

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT RETIREE Sun Life Insurance PLEASE USE BLUE OR BLACK INK ONLY

Effective Date						-"		
☐ New Enrollment	Г	J Name (hange/For	mar Nama				
Open Enrollment	☐ Name Change/Former☐ Beneficiary Change / U							
Employee's Last Name	First Name, Middle Initi				Date of Birth		Social Security #	
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Female	Single		Married		Widowed		Divorced	
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Primary Beneficiary								
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Secondary Beneficiary								
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T. I. I. I. I.								
Telephone Number				Email Addr				
Street Address/Mailing A	Address				City		State	Zip
In order to be covered under the	ne Life Insurance	policy, I ur	nderstand that	I must be eith	er actively a	t work, or a forr	mer 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.								
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MY SIGNATURE BELOW IS ACCEPTANCE OF THE POLICY TERMS. I UNDERSTAND THAT THIS FORM DOES NOT								
MODIFY ANYTHING ON M	1Y ORIGINAL E	ENROLLM	ENT APPLIC	CATION EXC	EPT AS I I	HAVE INDICA	TED ON	THIS FORM.
Employee's or Retiree's	Signature					_	Dat	e Signed