

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

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

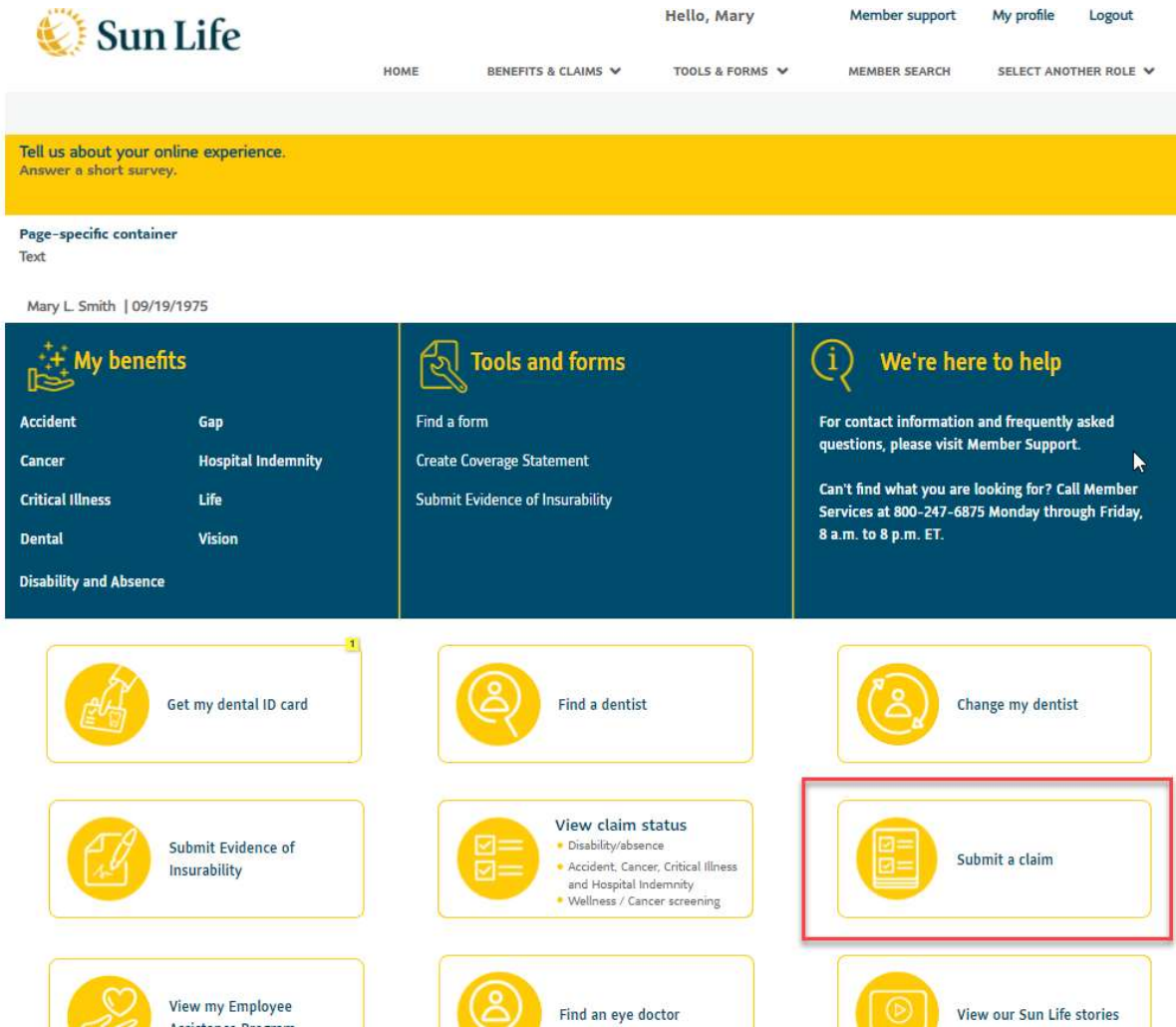
Policyholder 

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

Step 2: From the member home page, select “Submit a claim”



The screenshot shows the Sun Life member home page. At the top left is the Sun Life logo. To its right, the user is greeted as "Hello, Mary" with links for "Member support", "My profile", and "Logout". Below this is a navigation bar with "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" and the user's name "Mary L. Smith | 09/19/1975".

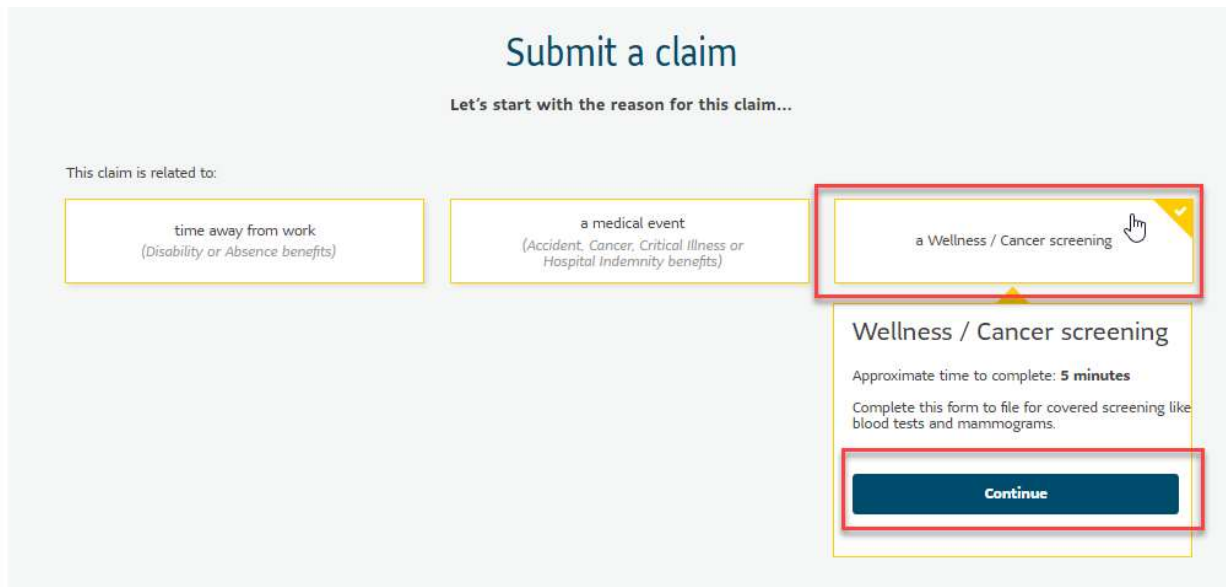
The main content area is divided into three columns:

- My benefits:** Lists Accident, Cancer, Critical Illness, Dental, and Disability and Absence. Each item has a corresponding benefit name: Gap, Hospital Indemnity, Life, and Vision.
- Tools and forms:** Includes "Find a form", "Create Coverage Statement", and "Submit Evidence of Insurability".
- We're here to help:** Provides contact information: "For contact information and frequently asked questions, please visit Member Support." and "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."

Below these columns is a grid of service tiles:

- 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 (highlighted with a red border)
- View my Employee Assistance Program
- 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

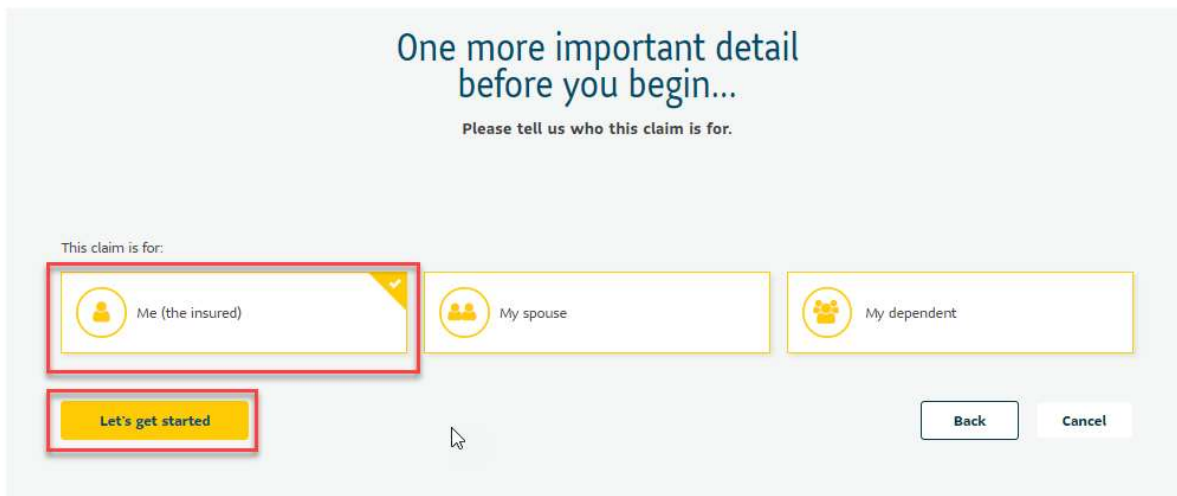
Wellness / Cancer screening

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 you:

Your name

Your date of birth
 

Your Social Security number

Your assigned sex at birth 
 Female Male


Your address


Your phone number

Your email address Confirm your email address

About your dependent:

Dependent's name

Dependent's date of birth
 

Dependent's assigned sex at birth 
 Female Male

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 +21

128 Most common screening tests

- Blood tests/labs
- Cancer screenings

Imaging

- Routine wellness exams/programs
- Stress tests

Screenings list (select all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Annual physical examination <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Abdominal and aortic aneurysm ultrasonography <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Biopsy for cancer <small>(Cancer and Hospital Indemnity policies only)</small> <input type="checkbox"/> Bone density screening <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Bone marrow testing <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Breast cancer screening <input type="checkbox"/> BRCA testing <small>(Cancer and Hospital Indemnity policies only)</small> <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 125 <input type="checkbox"/> Cardiac exercise stress test <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> CEA <input type="checkbox"/> Chest x-ray <input type="checkbox"/> Colorectal cancer screening <input type="checkbox"/> CT angiography <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> CT scans or MRI scans <small>(Cancer policy only)</small> <input type="checkbox"/> Dental examination <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Diabetes tests 	<ul style="list-style-type: none"> <input type="checkbox"/> Double contrast barium enema <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Electrocardiogram (ECG) - resting or stress <input type="checkbox"/> Gynecological exam <small>(PA only)</small> <input type="checkbox"/> Hemocult stool analysis <input type="checkbox"/> Immunizations <input type="checkbox"/> Interscholastic sports physical exam <input type="checkbox"/> Lipid panel <input type="checkbox"/> Lymphocyte genome sensitivity test (LGS) <input type="checkbox"/> Pap smear <input type="checkbox"/> Prostate cancer screening <input type="checkbox"/> Serum protein electrophoresis <input type="checkbox"/> Skin cancer screening <input type="checkbox"/> Smoking cessation program <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Testicular ultrasound <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Vision examination <small>(Hospital Indemnity policy only)</small> <input type="checkbox"/> Weight reduction program <small>(Hospital Indemnity policy only)</small>
---	--

Selected screening(s) +22

As you select screening types they will display here

Don't see your screening listed?

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.

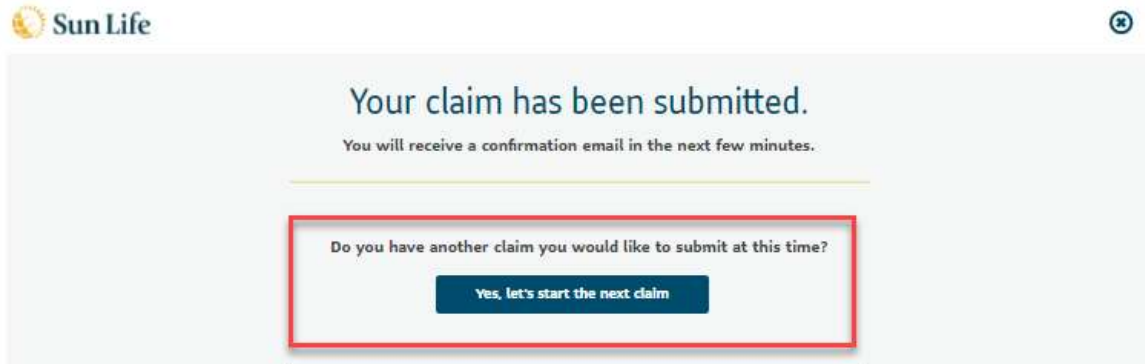
Agree

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



Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI). © 2025 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us. GVMPPG-EE-107291 0/25