

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT **Sun Life Insurance**

PLEASE USE BLUE OR BLACK INK ONLY

| Effective Date | | | | | | | | |
|---|---------------------------------|--|--------------------------------|---------------------------|---|------------------|-------------|--|
| □ New Enrollment | □ Name (| Change/For | mer Name | | | | | |
| ☐ Open Enrollment | Beneficiary Change / Update | | | Address Change | | | | |
| Employee's Last Name | | First Name, Middle Initial | | | Date of Birth | | I Security# | |
| | | | | _ | - | | _ | |
| Street/Mailing Address City, State | | | , Zip | | | Hi | re Date | |
| | | | | 1 1 | | | 1 | |
| Male Female | Non-Certificated Voluntary Life | | | Management Life Insurance | | | | |
| Single Married | Accept Decline | | | UPE, CONF, UNREP MGMT | | | | |
| | At employee cost | At employee cost, \$7.92 per month | | | \$125,000 Automatic enrollment unless a voluntary | | | |
| Widowed Divorced | | Max \$15,000.00 Available upon hire or | | | waiver is requested | | | |
| | elect or delete durin | r delete during Open Enrollment | | | | | | |
| Primary Beneficiary | | | | | | | | |
| | First Name M | DOB | Relation | onship | So | Social Security# | | |
| | | , , | | | | | | |
| Telephone Number | | 1 ' ' | Email Addr | ess | | | | |
| Street Address/Mailing A | City | | | State | Zip | | | |
| | | | | , | | | , | |
| Last Name, F | First Name M | DOB | Relatio | onship | I So | cial Secu | ıritv# | |
| | iiotriaine ivi | | T tolation on p | | - 00 | <u>ciai occi</u> | arity ir | |
| Telephone Number | | / / | <u> </u> Emai l Addr | ess | | | | |
| • | | City State Zip | | | | | | |
| Street Address/Mailing A | udress | | | City | | State | Ζiþ | |
| | | | | | To | | | |
| Last Name, F | First Name M | DOB | Relationship | | Social Sec | urity# | | |
| | | 1 1 | | | | | | |
| Telephone Number | Email Address | | | | | | | |
| Street Address/Mailing Address | | | City | | | State | Zip | |
| | | | | | | | | |
| Secondary Beneficiary | | D O D | | | T 0 | | ., ,, | |
| Last Name, F | First Name M | DOB | Relatio | onship | 50 | cial Secı | urity# | |
| | | 1 1 | | | | | | |
| Telephone Number | | | Email Addr | | | | | |
| Street Address/Mailing A | ddress | | | 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 | | |