Group benefits enrolment form with Modular plans

Sun Life

Instructions
- The Plan administrator completes Section 1.
- Complete all the remaining sections and return the form to your plan administrator.

Clear

1 Information to be completed by plan administrator

Contract number	Contract holder name		
☐ New plan member ☐ Re-hire	Date of hire/re-hire (yyyy-mm-dd)	Plan member ID	Class/Plan
Effective date of coverage (yyyy-mm-dd)	Location/billing group number	Location/billing group name	
Occupation	Salary $	Basis ☐ Annual ☐ Monthly ☐ Bi-weekly ☐ Semi-monthly ☐ Weekly ☐ Hourly (Hrs./Wk.) ☐ Other (please specify)	

2 Plan member details

Important: To be eligible for Extended Health Benefits under this plan, you must have coverage through your Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

Plan member's last name	Middle initial	First name	Gender ☐ Male ☐ Female
Address (street number and name)			Apartment or suite
City		Province	Postal code
Date of birth (yyyy-mm-dd)	Language ☐ English ☐ French	Province of residence	Province of employment / Telephone number
Marital status ☐ Single ☐ Married ☐ Common Law ☐ Civil Union ☐ Divorced ☐ Separated ☐ Widowed			Coverage selection ☐ Single ☐ Single parent ☐ Family ☐ Couple
If you are a resident of BC, AB or MB please provide your Pharmacare number			
Email address (Makes signing into *mysunlife.ca* to manage your benefits & claims easy)			

3 Modular option

Please indicate chosen module

4 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

I refuse coverage for myself and my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

I refuse coverage for my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

5 Banking details

If you wish to have your Extended Health Care and/or Dental Care benefit payments deposited directly into your bank account, attach a void cheque, direct deposit form or bank verification statement.

If you do not have a chequing account, you must provide a direct deposit form or bank verification statement from your bank branch. This form must be provided by your bank, trust company, caisse populaire or credit union in Canada, and be signed and stamped by a banking representative. If your bank provides an online direct deposit form, pre-populated with your banking information, this can also be submitted. These forms must contain your name, the Bank Number, your Branch Number and Account Number to facilitate your benefit payment being deposited directly into your account.

Please attach a void cheque, direct deposit form or bank verification statement

6 Spouse details

If you have a spouse, complete the following section.

IMPORTANT: A spouse must first claim from his/her own employer's plan.

To be eligible for Extended Health Benefits under this plan, your spouse must have coverage through their Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

Spouse's last name	Spouse's first name	Gender ☐ Male ☐ Female	Date of birth (yyyy-mm-dd)
If your spouse is a resident of BC, AB or MB, please provide their Pharmacare number			

Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

☐ No ☐ Yes If *yes*, please indicate spouse's coverage:

Extended Health Care ☐ Family ☐ Single

Dental Care ☐ Family ☐ Single

Name of benefits carrier: _____

7 Children details

If you have dependent children, complete the following section.

Due to mandatory Dependent Life coverage, you must provide children(s) name and date of birth.

IMPORTANT: Claims for covered children must be sent first to the plan of the parent whose birth date falls earlier in the year.

					Gender	Student*	Over-age disabled child**
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
*U	Effective date (yyyy-mm-dd)	Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No

* A student, as defined by the terms of your benefits plan (e.g. age 21 or over but under age 25), is a child who is attending an educational institution recognized by Canada Revenue Agency as a full-time student. They must not be married or in any other formal union. They must be dependent on your financial support.

(For Quebec plan members, please check with your plan administrator for dependent student age limit.)

** To enrol an over-age disabled child, complete a Disabled Child Coverage form, and send it to us within 6 months of the date the dependent reaches the age limit.

8 Beneficiary nomination

IMPORTANT:

Note: If you previously designated an irrevocable beneficiary, then the irrevocable beneficiary's consent is required for you to either: (a) replace the irrevocable beneficiary or (b) change the coverage amount or the percentage of benefits payable to the irrevocable beneficiary, resulting in a decreased allocation to the irrevocable beneficiary. Please have the irrevocable beneficiary complete and sign the Irrevocable beneficiary section below (section 8).

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

If you are nominating a beneficiary who is a minor, please see section entitled *Nomination of trustee for minor beneficiary other than Quebec residents*.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

Beneficiary for **Employee BASIC Life** and **Accidental Death Benefits (if applicable)**

Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

9 Irrevocable beneficiary consent (if applicable)

Only complete this section if you are an irrevocable beneficiary. If you were named as an irrevocable beneficiary, then the plan member requires your consent to: (a) replace you as beneficiary or (b) change the percentage of benefit payable to you upon the member's death.

Irrevocable beneficiary

Last name	First name

By signing below, I consent to the change of beneficiary as set out in this form. I hereby declare that I am of legal age.

Signature of beneficiary	Date signed (yyyy-mm-dd)
X	

10 Appointing contingent beneficiaries

If the beneficiaries listed in the beneficiary nomination section above are deceased at the time of my death, the following beneficiaries will receive the proceeds of my Basic and Optional (if applicable) benefits for which I have coverage.

Last name	First name	Relationship to plan member	Percentage
			%
Last name	First name	Relationship to plan member	Percentage
			%
Last name	First name	Relationship to plan member	Percentage
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ **Revocable beneficiary**

11 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children under the age of 18 as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) is a minor under the age of 18 are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.

12 Authorization and signature

IMPORTANT:

You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize Sun Life Assurance Company of Canada (Sun Life)*, its re-insurers and the plan sponsor to collect, use and disclose relevant info about me, my spouse and dependents necessary for:

- enrolment, payroll deductions and plan administration;
- underwriting coverage;
- adjudicating claims.

*Any reference to Sun Life, its reinsurers or the plan sponsor includes their agents and service providers.

I declare that the information above is accurate and true. Inaccurate information may invalidate a claim.

Where permitted by law, the beneficiaries named here replace all previous beneficiary nominations.

A photocopy or electronic version of this signed form is valid. The original is still required for beneficiary nominations.

Plan member signature	Date (yyyy-mm-dd)
X	

Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *www.sunlife.ca/privacy*.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).