Application for Portable Group Life Insurance

Sun Life Financial®

Please PRINT Clearly

Use this form to apply for Portable Basic Group Term Life and Accidental Death and Dismemberment (AD&D) insurance. Use this application for the following company:

■ Sun Life Assurance Company of Canada

Please complete sections 1 through 4, read the acknowledgment, and sign and date the form. Mail the completed form, a copy of your Portability Notice, and a check for the first premium to: **Sun Life Financial, Group Life Portability, SC 3015, One Sun Life Executive Park, Wellesley Hills, MA 02481**. Questions about Portability? Please call **1-800-247-6875**.

1 General Information

Rates will increase when you reach a new age band. See the Portability Kit or ask your employer for rates and age bands.

Information about the person being insured

Your name (first, middle initial, last) ☐ Male ☐ Female			Date of birth (m/d/y)
Residence address (street number & name, apartment or suite)	City	State	Zip
Social Security Number X X X X X	Work phone number	Home phone number	

Information about the qualifying group policy

Name of group policyholder (i.e. your employer or plan administrator)	Policy number

2 Coverage Amounts

See Section 3 of the Portability Notice for the amount of insurance you are eligible to apply for. You may elect to keep the current amount(s)* of Basic and/or Optional Life coverage you had with your prior employer, or elect a lower amount

You may apply for Accidental Death and Dismemberment (AD&D) only if your employer's plan includes this option.

You may apply for spouse and/or child(ren) coverage only if your employer's plan includes these options. Be sure to write in spouse/child name(s), Social Security number(s) and date(s) of birth. To apply for spouse and child, you must apply for portability for yourself.

* subject to a policy maximum of $500,000

Check one box and write in amount under each type of insurance

Employee Basic Life ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Employee Optional/Voluntary Life** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $
Employee Basic AD&D ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Employee Optional/Voluntary AD&D** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $
Spouse Basic Life ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Spouse Optional/Voluntary Life** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $
Spouse Basic AD&D ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Spouse Optional/Voluntary AD&D** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $
Child Basic Life ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Child Optional/Voluntary Life** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $
Child Basic AD&D ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $	**Child Optional/Voluntary AD&D** ☐ Elect to keep current amount ☐ Elect a lower amount — Amount elected $

Spouse name (First, M.I., Last)	Social Security number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)

Premium payment

Amount enclosed $	How would you prefer to pay premiums? ☐ Annually ☐ Semi-annually ☐ Quarterly

3 Health Questions

Please complete the questions at right. If you answer "yes" to any, please provide details in the comments section. If you need additional space, check here ☐ and attach a separate sheet.

	Employee	Spouse	Child
1. In the last 12 months, have you been refused life insurance?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
2. In the past five years, have you had, or been treated by a member of the medical profession for, any of the following?			
a) Cancer	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
b) Heart disease	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
c) AIDS	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
3. Have you been hospitalized in the last 3 years?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

4. Comments:

4 Beneficiary Designation

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.

Proceeds for the loss of a covered family member will be paid to you.

Under Secondary Beneficiaries, list the individuals who should receive proceeds only if ALL of your Primary Beneficiaries are not living at the time of your death.

On the lines below, list the individual(s) who you want to receive Portable Basic Group Term Life and Optional Group Term Life Insurance proceeds in the event of your death. You may specify as many individuals as you like, but the total shares must equal 100% for your Primary Beneficiaries and 100% for your Secondary Beneficiaries. If you need additional space, check here ☐ and attach a separate sheet.

Primary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number	Relationship to the person being insured	Percent share of proceeds
1.		(last four digits only)		%
2.		(last four digits only)		%

Total = 100%

Secondary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number	Relationship to the person being insured	Percent share of proceeds
1.		(last four digits only)		%
2.		(last four digits only)		%

Total = 100%

5 Acknowledgment and Signature

To begin processing of your portable coverage, Sun Life Assurance Company of Canada must receive this signed Application, any other required documentation, and your first premium payment within 31 days of your termination date.

You must read and sign to apply for coverage.

I/We understand and agree that: (1) The answers and statements in this Application will be the basis for and become part of any insurance certificate issued as a result of this Application. (2) The certificate issued will replace the coverage provided by the qualifying group policy indicated in Section 1 of this Application. (3) No insurance requested in this Application will be effective until Sun Life Assurance Company of Canada approves this Application. (4) I am not eligible for a Portability Certificate if I have left my employment due to retirement, sickness or injury. (5) A claim may be denied in accordance with the Incontestability provision of the Portability Certificate if the statements in this Application are not complete and true.

Fraud Warnings: Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

For California and New Hampshire the following notice applies: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Continued on next page

5 Acknowledgment and Signature continued

For Oregon the following notice applies: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

No insurance requested in this Application will become effective until Sun Life Assurance Company of Canada approves the Application, notifies you of its approval, and receives the first premium payment from you. If you submit the initial premium payment with the Application and Sun Life denies the Application, Sun Life will refund it. If your Application is approved, Sun Life will bill you for future premium payments.

Signature of employee X	Today's date
Signature of spouse (if also applying for coverage) X	Today's date