Sun Life Insurance and Annuity Company of New York
Group Enrollment Form – Basic Life Insurance

Sun Life Financial℠
Sun Life Insurance and Annuity Company of New York

You must complete, sign and date this form to enroll in the **Basic Life** insurance plan. This benefit is paid by your employer.

Employer Name	Policy Number	Current Active Employment Type ☐ Full Time ☐ Part Time	Occupation (Title)

Employee's Full Legal Name (First, MI, Last) ☐ Male ☐ Female	Date of Birth	Social Security Number	Marital Status

Street Address	City	State	Zip Code	Date of Employment/ Rehire

Primary Beneficiary Designation (For Life Insurance only) — On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary.

Name of Primary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1				%
2				%

Secondary Beneficiary Designation (For Life Insurance only) — On the lines below, list the individual(s) who should receive proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. They are not paid if anyone listed above is alive when you die. Attach additional pages if needed.

Name of Secondary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1				%
2				%

* The total within each class (Primary and Secondary) must equal 100%

Note: Medical Evidence of Insurability will be required for any employee who applies for coverage more than 31 days past his/her eligibility date and later requests to be covered.

By signing below, you are verifying that the information you have provided is true and correct, and that you have read and understand the fraud warning.

X _____ _____

Employee Signature Date

Employees: Make a copy of of this form for your records before submitting it to your employer.
Employers: This original enrollment form should remain at the employer's site. Family status, coverage or beneficiary changes should be recorded on another enrollment form.