

# Sun Life Assurance Company of Canada

## Optional Life and Voluntary AD&D Enrollment Form



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

Name of your employer <b>Grant County</b>	Policy number <b>203154</b>	Benefit group or class			Your annual basic earnings* \$
Your full legal name (first, middle initial, last)	Social Security Number	Date of birth	Date of hire	Your occupation	
Your spouse's name (first, middle initial, last)**	Social Security Number	Date of birth	Date of marriage		
Name(s) of child(ren) to be covered (attach additional pages if needed)**				Date(s) of birth	

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

**For yourself:** An amount between \$10,000 and \$500,000, in increments of \$10,000 not to exceed five times your basic annual earnings.\* Amounts available with no evidence of insurability required: \$100,000 under age 70, and none if age 70 or over. **Age Reductions:** To 65% at age 65 and to 50% at age 70. Benefits cease at retirement.

**For your spouse:** An amount between \$10,000 and \$150,000, in increments of \$5,000. Amounts available with no evidence of insurability required: Up to \$25,000. Spouse coverage cannot exceed 100% of the employee's Optional Life coverage. Coverage ends when your spouse turns 70 years old.

**For your eligible children:** You can purchase either \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 for each eligible child age 6 months to 19 years or age 25 years if a full-time student, not to exceed 100% of the employee's Optional Life benefit. Coverage age 15 days to 6 months is \$250. For a description of children eligible for coverage, refer to your group insurance booklet or ask your employer.

	I elect Optional Life Only coverage	I elect Optional Life and VADD coverage	I decline coverage	Coverage amount selected	<i>***If elected, VADD will be equal to the amount of Optional Life elected</i>
Employee coverage:	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	\$	
Spouse coverage:	<input type="checkbox"/> *	<input type="checkbox"/> **	<input type="checkbox"/>	\$	
Child(ren) coverage:	<input type="checkbox"/> *	<input type="checkbox"/> **	<input type="checkbox"/>	\$	

- \*For both Optional Life and VADD coverage, your spouse and children may only be covered if you are.
- \*\*If elected VADD amounts will be equal to the amount of Optional Life elected.
- Note: For most plans, "basic annual earnings" is defined as your salary. Basic annual earnings usually exclude bonuses, commissions or overtime. Please see your benefits booklet or check with your employer for the exact definition of earnings that applies to you.

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

I understand that:

- I am requesting Optional Life and Voluntary AD&D 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 Optional Life coverage for me or my family now and want it at a later date, I/we 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.
- If I decline Voluntary AD&D coverage for me or my family now, I/we will not be able to re-enroll for at least six months.
- 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.
- If my spouse or any of my dependent children are hospital-confined due to an injury or illness 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 hospital-confined and are able to perform their normal activities.

Signature of employee X	Date signed
----------------------------	-------------

Continued on Page 2

### About Evidence of Insurability

Evidence of Insurability (EOI) is needed if:

- You apply for higher Optional Life coverage than the limits described in the Coverage Options above.
- You want to increase your existing Optional Life 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 Optional Life coverage and then want it at a later date.

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

### 4 Beneficiary Designation

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

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%.

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.

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%.

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.

### 5 Calculating Your Cost (Find your monthly cost by adding all of the coverages you have selected)

#### Employee and spouse coverage:

1. Find your/your spouse's age in the chart below and the corresponding cost.
2. Multiply the cost per \$1,000 by your/your spouse's amount of coverage (divided by 1,000). Your cost will increase when you or your spouse moves into a new age band.

**Child(ren) coverage:** Child(ren) are covered for a single flat rate of \$1.80 per month, regardless of number of children

Age	EMPLOYEE Monthly cost per \$1,000 of coverage**	Age	SPOUSE Monthly cost per \$1,000 of coverage**	CHILD(REN) Monthly cost per \$1,000 of coverage**
Under 25	\$ 0.072	Under 25	\$ 0.072	All eligible children \$ 0.180
25 – 29	\$ 0.087	25 – 29	\$ 0.087	
30 – 34	\$ 0.116	30 – 34	\$ 0.116	
35 – 39	\$ 0.130	35 – 39	\$ 0.130	
40 – 44	\$ 0.166	40 – 44	\$ 0.166	
45 – 49	\$ 0.250	45 – 49	\$ 0.250	
50 – 54	\$ 0.384	50 – 54	\$ 0.384	
55 – 59	\$ 0.716	55 – 59	\$ 0.716	
60 – 64	\$ 1.099	60 – 64	\$ 1.099	
65 – 69	\$ 2.114	65 – 69	\$ 2.114	
70 +	\$ 3.430			

**\*\*For Voluntary AD&D add the following:**  
**Employee:** \$0.04/\$1,000  
**Spouse:** \$0.04/\$1,000  
**Child(ren):** \$0.06/\$1,000

**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.