

# Sun Life Assurance Company of Canada

## Voluntary Life and Voluntary AD&D Enrollment Form



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

Name of your employer <b>ACTC – Macalester College</b>	Policy number <b>201360</b>	Benefit group or class All Full and Part Time and Job Share Employees	Your annual basic earnings* \$		
Your full legal name (first, middle initial, last)	UST ID	Date of birth	Date of hire	Your occupation	

### 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 5 times basic annual earnings. Guaranteed Issue Amount is \$200,000. **Age Reductions:** to 65% at age 70 and to 50% at age 75.

	I elect Voluntary Life	Voluntary Life Coverage amount selected	I elect VAD&D coverage	VAD&D Coverage amount selected
<b>Employee</b>	<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.

#### About Evidence of Insurability

Evidence of Insurability (EOI) is needed if:

- You apply for coverage higher than the Guaranteed Issue.
- You are enrolled in the plan and want to increase your existing coverage now (whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier) to an amount over the Guaranteed Issue during annual enrollment.
- 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 Voluntary Life and/or 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 of the premiums from my pay.
- If I decline Voluntary 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 Voluntary 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
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#### 4 Beneficiary Designation

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

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Voluntary 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)	Last 4 digits of SSN	Relationship to employee	Percent share of proceeds *
1.			%
2.			%

Secondary (Contingent) beneficiary(ies)	Last 4 digits of SSN	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 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 LIFE		VOLUNTARY AD&D	
Age	Monthly cost per \$1,000 of coverage	Coverage	Monthly cost per \$1,000 of coverage
Under 30	\$ 0.06	Employee	\$ 0.05
30 – 34	\$ 0.09		
35 – 39	\$ 0.12		
40 – 44	\$ 0.17		
45 – 49	\$ 0.27		
50 – 54	\$ 0.46		
55 – 59	\$ 0.77		
60 – 64	\$ 1.24		
65 – 69	\$ 2.08		
70 +	\$ 3.46		

**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 Voluntary Life Enrollment Form.