

My Application Form – Employee

Optional Life Insurance and Optional AD&D Insurance



Return this completed application form to your Benefits Administrator.

Please use this form to apply for Employee Optional Life Insurance or to request a change in coverage.

If you have previously applied for Optional Life Insurance coverage through Sun Life but were declined, you are eligible to re-apply.

You will need to complete a health statement, unless you are:

- applying for coverage within 90 days of eligibility, or
- applying for an increase in coverage within 90 days of a life event. A life event includes marriage, birth of a child, or adoption of a child.

In this application, *you* and *your* refer to the person applying for insurance. *We, us, our* and the *Company* refer to Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Contract No.: **101798**

1 My information

First name		Middle initial	Last name		Date of birth (dd-mm-yyyy)	
Address (street number and name)			Apartment or suite	City	Province	Postal code
Plan Sponsor name University of Saskatchewan				Member ID	Location/Billing group	Class/Plan
Telephone (home)	Telephone (business)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker ¹	Email address		

Reason for application

- Member is also a spouse under the contract
- New applicant
- Life event (marriage, birth of a child or adoption of a child)
- Late applicant (enrolled after 90 days)
- Re-application (previously declined)
- Reduce coverage
- Terminate coverage
- Increased coverage

Effective date

(dd-mm-yyyy)

¹**Non-smoker** means that you have not used any tobacco products and/or e-cigarettes within the last 12 consecutive months.

2 My coverage

Remember, you can get up to \$500,000 of Optional Life coverage without answering any health questions at the time of application if you apply within 90 days of hire or benefits eligibility, or within 90 days of a life event change.

If medical evidence is not required, coverage is effective on the date specified on the application form.

If medical evidence is required, coverage will become effective on the date approved by Sun Life.

For employees on unpaid leaves, any new or increase in coverage will not take effect until the date the employee returns to work and coverage has been approved by Sun Life (if required).

Optional Life Insurance coverage amount²

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000
- \$350,000
- \$375,000
- \$400,000
- \$425,000
- \$450,000
- \$475,000
- \$500,000
- None (waived coverage)

Optional AD&D Insurance coverage amount³

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000
- \$350,000
- \$375,000
- \$400,000
- \$425,000
- \$450,000
- \$475,000
- \$500,000
- None (waived coverage)

²Coverage for Optional Life Insurance is available in units of \$25,000 up to a maximum of \$500,000. If you are applying after 90 days of benefits eligibility or life event date, please also complete a health statement form.

³Coverage or Optional AD&D Insurance is available in units of \$25,000 up to a maximum of \$500,000 without a health statement.

3 My beneficiary

If you are nominating a beneficiary who is a minor, please see section 5.

By completing this section I revoke all previously nominated Optional Life and Optional AD&D beneficiary nominations and make the following nomination where permitted by law.

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

First name	Middle initial	Last name	Relationship to plan member	Percentage %
First name	Middle initial	Last name	Relationship to plan member	Percentage %

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

4 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate. I revoke all previous contingent beneficiary appointments.

First name	Middle initial	Last name	Relationship to plan member	Percentage %
First name	Middle initial	Last name	Relationship to plan member	Percentage %

5 Trustee nomination for minor beneficiary

If you wish to designate minor children as your beneficiaries, a trustee must be designated.

Any payments becoming due while the beneficiary(s) are minor⁴, are made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the Company.

⁴A minor is a child who has not reached the age of majority as defined by provincial legislation.

6 Declaration and authorization

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims,
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me necessary for enrolment and for the purposes of continuing administration of the plan.

I understand that satisfactory proof of good health may be required for myself to become covered or to increase Optional Employee Life coverage.

I declare that the information provided in this application form is true and complete.

I understand that concealment, misrepresentation and false declaration concerning this information will cause the insurance to be void.

A photocopy or electronic version of this authorization is as valid as the original.

A photocopy or electronic version of this form is not valid for recording beneficiary nominations.

Your signature X	Date (dd-mm-yyyy) — —
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Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with us, our reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our privacy policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.