

How to submit a Wellness claim online in New York 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

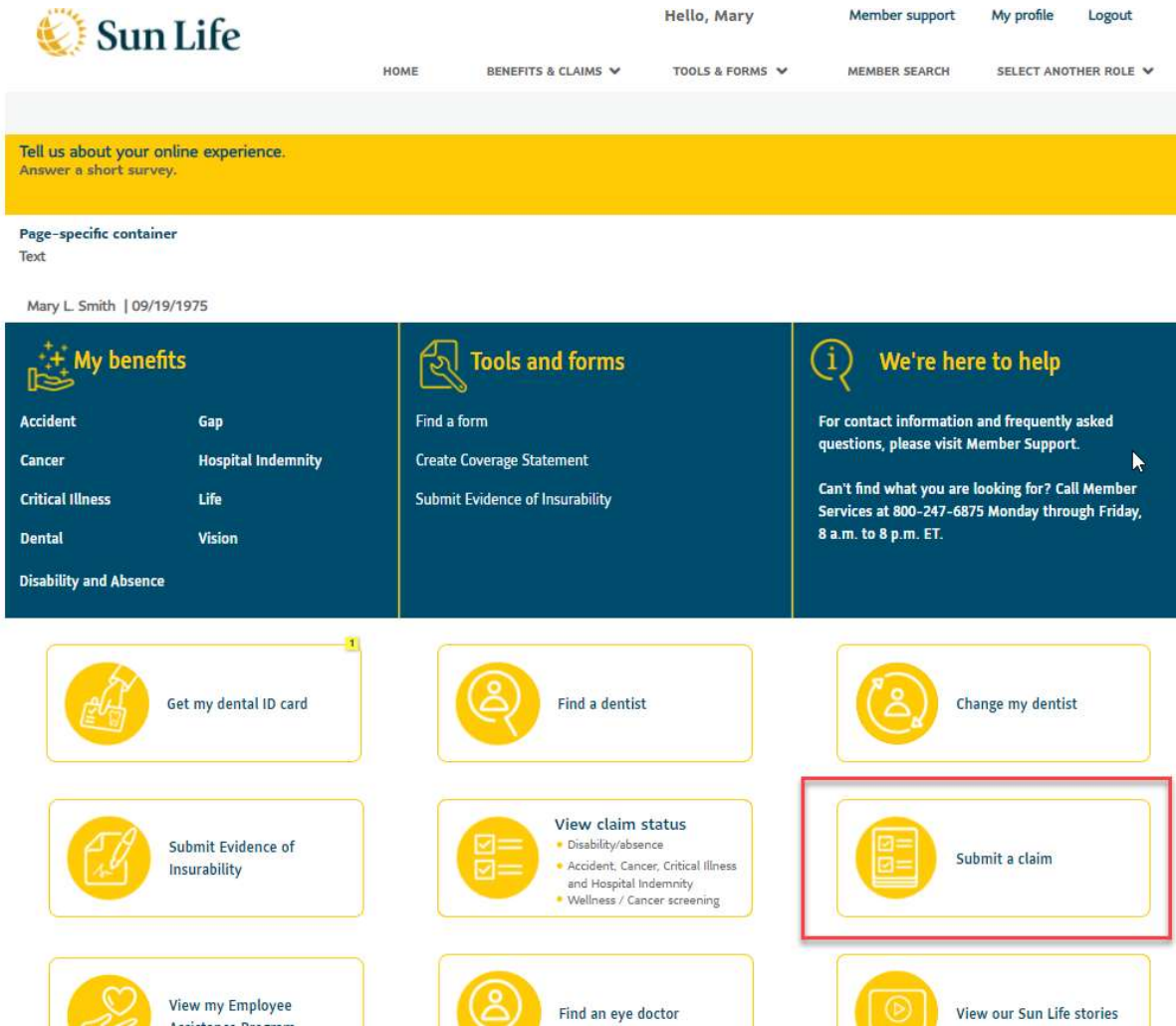
Policyholder 

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". A navigation bar contains "HOME", "BENEFITS & CLAIMS", "TOOLS & FORMS", "MEMBER SEARCH", and "SELECT ANOTHER ROLE". A yellow banner asks for feedback. Below is a "Page-specific container" with the user's name "Mary L. Smith" and date "09/19/1975". The main content area is divided into three columns: "My benefits" (listing Accident, Cancer, Critical Illness, Dental, and Disability and Absence), "Tools and forms" (listing Find a form, Create Coverage Statement, and Submit Evidence of Insurability), and "We're here to help" (providing contact information for Member Services). Below this is a grid of nine action 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-items: Disability/absence, Accident, Cancer, Critical Illness and Hospital Indemnity, 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
- Gap
- Hospital Indemnity
- Life
- Vision

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

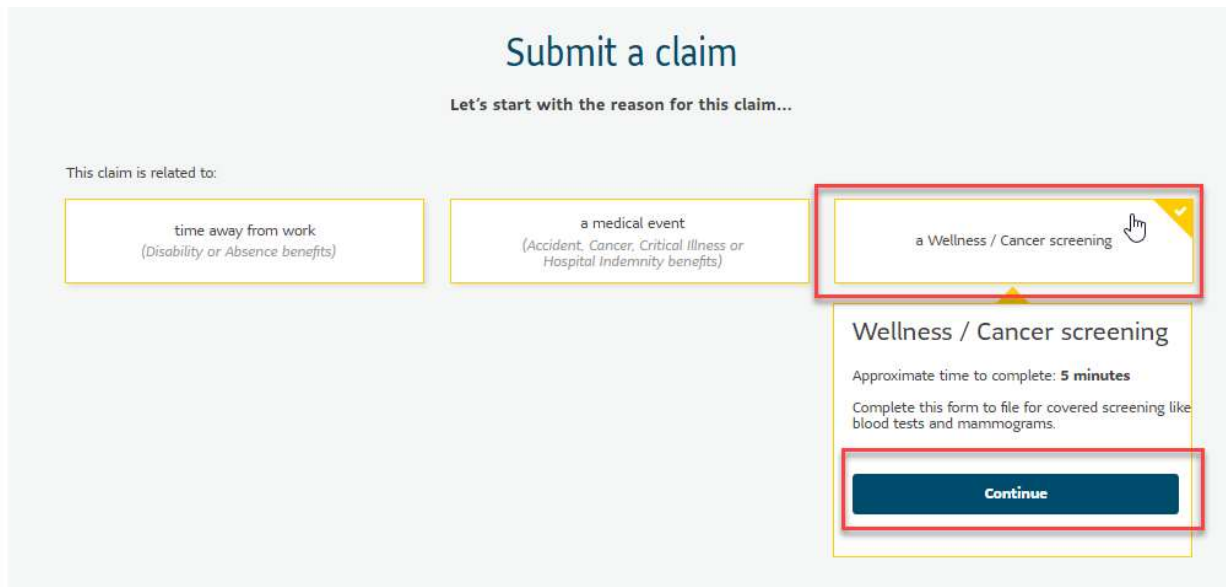
Submit a claim

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

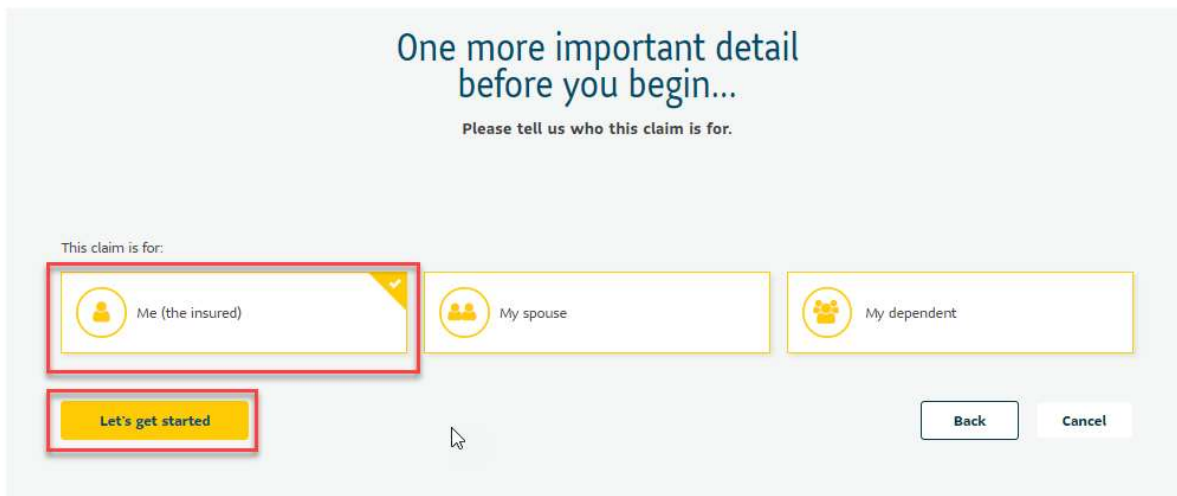
Wellness / Cancer screening

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 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

128 Most common screening tests	Imaging
Blood tests/labs	Routine wellness exams/programs
Cancer screenings	Stress tests

Screenings list

Please select the option that best describes the screening test completed

<input type="radio"/> Biopsy for cancer	<input type="radio"/> Echocardiogram
<input type="radio"/> Breast cancer screening	<input type="radio"/> Electrocardiogram (ECG) - resting or stress
<input type="radio"/> BRCA testing	<input type="radio"/> Fasting blood glucose test
<input type="radio"/> CA 15-3	<input type="radio"/> Gynecological exam
<input type="radio"/> CA 125	<input type="radio"/> Hemocult stool analysis
<input type="radio"/> Cardiac exercise stress test	<input type="radio"/> Immunizations
<input type="radio"/> Carotid Doppler	<input type="radio"/> Interscholastic sports physical exam
<input type="radio"/> CEA	<input type="radio"/> Lipid panel
<input type="radio"/> Chest x-ray	<input type="radio"/> Pap smear
<input type="radio"/> Colorectal cancer screening	<input type="radio"/> Prostate cancer screening
<input type="radio"/> CT scans or MRI scans	<input type="radio"/> Serum protein electrophoresis
<input type="radio"/> Diabetes tests	<input type="radio"/> Skin cancer screening
	<input type="radio"/> Other

Enter screening or test not listed

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.

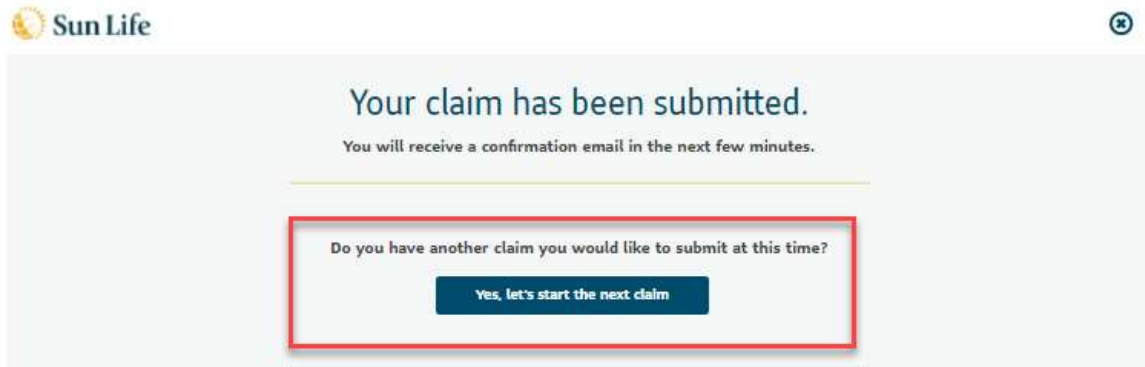
Agree

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



In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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