



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Sun Life Certificated 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	Hire Date
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>

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 #
Phone Number		Email Address			
Street Address/Mailing Address			City	State	Zip

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

Secondary Beneficiary

Last Name,	First Name	M	DOB	Relationship	Social Security #
Phone 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

4 Beneficiary wording alternatives

Proposed Beneficiary(ies)	Suggested Wording
1. Estate	Estate
2. One beneficiary	Martha Doe, wife
3. More than one beneficiary in equal shares	Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them, in equal shares.
4. Two beneficiaries, in succession	Primary: Martha Doe, wife; Secondary: Richard Doe, son. <i>(Richard will only receive proceeds if Martha Doe is not living at the time of the employee's death.)</i>
5. One beneficiary followed by two beneficiaries in equal shares	Primary: Martha Doe, wife; Secondary: Jane Doe and Mary Doe, children in equal shares, or the survivor of them. <i>(Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)</i>
6. More than one Beneficiary in equal shares per descendent order	Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares.
7. One or more minor children	John Smith, as custodian for Jane Doe, a minor, under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of maturity.
8. To a church or non-profit organization	Name and address of the beneficiary organization.
9. Beneficiaries shown in percentages	John Smith, brother - 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate.
10. Trust under Last Will and Testament	Proceeds to be paid to the Trustee under my Last Will and Testament.
11. Existing Trust	Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001.

Please Note: You cannot name your employer as a beneficiary for Group Life Insurance proceeds under the Group Policy.

Dependent Life Insurance benefits are payable to the employee, or the employee's estate if the employee does not survive the dependent.

Sun Life Assurance Company of Canada is not a tax or legal advisor and the above information is provided as general information only. Before making beneficiary designations, you may want to consult with your tax or legal advisor.

Contact us

www.sunlife.com/us

Customer Service 800-247-6875 M-F 8:00 a.m. – 8:00 p.m., ET

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