



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Sun Life Insurance

PLEASE USE BLUE OR BLACK INK ONLY

Effective Date \_\_\_\_\_

- Enrollment and beneficiary change options: New Enrollment, Open Enrollment, Name Change/Former Name, Beneficiary Change / Update, Address Change

Main employee information form including fields for Last Name, First Name, Middle Initial, Date of Birth, Social Security #, Street/Mailing Address, City, State, Zip, Hire Date, and insurance options (UPE, CONF, UNREP MGMT \$125,000).

Primary Beneficiary

Primary Beneficiary information form (first instance) with fields for Last Name, First Name, M, DOB, Relationship, Social Security #, Telephone Number, Email Address, and Street Address/Mailing Address.

Primary Beneficiary information form (second instance) with fields for Last Name, First Name, M, DOB, Relationship, Social Security #, Telephone Number, Email Address, and Street Address/Mailing Address.

Primary Beneficiary information form (third instance) with fields for Last Name, First Name, M, DOB, Relationship, Social Security #, Telephone Number, Email Address, and Street Address/Mailing Address.

Secondary Beneficiary

Secondary Beneficiary information form with fields for Last Name, First Name, M, DOB, Relationship, Social Security #, Telephone Number, Email Address, and Street Address/Mailing Address.

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 \_\_\_\_\_