Sun Life Financial®

Sun Life and Health Insurance Company (U.S.)*
175 Addison Road, PO Box 725
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www.sunlife-usa.com
Attention: Premium Administration

EMPLOYEE CHANGE FORM

USE THIS FORM TO REPORT ADDITIONS/CHANGES/TERMINATIONS

FAX NUMBER: 1-800-880-2357 **FROM:**

NAME OF FIRM: **FIRM'S STATE:** **ACCT NO:** **E-MAIL ADDRESS:**

ADDITIONS PLEASE NOTE: If medical coverage is elected this form cannot be used, please complete and submit an enrollment card. In case of late applicants, Evidence of Insurability and/or Dental Late Entrant Penalties will apply.

SUB NO.*	Employee Name Last, First, Middle Initial	Social Security	Sex M/F	Date of Birth	Hours worked	Date of Hire	Effective Date of Coverage	Return From Layoff/Leave	Basic Annual Earnings	Occupation	Class Code					
											Life AD&D	Dep. Life AD&D	Dental S/D/O/F**	WI	LTD	Supp Life AD&D

SALARY UPDATES, CLASS AND NAME CHANGES PLEASE NOTE: In case of late applicants, Evidence of Insurability and/or Dental Late Entrant Penalties will apply.

SUB NO.*	Employee Name Last, First, Middle Initial	Social Security	Sex M/F	Date of Birth	Date of Change	New Basic Annual Earnings	Class Change			Name Change	
							Coverage(s)	From	To	New Name	Reason

TERMINATIONS

SUB NO.*	Employee Name Last, First, Middle Initial	Social Security	Sex M/F	Date of Birth	Date Last Day Actively Employed	Reason	Election of Continuance – Yes or No If Yes – Send Form

Additions and changes may be subject to evidence of insurability, such as in the case of late applicants and class changes in which additional amounts of insurance are requested.

*This column is to be used for any sub account numbers your firm may have. (ie. Account number 123-4567-00, 01, 02)

** S=employee, D=employee + spouse, O=employee + <4 children, F=family

ADMINISTRATOR'S NAME AND/OR SIGNATURE:_____ **TITLE:** _____ **DATE:** _____

*Formerly known as Genworth Life and Health Insurance Company. Sun Life and Health Insurance Company (U.S.) is a member of the Sun Life Financial group of companies.