

Sun Life Assurance Company of Canada

Optional Life Enrollment Form



1 Employer and Employee Information (Please print clearly)

Name of your employer University of San Francisco	Policy number 64394	Benefit group or class All Full Time Employees	Your basic annual earnings* \$		
Your full legal name (first, middle initial, last)	Social Security Number	Date of birth	Date of hire	Your occupation	

2 Benefit Elections (Make your benefit elections below based on the coverage options described here)

Employee coverage: You can purchase 1, 2 or 3 times your basic annual earnings* up to \$500,000. Amounts available with no evidence of insurability required: \$400,000. **Age Reductions:** To 50% at age 70. Benefits cease at retirement.

	Coverage amount selected	I decline coverage
Employee coverage:	<input type="checkbox"/> 1 x <input type="checkbox"/> 2 x <input type="checkbox"/> 3 x	<input type="checkbox"/>

* Basic annual earnings do not include bonuses, commissions or overtime pay.

About Evidence of Insurability (also known as Proof of Good Health):

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage than the than the limits described in the Coverage Options above.
- You want to increase your existing coverage now (whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier).
- You want to increase your coverage at a later date.
- You decline coverage and then want it at a later date.

If EOI is needed, your coverage will not go into effect until Sun Life Assurance Company of Canada approves it.

3 Acknowledgment and Signature (Important: You must read and sign for coverage)

I understand that:

- I am requesting Optional Life coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premiums from my pay.
- If I decline coverage now and want it at a later date, I will have to provide evidence of insurability acceptable to Sun Life Assurance Company of Canada. I have read the "About Evidence of Insurability" notice on page 2.
- 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 a person to criminal and civil penalties.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased Optional Life coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.

Signature of employee X	Date signed
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4 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

If you do not name a beneficiary, or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

Use my Basic Life beneficiaries – Check this box and leave this section blank if you want your Optional Life Insurance beneficiaries to be the same as your Basic Life beneficiaries.

If you did not check the box above, make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%.

Primary beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

Secondary (Contingent) beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

* The total within each class (Primary and Secondary) must equal 100%.

5 Calculating Your Cost

Employee coverage:

- Find your age in the chart below and the corresponding cost.
- Multiply the cost per \$1,000 by your amount of coverage (divided by 1,000).
Your cost will increase when you move into a new age band.

EMPLOYEE	
Age	Monthly cost per \$1,000 of coverage
Under 35	\$ 0.06
35 - 39	\$ 0.08
40 - 44	\$ 0.11
45 - 49	\$ 0.20
50 - 54	\$ 0.33
55 - 59	\$ 0.42
60 - 64	\$ 0.66
65 - 69	\$ 1.29
70+	\$ 2.21

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

Employers: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another Optional Life Enrollment Form.