIMS", "TOOLS & FORMS", "MEMBER SEARCH", and "SELECT ANOTHER ROLE". A yellow banner below the navigation bar says "Tell us about your online experience. Answer a short survey." Below the banner is a "Page-specific container" with the text "Text". Below that is a user profile section for "Mary L. Smith | 09/19/1975". The main content area is divided into three columns. The first column, "My benefits", lists "Accident", "Cancer", "Critical Illness", "Dental", and "Disability and Absence", with sub-links for "Gap", "Hospital Indemnity", "Life", and "Vision". The second column, "Tools and forms", lists "Find a form", "Create Coverage Statement", and "Submit Evidence of Insurability". The third column, "We're here to help", provides contact information for Member Support. Below these columns is a grid of nine tiles. The "Submit a claim" tile is highlighted with a red border. The tiles are: "Get my dental ID card", "Find a dentist", "Change my dentist", "Submit Evidence of Insurability", "View claim status" (with sub-links for "Disability/absence", "Accident, Cancer, Critical Illness and Hospital Indemnity", and "Wellness / Cancer screening"), "Submit a claim", "View my Employee", "Find an eye doctor", and "View our Sun Life stories".

My benefits

- Accident
- Cancer
- Critical Illness
- Dental
- Disability and Absence

Tools and forms

- Find a form
- Create Coverage Statement
- Submit Evidence of Insurability

We're here to help

For contact information and frequently asked questions, please visit Member Support.

Can't find what you are looking for? Call Member Services at 800-247-6875 Monday through Friday, 8 a.m. to 8 p.m. ET.

Get my dental ID card

Find a dentist

Change my dentist

Submit Evidence of Insurability

View claim status

- Disability/absence
- Accident, Cancer, Critical Illness and Hospital Indemnity
- Wellness / Cancer screening

Submit a claim

View my Employee

Find an eye doctor

View our Sun Life stories

Step 3: Select the box for a **Wellness / Cancer screening** and then click **Continue**

Submit a claim

Let's start with the reason for this claim...

This claim is related to:

time away from work
(Disability or Absence benefits)

a medical event
*(Accident, Cancer, Critical Illness or
Hospital Indemnity benefits)*

a Wellness / Cancer screening 

Wellness / Cancer screening

Approximate time to complete: **5 minutes**

Complete this form to file for covered screening like blood tests and mammograms.

Continue

Step 4: Choose who this claim is for, and then click **Let's get started**

**One more important detail
before you begin...**

Please tell us who this claim is for.

This claim is for:

 Me (the insured)

 My spouse

 My dependent

Let's get started

Back **Cancel**

Step 5: Enter the details for the Insured / Claimant and then click **Continue**

1

Insured / Claimant information

About your:

Your name

Mary

Spadaro

Your date of birth

mm/dd/yyyy

Your Social Security number

___-__-____

Show

Your assigned sex at birth 

☐ Female

☐ Male

Your address

Address line 1

Address line 2 (optional)

City

State 

ZIP code

Your phone number

(123) 456-7890

Your email address

mary.spadaro@email.com

Confirm your email address

mary.spadaro@email.com

About your dependent:

Dependent's name

First name

Last name

Dependent's date of birth

mm/dd/yyyy

Dependent's assigned sex at birth 

☐ Female

☐ Male

Continue

Back

Cancel

Step 6: Complete the Wellness / Cancer screening details, including the **Date of service** and the relevant screening(s) from the **Screenings list** and then click **Continue**

2 Wellness / Cancer screening details

Date of service

Hide list filters

128 Most common screening tests

Blood tests/labs

Cancer screenings

Imaging

Routine wellness exams/programs

Stress tests

Screenings list (select all that apply)

☐ Annual physical examination
(Hospital Indemnity policy only)
☐ Abdominal and aortic aneurysm ultrasonography
(Hospital Indemnity policy only)
☐ Biopsy for cancer
(Cancer and Hospital Indemnity policies only)
☐ Bone density screening
(Hospital Indemnity policy only)
☐ Bone marrow testing
(Hospital Indemnity policy only)
☐ Breast cancer screening
☐ BRCA testing
(Cancer and Hospital Indemnity policies only)
☐ CA 15-3
☐ CA 125
☐ Cardiac exercise stress test
☐ Carotid Doppler
☐ CEA
☐ Chest x-ray
☐ Colorectal cancer screening
☐ CT angiography
(Hospital Indemnity policy only)
☐ CT scans or MRI scans
(Cancer policy only)
☐ Dental examination
(Hospital Indemnity policy only)
☐ Diabetes tests

☐ Double contrast barium enema
(Hospital Indemnity policy only)
☐ Echocardiogram
☐ Electrocardiogram (ECG) - resting or stress
☐ Gynecological exam
(PA only)
☐ Hemocult stool analysis
☐ Immunizations
☐ Interscholastic sports physical exam
☐ Lipid panel
☐ Lymphocyte genome sensitivity test (LGS)
(Hospital Indemnity policy only)
☐ Pap smear
☐ Prostate cancer screening
☐ Serum protein electrophoresis
☐ Skin cancer screening
☐ Smoking cessation program
(Hospital Indemnity policy only)
☐ Testicular ultrasound
(Hospital Indemnity policy only)
☐ Vision examination
(Hospital Indemnity policy only)
☐ Weight reduction program
(Hospital Indemnity policy only)

Selected screening(s)

As you select screening types they will display here

Don't see your screening listed?

Enter screening name here:

Continue

Back

Cancel

Step 7: Choose **your preferred payment method:** Direct Deposit or Check by U.S. mail. Then click **Continue.**

3 Payment preference information

Choose your preferred payment method for this claim

Select one

▼

Step 8: Confirm your responses, acknowledge the **Fraud warning** and the **Declaration and signature** and then click **Submit**

Let's confirm your responses

Before submitting your claim we need you to review the information you've provided. To edit your responses, click the pencil icon beside each section title.

1

Insured / Claimant information

About you:

Your name	Mary Spadaro
Your date of birth	01/23/1980
Your Social Security number	***-**-1199
Your assigned sex at birth	Female
Your address	19283 West Main Street Cambridge, Massachusetts 02114
Your phone number	(617) 718-0092
Your email address	mary.spadaro@companya.com

About your dependent:

Dependent's name	Christopher Spadaro
Dependent's date of birth	02/12/2007
Dependent's assigned sex at birth	Male

2

Wellness / Cancer screening details

Date of service	05/16/2020
Selected screening(s)	Echocardiogram Immunizations Lipid panel

Fraud warning

Please read the fraud warning and check the box below.

Note: Checking the box below is the same as providing your signature on a hard copy document.

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

☐ I certify that I have read, or had read to me, the Fraud warning for my state.

Declaration and signature

By checking the "Agree" checkbox below:

- I certify, to the best of my knowledge and belief, that the information I have provided in this Statement of Claim is true, accurate and complete.
- It is my intent to electronically sign and submit this Statement of Claim.
- I am applying my electronic signature to this Statement of Claim and I will be bound with the same force and effect as if I had signed this Statement of Claim on paper by hand.

☐ Agree

Print claim form

Please take the time to print or save this claim form for your records as you will not be able to print it later.

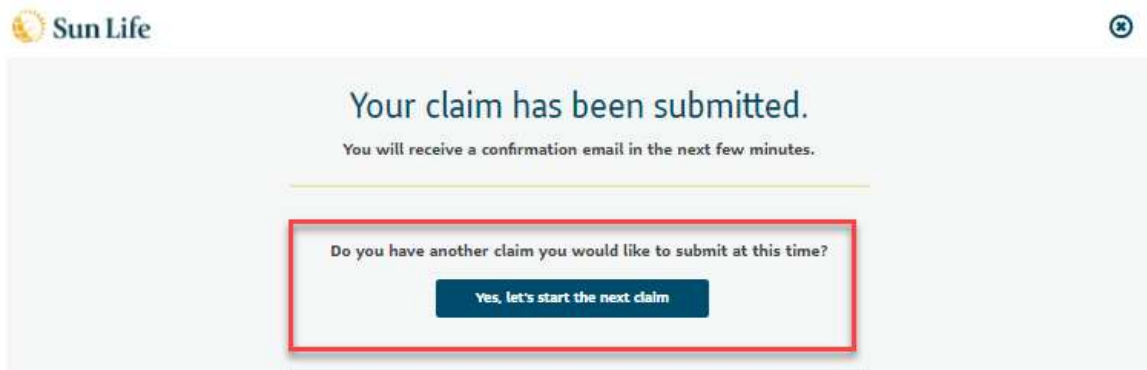
After you submit this claim, you will be able to add additional claims for others.

Submit

Back

Cancel

Step 9: Select, **Yes, let's start a new claim** to initiate another claim or click **Close window** if you have completed your claims submissions



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