

Center for Family Services, Inc.

BENEFIT HIGHLIGHTS

**Discover new  
ways to protect  
what you love**



**Sun Life**

Life's brighter under the sun



# Find your benefits here.



CENTER FOR FAMILY SERVICES, INC.

POLICY #: 939553

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- ▶ **Voluntary Life insurance** to protect your family if something happens to you.

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# Voluntary Life Insurance

## ▶ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ▶ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

### BENEFITS (You can purchase this coverage at a group rate.)

#### For you\*

You can choose from **\$20,000 to \$250,000**—in increments of \$10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$150,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

#### For your spouse

If you elect coverage for yourself, you can choose from **\$5,000 to \$125,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 50% of your coverage amount.

#### For your child(ren)

If you elect coverage for yourself, you can choose **\$1,000, \$5,000 or \$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.

A full benefit is payable for a dependent child from birth to 26.

**\*You may choose Accidental Death and Dismemberment insurance.**

## Frequently asked questions

### **What is my AD&D benefit?**

If you elect AD&D coverage, we will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

### **Do I need to answer any health questions to enroll?**

Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

# Rates

## Employee - Coverage and bi-weekly cost for Employee Voluntary Life.

Rates are effective as of July 1, 2023.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	0.24	0.48	0.72	0.72	1.20	1.68	2.64	4.80	9.12	13.20	22.56	40.32	149.28
\$30,000	0.36	0.72	1.08	1.08	1.80	2.52	3.96	7.20	13.68	19.80	33.84	60.48	223.92
\$40,000	0.48	0.96	1.44	1.44	2.40	3.36	5.28	9.60	18.24	26.40	45.12	80.64	298.56
\$50,000	0.60	1.20	1.80	1.80	3.00	4.20	6.60	12.00	22.80	33.00	56.40	100.80	373.20
\$60,000	0.72	1.44	2.16	2.16	3.60	5.04	7.92	14.40	27.36	39.60	67.68	120.96	447.84
\$70,000	0.84	1.68	2.52	2.52	4.20	5.88	9.24	16.80	31.92	46.20	78.96	141.12	522.48
\$80,000	0.96	1.92	2.88	2.88	4.80	6.72	10.56	19.20	36.48	52.80	90.24	161.28	597.12
\$90,000	1.08	2.16	3.24	3.24	5.40	7.56	11.88	21.60	41.04	59.40	101.52	181.44	671.76
\$100,000	1.20	2.40	3.60	3.60	6.00	8.40	13.20	24.00	45.60	66.00	112.80	201.60	746.40
\$110,000	1.32	2.64	3.96	3.96	6.60	9.24	14.52	26.40	50.16	72.60	124.08	221.76	821.04
\$120,000	1.44	2.88	4.32	4.32	7.20	10.08	15.84	28.80	54.72	79.20	135.36	241.92	895.68
\$130,000	1.56	3.12	4.68	4.68	7.80	10.92	17.16	31.20	59.28	85.80	146.64	262.08	970.32
\$140,000	1.68	3.36	5.04	5.04	8.40	11.76	18.48	33.60	63.84	92.40	157.92	282.24	1044.96
\$150,000	1.80	3.60	5.40	5.40	9.00	12.60	19.80	36.00	68.40	99.00	169.20	302.40	1119.60
\$160,000	1.92	3.84	5.76	5.76	9.60	13.44	21.12	38.40	72.96	105.60	180.48	322.56	1194.24
\$170,000	2.04	4.08	6.12	6.12	10.20	14.28	22.44	40.80	77.52	112.20	191.76	342.72	1268.88
\$180,000	2.16	4.32	6.48	6.48	10.80	15.12	23.76	43.20	82.08	118.80	203.04	362.88	1343.52
\$190,000	2.28	4.56	6.84	6.84	11.40	15.96	25.08	45.60	86.64	125.40	214.32	383.04	1418.16
\$200,000	2.40	4.80	7.20	7.20	12.00	16.80	26.40	48.00	91.20	132.00	225.60	403.20	1492.80
\$210,000	2.52	5.04	7.56	7.56	12.60	17.64	27.72	50.40	95.76	138.60	236.88	423.36	1567.44
\$220,000	2.64	5.28	7.92	7.92	13.20	18.48	29.04	52.80	100.32	145.20	248.16	443.52	1642.08
\$230,000	2.76	5.52	8.28	8.28	13.80	19.32	30.36	55.20	104.88	151.80	259.44	463.68	1716.72
\$240,000	2.88	5.76	8.64	8.64	14.40	20.16	31.68	57.60	109.44	158.40	270.72	483.84	1791.36
\$250,000	3.00	6.00	9.00	9.00	15.00	21.00	33.00	60.00	114.00	165.00	282.00	504.00	1866.00

# Rates

**Employee** - Coverage and **bi-weekly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of July 1, 2023.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	0.70	0.94	1.18	1.18	1.66	2.14	3.10	5.26	9.58	13.66	23.02	40.78	149.74
\$30,000	1.05	1.41	1.77	1.77	2.49	3.21	4.65	7.89	14.37	20.49	34.53	61.17	224.61
\$40,000	1.40	1.88	2.36	2.36	3.32	4.28	6.20	10.52	19.16	27.32	46.04	81.56	299.48
\$50,000	1.75	2.35	2.95	2.95	4.15	5.35	7.75	13.15	23.95	34.15	57.55	101.95	374.35
\$60,000	2.10	2.82	3.54	3.54	4.98	6.42	9.30	15.78	28.74	40.98	69.06	122.34	449.22
\$70,000	2.46	3.30	4.14	4.14	5.82	7.50	10.86	18.42	33.54	47.82	80.58	142.74	524.10
\$80,000	2.81	3.77	4.73	4.73	6.65	8.57	12.41	21.05	38.33	54.65	92.09	163.13	598.97
\$90,000	3.16	4.24	5.32	5.32	7.48	9.64	13.96	23.68	43.12	61.48	103.60	183.52	673.84
\$100,000	3.51	4.71	5.91	5.91	8.31	10.71	15.51	26.31	47.91	68.31	115.11	203.91	748.71
\$110,000	3.86	5.18	6.50	6.50	9.14	11.78	17.06	28.94	52.70	75.14	126.62	224.30	823.58
\$120,000	4.21	5.65	7.09	7.09	9.97	12.85	18.61	31.57	57.49	81.97	138.13	244.69	898.45
\$130,000	4.56	6.12	7.68	7.68	10.80	13.92	20.16	34.20	62.28	88.80	149.64	265.08	973.32
\$140,000	4.91	6.59	8.27	8.27	11.63	14.99	21.71	36.83	67.07	95.63	161.15	285.47	1048.19
\$150,000	5.26	7.06	8.86	8.86	12.46	16.06	23.26	39.46	71.86	102.46	172.66	305.86	1123.06
\$160,000	5.61	7.53	9.45	9.45	13.29	17.13	24.81	42.09	76.65	109.29	184.17	326.25	1197.93
\$170,000	5.96	8.00	10.04	10.04	14.12	18.20	26.36	44.72	81.44	116.12	195.68	346.64	1272.80
\$180,000	6.31	8.47	10.63	10.63	14.95	19.27	27.91	47.35	86.23	122.95	207.19	367.03	1347.67
\$190,000	6.66	8.94	11.22	11.22	15.78	20.34	29.46	49.98	91.02	129.78	218.70	387.42	1422.54
\$200,000	7.02	9.42	11.82	11.82	16.62	21.42	31.02	52.62	95.82	136.62	230.22	407.82	1497.42
\$210,000	7.37	9.89	12.41	12.41	17.45	22.49	32.57	55.25	100.61	143.45	241.73	428.21	1572.29
\$220,000	7.72	10.36	13.00	13.00	18.28	23.56	34.12	57.88	105.40	150.28	253.24	448.60	1647.16
\$230,000	8.07	10.83	13.59	13.59	19.11	24.63	35.67	60.51	110.19	157.11	264.75	468.99	1722.03
\$240,000	8.42	11.30	14.18	14.18	19.94	25.70	37.22	63.14	114.98	163.94	276.26	489.38	1796.90
\$250,000	8.77	11.77	14.77	14.77	20.77	26.77	38.77	65.77	119.77	170.77	287.77	509.77	1871.77

# Rates

## Spouse - Coverage and **bi-weekly** cost for Spouse or Partner Voluntary Life.

Rates are effective as of July 1, 2023.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.12	0.18	0.24	0.30	0.36	0.54	0.90	1.56	2.94	4.38	7.14	13.26	44.10
\$10,000	0.24	0.36	0.48	0.60	0.72	1.08	1.80	3.12	5.88	8.76	14.28	26.52	88.20
\$15,000	0.36	0.54	0.72	0.90	1.08	1.62	2.70	4.68	8.82	13.14	21.42	39.78	132.30
\$20,000	0.48	0.72	0.96	1.20	1.44	2.16	3.60	6.24	11.76	17.52	28.56	53.04	176.40
\$25,000	0.60	0.90	1.20	1.50	1.80	2.70	4.50	7.80	14.70	21.90	35.70	66.30	220.50
\$30,000	0.72	1.08	1.44	1.80	2.16	3.24	5.40	9.36	17.64	26.28	42.84	79.56	264.60
\$35,000	0.84	1.26	1.68	2.10	2.52	3.78	6.30	10.92	20.58	30.66	49.98	92.82	308.70
\$40,000	0.96	1.44	1.92	2.40	2.88	4.32	7.20	12.48	23.52	35.04	57.12	106.08	352.80
\$45,000	1.08	1.62	2.16	2.70	3.24	4.86	8.10	14.04	26.46	39.42	64.26	119.34	396.90
\$50,000	1.20	1.80	2.40	3.00	3.60	5.40	9.00	15.60	29.40	43.80	71.40	132.60	441.00
\$55,000	1.32	1.98	2.64	3.30	3.96	5.94	9.90	17.16	32.34	48.18	78.54	145.86	485.10
\$60,000	1.44	2.16	2.88	3.60	4.32	6.48	10.80	18.72	35.28	52.56	85.68	159.12	529.20
\$65,000	1.56	2.34	3.12	3.90	4.68	7.02	11.70	20.28	38.22	56.94	92.82	172.38	573.30
\$70,000	1.68	2.52	3.36	4.20	5.04	7.56	12.60	21.84	41.16	61.32	99.96	185.64	617.40
\$75,000	1.80	2.70	3.60	4.50	5.40	8.10	13.50	23.40	44.10	65.70	107.10	198.90	661.50
\$80,000	1.92	2.88	3.84	4.80	5.76	8.64	14.40	24.96	47.04	70.08	114.24	212.16	705.60
\$85,000	2.04	3.06	4.08	5.10	6.12	9.18	15.30	26.52	49.98	74.46	121.38	225.42	749.70
\$90,000	2.16	3.24	4.32	5.40	6.48	9.72	16.20	28.08	52.92	78.84	128.52	238.68	793.80
\$95,000	2.28	3.42	4.56	5.70	6.84	10.26	17.10	29.64	55.86	83.22	135.66	251.94	837.90
\$100,000	2.40	3.60	4.80	6.00	7.20	10.80	18.00	31.20	58.80	87.60	142.80	265.20	882.00
\$105,000	2.52	3.78	5.04	6.30	7.56	11.34	18.90	32.76	61.74	91.98	149.94	278.46	926.10
\$110,000	2.64	3.96	5.28	6.60	7.92	11.88	19.80	34.32	64.68	96.36	157.08	291.72	970.20
\$115,000	2.76	4.14	5.52	6.90	8.28	12.42	20.70	35.88	67.62	100.74	164.22	304.98	1014.30
\$120,000	2.88	4.32	5.76	7.20	8.64	12.96	21.60	37.44	70.56	105.12	171.36	318.24	1058.40
\$125,000	3.00	4.50	6.00	7.50	9.00	13.50	22.50	39.00	73.50	109.50	178.50	331.50	1102.50

## Child - Coverage and **bi-weekly** cost for Child Voluntary Life.

Rates are effective as of July 1, 2023.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Coverage amounts	Cost per pay period
\$1,000	0.08
\$5,000	0.42
\$10,000	0.84

# Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Life

In some states, your employer’s group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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# Evidence of Insurability



## Frequently asked questions

### What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

### What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

### When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

### What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

### Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to [www.sunlife.com/account](http://www.sunlife.com/account)

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

## Submit your medical information on paper

If you need a paper application, you can access a printable version at [www.sunlife.com/account](http://www.sunlife.com/account).

- Click *Where can I find a form?*
- From list of forms, select EOI Application

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

## How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

## How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

## How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

## When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

## About privacy and security

In accordance with Sun Life's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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## Group Enrollment Form

Employer use (check one):  New employee  Change  COBRA

### 1. General Information

<b>Employer Name</b> Center for Family Services, Inc.	<b>Account / Policy Number</b> 939553	<b>Location</b>
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### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Eligibility Class (if applicable)</b>	<b>Social Security Number</b>	<b>Phone Number</b>	
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date:	<input type="checkbox"/> Return from layoff	Date:	
	Date:	<input type="checkbox"/> Rehire		
<b>Current Active Employment Type</b>		<b>Earnings \$</b>		
_____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

### 3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse or partner					
Children					

### 4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life \$ _____

## 5. Beneficiary Designation Information

### Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

### Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share  
of proceeds\*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

\*Must equal 100%

## 6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability may be required.
- For Life insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations and exclusions that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my Spouse or partner or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

### Contact us



#### By mail

Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET





▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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