

Sun Life Assurance Company of Canada

Optional Life Enrollment Form



1 Employer and Employee Information (Please print clearly)

Name of your employer Smithfield Public Schools	Policy number 13220	Benefit group or class: Superintendent, Assistant Superintendent and Administrators	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 X your basic annual earnings not to exceed \$100,000. Amounts available with no evidence of insurability required: \$100,000. Coverage terminates at age 70.

	Coverage amount selected	I decline coverage
Employee coverage:	<input checked="checked" type="checkbox"/> 1 X	<input type="checkbox"/>

* For most plans, "basic annual earnings" is defined as your salary. Basic annual earnings usually excludes bonuses, commissions or overtime. Please see your benefits booklet or check with your employer for the exact definition of earnings that applies to you.

About Evidence of Insurability

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage 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) or 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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