



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

RETIREE Sun Life Insurance

PLEASE USE BLUE OR BLACK INK ONLY

Effective Date _____

- New Enrollment Name Change/Former Name _____
 Open Enrollment Beneficiary Change / Update Address Change

Employee's Last Name	First Name, Middle Initial	Date of Birth	Social Security #
		- - -	- - -
Street/Mailing Address			City, State, Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	

Primary Beneficiary

Last Name,	First Name	M	DOB	Relationship	Social Security #
			/ / -		
Telephone Number			Email Address		
Street Address/Mailing Address				City	State Zip

Last Name,	First Name	M	DOB	Relationship	Social Security #
			/ / -		
Telephone Number			Email Address		
Street Address/Mailing Address				City	State Zip

Last Name,	First Name	M	DOB	Relationship	Social Security #
			/ / -		
Telephone Number			Email Address		
Street Address/Mailing Address				City	State Zip

Secondary Beneficiary

Last Name,	First Name	M	DOB	Relationship	Social Security #
			/ / -		
Telephone Number			Email Address		
Street Address/Mailing Address				City	State Zip

In order to be covered under the Life Insurance policy, I understand that I must be either actively at work, or a former eligible employee who retired under CalSTRS or CalPERS. If I am not actively at work when the group life insurance policy becomes effective, my coverage will commence on the date I return to active work. I will be required to submit a new enrollment application at that time. For additional information, refer to Sun Life Certificate of coverage.

MY SIGNATURE BELOW IS ACCEPTANCE OF THE POLICY TERMS. I UNDERSTAND THAT THIS FORM DOES NOT MODIFY ANYTHING ON MY ORIGINAL ENROLLMENT APPLICATION EXCEPT AS I HAVE INDICATED ON THIS FORM.

Employee's or Retiree's Signature

Date Signed