

As a new employee, you have the opportunity to apply for up to \$30,000 optional life with no medical required.
You have 30 days from the date you become eligible to apply.

1. Employee information			
Employee name	(First) (Middle) (Last)	Member ID	
Location/Billing group		Benefit effective date (MM/DD/YYYY)	
DOB (MM/DD/YYYY)		Hire date (MM/DD/YYYY)	
Class/Plan		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Smoker <input type="checkbox"/> Non-smoker ¹ <input type="checkbox"/>	¹ Non-smoker means that you have not used any tobacco products within the last 12 consecutive months.		

2. Coverage selection	
How much Optional Life Insurance coverage are you applying for at this time? ²	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000

Coverage is available between \$10,000 and \$30,000 in units of \$10,000. If you would like coverage above \$30,000, please contact your plan administrator.
²One can get up to \$30,000 of coverage without answering any health questions. Check off applicable amount requested.

3. Beneficiary information			
<p>A revocable notification can be changed at any time without the beneficiary's consent. If your current beneficiary notification is irrevocable, your current beneficiary must agree to revoke their rights by completing a consent by beneficiary form. If you are nominating a beneficiary who is a minor, please see section 5.</p> <p>By completing this section I revoke all previously nominated optional life beneficiary nominations and make the following nomination where permitted by law.</p>			
(First name)	(Middle name)	(Last name)	(Relationship to plan member)
(First name)	(Middle name)	(Last name)	(Relationship to plan member)
(First name)	(Middle name)	(Last name)	(Relationship to plan member)

Note: Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here: Revocable.

4. Appointing contingent beneficiaries			
<p>If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.</p> <p>If there are no surviving beneficiaries at the time of death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. I revoke all previous contingent beneficiary appointments.</p>			
(First name)	(Middle name)	(Last name)	(Relationship to plan member)
(First name)	(Middle name)	(Last name)	(Relationship to plan member)
(First name)	(Middle name)	(Last name)	(Relationship to plan member)

5. Trustee nomination for minor beneficiary

If you wish to designate minor children as your beneficiaries, a trustee must be designated.

Any payments becoming due while the beneficiary(s) are minor³, are made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the company.

³A minor is a child who has not reached the age of majority as defined by provincial legislation.

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

6. Declaration and authorization

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its re-insurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims.
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required.
- Sun Life Assurance Company of Canada, its agents and service providers and my plan sponsor and its agents to collect, use and disclose information about me necessary for enrolment and for the purposes of continuing administration of the plan.

I understand that satisfactory proof of good health will be required for myself or my spouse to increase Optional Employee Life or Optional Spouse Life coverage. I declare that the information provided in this enrolment form is true and complete.

A photocopy or electronic version of this authorization is as valid as the original. A photocopy or electronic version of this form is not valid for recording beneficiary nominations.

Employee name			
	(First)	(Middle)	(Last)
Signature	X	Date (MM/DD/YYYY)	

7. Submission instructions

Employee: Complete the form in ink, sign and date the form and return it to your plan administrator for handling.

Plan Administrator: Please submit the form to benefits@abmunis.ca.