Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481

Group Enrollment form

☒ Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

Employer use (check one): ☐ New employee ☐ Change

1 General information

Employer name	Account/policy number	Location
Carroll County Memorial Hospital	936451	

2 Employee information

Employee's Full Legal Name (First, MI, Last)	☐ Male ☐ Female	Date of Birth

Street Address	City	State	Zip Code

Occupation	Eligibility class (if applicable)	Social Security number	Phone number

Date employed: ☐ Full-Time Date: ☐ Return from layoff Date:
☐ Part-Time Date: ☐ Rehire

Current Active Employment Type	Earnings $
_____ # of hours ☐ Full-Time ☐ Part-Time	☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Other: _____

3 Dependent information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, MI, Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse / partner					
Children					

4 Benefit elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies and service providers above and sign it. This must be done either during the enrollment period or within days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
☐	☐	Cancer:

☐ Level 1 / Low plan ☐ Level 2 / High plan

☐ Employee ☐ Employee + Spouse/partner

☐ Employee + Child(ren) ☐ Employee + Family

Have you used tobacco in any form in the past 12 months? ..... ☐ Yes ☐ No

6 Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Cancer insurance, Evidence of Insurability will be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Cancer benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada.
- Coverages include benefit waiting periods, limitations, and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X _____ _____

Employee Signature Today's Date

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Contact us

By mail
Sun Life Financial
One Sun Life Executive Park
Wellesley Hills, MA 02481

www.sunlife.com/us

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

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