

Group benefits enrolment/change form



Instructions

- The Plan administrator completes Section 1.
- Complete all the remaining sections and return the form to your plan administrator.

1 Information to be completed by plan administrator

<input type="checkbox"/> Enrolment form (Complete all sections)	<input type="checkbox"/> Change form (Only complete the information that is changing and include the effective date of change)
<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Dependent Status
<input type="checkbox"/> Termination	<input type="checkbox"/> Salary/Wages
<input type="checkbox"/> Other (please specify) _____	

Contract number		Contract holder name	
<input type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyyy-mm-dd)	Plan member ID	Class/Plan
Effective date of coverage/change (yyyy-mm-dd)		Location/billing group number	Location/billing group name
Occupation	Salary \$	Basis <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly (Hrs./Wk. _____) <input type="checkbox"/> Other _____ (please specify)

2 Plan member details

Important: To be eligible for Extended Health Benefits under this plan, you must have coverage through your Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

Plan member's last name	Middle initial	First name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street number and name)			Apartment or suite
City		Province	Postal code
Date of birth (yyyy-mm-dd)	Language <input type="checkbox"/> English <input type="checkbox"/> French	Province of residence	Province of employment
Telephone number			
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Coverage selection <input type="checkbox"/> Single <input type="checkbox"/> Single parent <input type="checkbox"/> Family <input type="checkbox"/> Couple	
If you are a resident of BC, AB or MB please provide your Pharmacare number			
Email address (Makes signing into mysunlife.ca to manage your benefits & claims easy)			

3 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

I refuse coverage for myself and my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

I refuse coverage for my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

4 Spouse details

If you have a spouse, complete the following section.

Due to mandatory Dependent Life coverage, you must provide your spouse's name and date of birth.

IMPORTANT: A spouse must first claim from his/her own employer's plan.

To be eligible for Extended Health Benefits under this plan, your spouse must have coverage through their Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

*U (Update codes): A = Addition C = Change T = Termination		*U	Effective date (yyyy-mm-dd)
Spouse's last name	Spouse's first name	Gender	Date of birth (yyyy-mm-dd)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
If your spouse is a resident of BC, AB or MB, please provide their Pharmacare number			

Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

☐ No ☐ Yes If yes, please indicate spouse's coverage:

Extended Health Care ☐ Family ☐ Single

Dental Care ☐ Family ☐ Single

Name of benefits carrier: _____

5 Children details

If you have dependent children, complete the following section.

Due to mandatory Dependent Life coverage, you must provide children(s) name and date of birth.

IMPORTANT: Claims for covered children must be sent first to the plan of the parent whose birth date falls earlier in the year.

					Gender	Student*	Over-age disabled child**
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* A student, as defined by the terms of your benefits plan (e.g. age 21 or over but under age 25), is a child who is attending an educational institution recognized by Canada Revenue Agency as a full-time student. They must not be married or in any other formal union. They must be dependent on your financial support.

(For Quebec plan members, please check with your plan administrator for dependent student age limit.)

** To enrol an over-age disabled child, complete a Disabled Child Coverage form, and send it to us within 6 months of the date the dependent reaches the age limit.

6 Beneficiary nomination

IMPORTANT:

If you are nominating a beneficiary who is a minor under the age of 18, please see section entitled *Nomination of trustee for minor beneficiary*.

If you already designated an irrevocable beneficiary, the irrevocable beneficiary's consent is needed to:

- (a) replace the irrevocable beneficiary or
- (b) decrease the coverage amount or the percentage of benefits payable to the irrevocable beneficiary.

Please have the irrevocable beneficiary sign and date the *Consent by Beneficiary* form.

6 Beneficiary nomination (continued)

Beneficiary for your life benefits.

Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
The total allocation between your beneficiaries must total 100%				100%

In Quebec, if you name your legal spouse (married or civil union) as your beneficiary, your legal spouse will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

In all other instances, if you need to make a beneficiary permanent (e.g. a separation agreement or court order may require you to do so), write "irrevocable" beside their name.

If you name more than one beneficiary and one of them dies before you, their percentage will be split between the remaining beneficiaries. In Quebec, this is only true if your beneficiaries had equal shares.

If you do not nominate a beneficiary, life benefits will be paid to your estate.

7 Appointing contingent beneficiaries

If the beneficiaries listed above are deceased at the time of my death, the following beneficiaries will receive the Life benefits.

Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
The total allocation between your beneficiaries must total 100%				100%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

8 Beneficiary nomination

Beneficiary for **Optional Spouse life benefits**

Any Spouse Optional benefits are payable to me ☐ Yes ☐ No

Add a beneficiary below if you have Spouse Optional coverage and want to nominate someone other than yourself.

Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
Last name	First name	Date of birth (yyyy-mm-dd)	Relationship to member	Percentage %
The total allocation between your beneficiaries must total 100%				100%

9 Nomination of trustee for minor beneficiary (Not allowed in Quebec)

If your beneficiary is under the age of 18, a trustee must be named. If the beneficiary is still under 18 when you die, the life benefit will go to the trustee on behalf of the minor. Payment to the trustee will discharge Sun Life.

Last name	First name	Relationship to minor
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Note: In Quebec, any amount payable to a minor will be paid to the parent(s) or legal guardian on his/her behalf. Or you may choose to name the estate as beneficiary and provide a trustee with direction in your will.

10 Authorization and signature

IMPORTANT:

You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize Sun Life Assurance Company of Canada (Sun Life)*, its re-insurers and the plan sponsor to collect, use and disclose relevant info about me, my spouse and dependents necessary for:

- enrolment, payroll deductions and plan administration;
- underwriting coverage;
- adjudicating claims.

*Any reference to Sun Life, its reinsurers or the plan sponsor includes their agents and service providers.

I declare that the information above is accurate and true. Inaccurate information may invalidate a claim.

Where permitted by law, the beneficiaries named here replace all previous beneficiary nominations.

A photocopy or electronic version of this signed form is valid. The original is still required for beneficiary nominations.

Plan member signature X	Date (yyyy-mm-dd)
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Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).