

Sun Life Assurance Company of Canada

Optional Life Enrollment Form



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

Name of your employer Lubbock Independent School District	Policy number 64512	Benefit group or class All Full Time Employees	Your basic annual 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 \$5,000 and \$100,000, in increments of \$5,000 not to exceed 4x basic annual earnings. **Age Reductions:** All coverage amounts reduce to 65% at age 65. Benefits terminate at the earlier of age 70 or retirement. Benefits terminate at age 70 if you elect portability or to a maximum of 20 years, whichever comes first.

For your spouse: An amount between \$5,000 and \$50,000, in increments of \$5,000. Maximum spouse coverage is 50% of the employee's Optional Life coverage. **Age Reductions:** All coverage amounts reduce to 65% at age 65. Benefits terminate at age 70.

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

	Coverage amount selected	I decline coverage
Employee coverage:	_____	<input type="checkbox"/>
Spouse coverage**:	_____	<input type="checkbox"/>
Child(ren) coverage**:	_____	<input type="checkbox"/>

* Basic annual earnings do not include bonuses, commissions or overtime pay.

** Your spouse and children may only be covered if you are.

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 unless I elect portability of this coverage.
- 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 X	Date signed
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About Evidence of Insurability (also known as Proof of Good Health):

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage than the 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).
- You want to increase your coverage 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.

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%.

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.			

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.

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

You can find your monthly cost by adding up 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 move 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 \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Monthly cost per \$1,000 of coverage	
Under 30	\$ 0.055	Under 30	\$ 0.055		
30 - 34	\$ 0.075	30 - 34	\$ 0.075		
35 - 39	\$ 0.095	35 - 39	\$ 0.095		
40 - 44	\$ 0.150	40 - 44	\$ 0.150		
45 - 49	\$ 0.285	45 - 49	\$ 0.285		
50 - 54	\$ 0.475	50 - 54	\$ 0.475		
55 - 59	\$ 0.720	55 - 59	\$ 0.720		
60 - 64	\$ 1.070	60 - 64	\$ 1.070		
65 - 69	\$ 1.670	65 - 69	\$ 1.670	All eligible children	\$ 0.123

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.

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