

# Sun Life Assurance Company of Canada

## Optional Life and AD&D Enrollment Form



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

|   |                        |  |                  |                 |  |
|---|------------------------|--|------------------|-----------------|--|
| Name of your employer:  |                        | Your annual basic earnings*                            |                  |                 |  |
|   |                        | \$   |                  |                 |  |
| Group Name:   | Policy number          | Benefit group or class                                 |                  |                 |  |
| Arizona Public Employers Health Pool                                      | 65146                  | All Full Time Employees working a minimum of 20 hrs/wk |                  |                 |  |
| 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 \$750,000, in increments of \$10,000 not to exceed five times your basic annual earnings.\* Amounts available with no evidence of insurability required: Up to \$150,000 if you are under age 60; \$40,000 if age 60-69; \$20,000 if age 70-79; and \$1,000 if age 80 or over. **Age Reductions:** To 67% at age 70 and to 50% at age 75. Benefits cease at retirement.

**For your spouse:** An amount between \$10,000 and \$100,000, in increments of \$10,000. Amounts available with no evidence of insurability required: Up to \$30,000 if under age 60, \$10,000 for ages 60-69. Spouse coverage cannot exceed 100% of the employee's Basic and Optional Life coverage. Coverage ends when your spouse turns 70 years old.

**For your eligible children:** You can purchase either \$5,000 or \$10,000 for each eligible child. For a description of children eligible for coverage, refer to your group insurance booklet or ask your employer.

|                        | I elect coverage         | I decline coverage       | Coverage amount selected |  |  |  |  |
|------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|
| Employee coverage:     | <input type="checkbox"/> | <input type="checkbox"/> | \$                       |  |  |  |  |
| Spouse coverage**:     | <input type="checkbox"/> | <input type="checkbox"/> | \$                       |  |  |  |  |
| Child(ren) coverage**: | <input type="checkbox"/> | <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.

\*\* Your spouse and children may only be covered if you are enrolled in Basic or Optional Life.

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

I understand that:

- I am requesting Optional Life and 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 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.
- 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<br>X | Date signed |
|----------------------------|-------------|

Continued on Page 2

### 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.

### 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 (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:**

1. Find the cost per \$1,000 for child(ren) coverage in the chart below.
2. Multiply the cost per \$1,000 by your child(ren)'s amount of coverage (divided by 1,000).

| EMPLOYEE |   | SPOUSE   |   | CHILD(REN)                             |         |
|----------|---|----------|---|--|---------|
| Age      | Monthly cost per \$10,000 of coverage** | Age      | Monthly cost per \$10,000 of coverage** | Monthly cost per \$5,000 of coverage** |         |
| Under 25 | \$ 0.66                                 | Under 25 | \$ 0.66                                 | All eligible children                  | \$ 0.70 |
| 25 – 29  | \$ 0.76                                 | 25 – 29  | \$ 0.76                                 |  |         |
| 30 – 34  | \$ 0.96                                 | 30 – 34  | \$ 0.96                                 |  |         |
| 35 – 39  | \$ 1.06                                 | 35 – 39  | \$ 1.06                                 |  |         |
| 40 – 44  | \$ 1.16                                 | 40 – 44  | \$ 1.16                                 |  |         |
| 45 – 49  | \$ 1.66                                 | 45 – 49  | \$ 1.66                                 |  |         |
| 50 – 54  | \$ 2.46                                 | 50 – 54  | \$ 2.46                                 |  |         |
| 55 – 59  | \$ 4.46                                 | 55 – 59  | \$ 4.46                                 |  |         |
| 60 – 64  | \$ 6.76                                 | 60 – 64  | \$ 6.76                                 |  |         |
| 65 – 69  | \$ 12.86                                | 65 – 69  | \$ 12.86                                |  |         |
| 70 +     | \$ 20.66                                |          |   |  |         |

\*\* Includes Optional AD&D

**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.