

# Sun Life Assurance Company of Canada

## Optional Life Enrollment Form



### 1 Employer and Employee Information (Please print clearly)

Name of your employer	Policy number	Benefit group or class	Your basic annual earnings*	
Smithfield Public Schools	13220	All Other Employees	\$	
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 \$30,000 or \$60,000. Amounts available with no evidence of insurability required: \$60,000. Coverage terminates at age 70.

<b>Employee coverage:</b>	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$60,000	<input type="checkbox"/>
	<b>Coverage amount selected</b>		<b>I decline coverage</b>

\* 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

Date signed

# HIGHLIGHTS OF

## Optional Life Insurance Benefits for Employees of Smithfield Public Schools – Class 5: All Other Employees



### Welcome to Sun Life

**Assurance Company of Canada**, a member of the Sun Life Financial group of companies.

### Benefits

- **For you:**  
An amount equal to \$30,000 OR \$60,000. Guaranteed Issue Amount is \$60,000. Coverage terminates at age 70.

### Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits. For more information, ask your employer for a copy of the flyer entitled "Optional Life Means Added Financial Security."

### About Evidence of Insurability

- We provide Optional Group Term Life Insurance to eligible employees of Smithfield Public Schools.
- Your employer is offering you the opportunity to increase your Optional Life coverage – or enroll in it for the first time if you're not currently covered.
- Enrollment in Optional Life is available for a limited time. Please see your employer for details.
- Evidence of Insurability – also called "proof of good health" – is required if:
    - You decline coverage during your initial eligibility period and then want coverage at a later date; or
    - You apply for Optional Life in excess of the Guaranteed Issue Amount.
  - All late entrants and increases require Evidence of Insurability.
  - Your employer will advise you if you need to provide Evidence of Insurability. If so, Sun Life Assurance Company of Canada may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Assurance Company of Canada approves it.

### Optional Life Rates

- Use the rate chart on the Optional Life enrollment form to calculate how much your coverage will cost.

This flyer highlights the benefits available through your employer. For more information, see the Sun Life Assurance Company of Canada Group Life booklet available from your employer.

## Highlights of Optional Life Insurance Benefits continued

### Enrolling in Optional Life is Easy

- Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

### About Sun Life Assurance Company of Canada

- Sun Life Assurance Company of Canada is one of the largest, strongest and most highly rated financial services companies in the world. We provide Group Life and AD&D to more than 1.5 million employees in the United States.

### For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this flyer does *not* certify eligibility for benefits under this plan.
- When you become eligible for benefits, your employer will provide you with the Sun Life Assurance Company of Canada Group Life booklet containing complete plan details.

#### 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
0-24	\$ 0.042
25-29	\$ 0.050
30-34	\$ 0.067
35-39	\$ 0.075
40-44	\$ 0.084
45-49	\$ 0.126
50-54	\$ 0.193
55-59	\$ 0.360
60-64	\$ 0.552
65-69	\$ 1.063

**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.