

*Group Life Continuation
Employee Kit*

Life Insurance

Options



*Solutions for employees
making a career transition*

Sun 
Life Financial®

How to take your life insurance benefits with you

Did you know that you may be eligible to continue your Group Life and Accidental Death and Dismemberment (AD&D) coverage with you when you leave your job? It's called Continuation, and it does just that – continues your benefits when you transition from one career to another. For most policies, you can keep your continued coverage until age 70 (please check your Group insurance booklet or certificate, or talk with your Benefits Administrator). You may be eligible to continue:

- Basic Life
- Basic AD&D
- Optional or Voluntary Dependent Life
- Basic Dependent Life
- Optional or Voluntary Life
- Optional AD&D

The most important thing to remember is that you have a limited time to act. For most policies, the deadline is **31 days after the date of your employment termination**. However, some policies may have a later application deadline. Please check your Group insurance booklet or certificate, or check with your Benefits Administrator to determine whether you can apply and your deadline to submit your Enrollment Form and first premium payment.

I am eligible for Continuation coverage. Now what?

Your employer will give you two forms:

- 1. Continuation Notice** Your employer completes this form, but you need to mail it to Sun Life Financial with your Enrollment Form and payment. This form shows you how much coverage you may enroll for.
- 2. Enrollment Form** This is for you to complete and mail to Sun Life Financial. We have three tools to help you decide whether to keep the same coverage or decrease* the amount you had with your employer: the Continuation Notice explained above, and the Worksheet and Rate Schedule to the right.

Calculating your costs

Before you begin, there are three very important points to keep in mind:**

- **AD&D** If you had AD&D insurance coverage in addition to Life insurance coverage, the amount of continued coverage you choose will automatically include an equal amount of AD&D. So do not add AD&D to the amount of Life coverage you choose.
- **Dependent coverage** The premium for children is based on the cost of Group Life coverage for one child, regardless of how many children you have. Therefore, all of your children will have the same amount of Group Life coverage.
- **Basic and Optional Life** If you are continuing both Basic Life and Optional Life, be sure to total the two amounts. For example, if you were covered for \$50,000 of Basic Life and \$200,000 of Optional Life, the amount of coverage should be \$250,000.

* You are allowed to apply for continued coverage up to the amount in force prior to termination, and up to a maximum of \$500,000 for most policies. Please check your Group insurance booklet or certificate, or ask your Benefits Administrator.

** Note: Your continued Group Life plan provides Life and AD&D insurance only. It does not include additional provisions like Waiver of Premium if you become disabled, provide a payment of 75% of your benefits during your lifetime if you become terminally ill (i.e., "accelerated benefits"), or allow you to apply for an increase in coverage.

EXAMPLE WORKSHEET: Calculating Your Costs				
	Step 1 Coverage Amount	Step 2 Units	Step 3 Rates	Step 4 Cost per Month
Employee only, age 40, Life coverage only	\$100,000	100	\$0.26	\$26.00
Step 5 Total Cost per Month				\$26.00

Example

This example is based on Employee, Life Only, age 40.

Step 1 Coverage amount Enter the amount of coverage for you, your spouse, and child(ren). Do not add AD&D amount (if applicable).*

Step 2 Units Divide Step 1 by 1,000 ($\$100,000 \div 1,000 = 100$).

Step 3 Rate Use the rates provided to you by your employer. Now refer to your Continuation Notice. If your employer checked "Life Only" in section 3 of the Continuation Notice, find the Life-Only rate for your age. If your employer checked "Life + AD&D" in section 3 of the Notice, find the Life + AD&D rate.

Enter the rate for your age, your spouse's age, and/or the child in step 3. For example, an employee who is age 40 and enrolling for Life Only would enter \$0.26.

Step 4 Cost per month Multiply step 2 by step 3 ($100 \times 0.26 = \$26.00$).

Step 5 Total Add the cost for employee, spouse, and child(ren) together.

Your Turn

YOUR WORKSHEET: Calculating Your Costs				
	Step 1 Coverage Amount	Step 2 Units	Step 3 Rates	Step 4 Cost per Month
Employee (self)				
Spouse (if eligible)				
Child(ren) (if eligible)				
Step 5 Total Cost per Month				

Step 6 Premium payment You determine your payment plan. Select one:

Annually	Multiply the total cost per month by 12. Check the "annually" box in section 2 of the application. In the example: $\$26.00 \times 12 = \$312.00/\text{year}$
Semi-annually	Multiply the total cost per month by 6. Check the "semi-annually" box in section 2 of the application. In the example: $\$26.00 \times 6 = \156.00 , paid twice per year
Quarterly	Multiply the total cost per month by 3. Check the "quarterly" box in section 2 of the application. In the example: $\$26.00 \times 3 = \78.00 , paid four times per year

Putting it all together for Sun Life Financial

Make out a check for your first premium, payable to Sun Life Assurance Company of Canada. Mail your Continuation Notice, application and check to:

Sun Life Assurance Company of Canada
Group Life Continuation, SC 4375
One Sun Life Executive Park
Wellesley Hills, MA 02481

Upon approval, you will receive a Certificate of Insurance illustrating all the benefits, terms, and conditions of your continued coverage.

Introducing Crosby Benefit Systems, Inc.

After you make your first payment, our designated administrator, Crosby Benefit Systems, will bill you for all future payments. You will receive correspondence and a payment coupon booklet from Crosby, and you can contact Crosby with any billing questions at 1-800-462-2235.

Note If your continued coverage lapses due to not paying the premium, you will not be eligible to reinstate your continued coverage, or apply for Conversion (see details below).

I am not eligible for Continuation coverage. Now what?

There are a few reasons why you may be ineligible to apply for Continuation coverage, including the following:

- You were not insured for Basic or Optional Life before your termination date.
- You are age 65+ (age 70 for some policies).
- Your employer's Group policy does not include Continuation.
- You remain in employment with your employer but not at full-time status.
- Your work hours have been reduced below the minimum hours required for eligibility under your employer's Group policy.
- Your insurance is being continued under the Waiver of Premium provision.

If you are ineligible, or if you prefer more permanent coverage, you can apply for Group Life Conversion. Conversion allows you to purchase an Individual Life insurance policy from Sun Life Assurance Company of Canada. You can also apply for Conversion for any amount of Group Life insurance you had with your previous employer in excess of the \$500,000 Continuation maximum.

Talk with your Benefits Administrator about applying for Conversion. You should receive a Conversion Notice, application and kit.

Questions?

Call 1-800-247-6875

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 93P-LH, 98P-ADD, TDBPOLICY-2006, 02-SL, 07-SL, and 01C-LH-PT in all states except New York.

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Sun Life Assurance Company of Canada

Continuation Notice



- Employer Instructions:
- Please complete sections 1 through 4 of this form.
 - Inform the employee that he/she has 31 days from the date of termination to enroll for Continuation. (Some policies may be longer. Check your group insurance booklet/certificate.)
 - Provide the employee with:
 - This completed form
 - Continuation Enrollment form (Order # varies by state)

1 Employer Information

Questions about Continuation? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder		Group policy number	
Name of person completing this form (Employer administrative contact)	Title	Phone number	

2 Employee Information

To be completed by the employer.

Employee name (first, middle initial, last)			Class
Date of birth	Social Security number XXX-XX-____	Basic Annual Salary	Date last worked
Date of termination (m/d/y)		Date optional coverage terminates (if different)	

- Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information (fill out current amount of coverage)

To be completed by the employer.

Select the appropriate coverage information, according to the group insurance booklet/certificate and/or Optional benefit. Fill in current amount of coverage

<input type="checkbox"/> Employee Basic Life \$ _____	<input type="checkbox"/> Employee Optional / Voluntary Life \$ _____
<input type="checkbox"/> Employee Basic AD&D \$ _____	<input type="checkbox"/> Employee Optional / Voluntary AD&D \$ _____
<input type="checkbox"/> Spouse Basic Life \$ _____	<input type="checkbox"/> Spouse Optional / Voluntary Life \$ _____
<input type="checkbox"/> Spouse Basic AD&D \$ _____	<input type="checkbox"/> Spouse Optional / Voluntary AD&D \$ _____
<input type="checkbox"/> Child Basic Life \$ _____	<input type="checkbox"/> Child Optional / Voluntary Life \$ _____
<input type="checkbox"/> Child Basic AD&D \$ _____	<input type="checkbox"/> Child Optional / Voluntary AD&D \$ _____

4 Signature

Signature of person completing this form (Employer administrative contact) X	Today's date
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Enrollment Form for Continuation Group Life Insurance



Please PRINT Clearly

Use this form to enroll for Continuation Basic Group Term Life and Accidental Death and Dismemberment (AD&D) insurance. Use this Enrollment Form for the following company:

■ Sun Life Assurance Company of Canada

Please complete sections 1 through 4, read the acknowledgment, and sign and date the form. Mail the completed form, a copy of your Continuation Notice, and a check for the first premium to: **Sun Life Financial, Group Life Continuation, SC 4375, One Sun Life Executive Park, Wellesley Hills, MA 02481.** Questions about Continuation? Please call 1-800-247-6875.

1 General Information

Rates may increase when you reach a new age band. Ask your employer for rates and applicable age bands.

Information about the person being insured

Your name (first, middle initial, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (m/d/y)	
Residence address (street number & name, apartment or suite)			City	State	Zip Code
Social Security Number	Work phone number		Home phone number		
X X X X X					

Information about the qualifying group policy

Name of group policyholder (i.e. your employer or plan administrator)	Policy number

2 Coverage Amounts

See Section 3 of the Continuation Notice for the amount of insurance you are eligible to apply for. You may elect to keep the current amount(s)* of Basic and/or Optional Life coverage you had with your prior employer, or elect a lower amount. To elect Optional Life, you must also select Basic Life.

You may enroll for Accidental Death and Dismemberment (AD&D) only if your employer's plan includes this option and you were participating prior to your termination.

You may enroll for spouse and/or child(ren) coverage only if your employer's plan includes these options. Be sure to write in spouse/child name(s), Social Security number(s) and date(s) of birth. To enroll for spouse and child, you must apply for continuation for yourself.

Check one box and write in amount under each type of insurance

Employee Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Employee Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$
Employee Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Employee Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$
Spouse Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Spouse Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$
Spouse Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Spouse Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$
Child Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Child Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$
Child Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$	Child Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount	Amount elected \$

Spouse name (First, M.I., Last)	Social Security number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)

Premium payment

Amount enclosed \$	How would you prefer to pay premiums? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly
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* subject to a policy maximum of \$500,000

3 Beneficiary Designation

If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

Proceeds for the loss of a covered family member will be paid to you.

Under Secondary Beneficiaries, list the individuals who should receive proceeds only if ALL of your Primary Beneficiaries are not living at the time of your death.

On the lines below, list the individual(s) who you want to receive Continuation Basic Group Term Life and Optional Group Term Life Insurance proceeds in the event of your death. You may specify as many individuals as you like, but the total shares must equal 100% for your Primary Beneficiaries and 100% for your Secondary Beneficiaries. If you need additional space, check here and attach a separate sheet.

Primary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number (last four digits only)	Relationship to the person being insured	Percent share of proceeds
1.				%
2.				%

Total = 100%

Secondary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number (last four digits only)	Relationship to the person being insured	Percent share of proceeds
1.				%
2.				%

Total = 100%

4 Acknowledgment and Signature

To begin processing your continuation coverage, Sun Life Assurance Company of Canada must receive this signed Enrollment form, any other required documentation, and your first premium payment within 31 days of your termination date.

You must read and sign to apply for coverage.

I/We understand and agree that: (1) The answers and statements in this Application will be the basis for and become part of any insurance certificate issued as a result of this Application. (2) The certificate issued will replace the coverage provided by the qualifying group policy indicated in Section 1 of this Application. (3) No insurance requested in this Application will be effective until Sun Life Assurance Company of Canada approves this Application. (4) I am not eligible for a Portability Certificate if I have left my employment due to retirement, sickness or injury. (5) A claim may be denied in accordance with the Incontestability provision of the Portability Certificate if the statements in this Application are not complete and true.

Fraud Warnings: Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

Fraud Warning (except as specified below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Continued on next page

For Vermont the following notice applies: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

No insurance requested in this Enrollment form will become effective until Sun Life Assurance Company of Canada approves the enrollment, notifies you of its approval, and receives the first premium payment from you. Your initial premium payment must be made to your employer within 31 days. If Sun Life denies the enrollment, your premium will be refunded. If your enrollment is approved, your employer will bill you for future premium payments.

Signature of employee X	Today's date
Signature of spouse (if also applying for coverage) X	Today's date