

# Sun Life Insurance and Annuity Company of New York

60 East 42<sup>nd</sup> Street, Suite 3100, New York, NY 10165

## Optional Life Enrollment Form



**This form should be returned to the Yeshiva University Benefits Office, Belfer Building, Room 1203, 1300 Morris Park Avenue, Bronx NY 10461. You may also fax this form to 718-430-3736.**

### 1 Employer, Employee and Dependent Information (Please print clearly)

Name of your employer Yeshiva University	Policy number 811699	Benefit group or class All Eligible Employees	Your basic annual earnings \$		
Your full legal name (first, middle initial, last)	Social Security Number 	Date of birth	Date of hire	Your occupation	
Your spouse's name (first, middle initial, last)**	Social Security Number 	Date of birth	Date of marriage		
Name(s) of child(ren) to be covered (attach additional pages if needed)**			Date(s) of birth		

**Basic Life Insurance:** The University provides all employees with Basic Life insurance at no cost. The amount of basic life insurance varies by employment classification. All eligible employees have the option to purchase additional life insurance for themselves, their spouses and dependent children.

### 2 Benefit Elections (Make your benefit elections below based on the coverage options described here)

**Employee Supplemental Life Insurance:** You may elect one of the following 9 benefit options:

- |                         |                          |                           |
|-------------------------|--------------------------|---------------------------|
| Option 1: Flat \$10,000 | Option 4: Flat \$75,000  | Option 7: Flat \$300,000* |
| Option 2: Flat \$20,000 | Option 5: Flat \$125,000 | Option 8: Flat \$400,000* |
| Option 3: Flat \$40,000 | Option 6: Flat \$200,000 | Option 9: Flat \$500,000* |

*\*Optional life insurance amounts which require evidence of insurability (also known as Proof of Good Health). If you elect one of these optional amounts, you will automatically be enrolled for the amount that is available with no evidence of insurability (\$200,000 if you are under age 70, \$40,000 if you are between age 70-79, and \$10,000 if you are age 80 or older.) Any amounts elected above these amounts will be subject to evidence of insurability and will not be in effect until your application has been approved by Sun Life. You will receive the Evidence of Insurability form from the Benefits Office once you return this form.*

**Spousal Life Insurance:** You may elect one of the following 3 benefit options for a dependent Spouse:

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| Option 1: Flat \$10,000 | Option 2: Flat \$25,000 | Option 3: Flat \$50,000 |
|-------------------------|-------------------------|-------------------------|

**Dependent Life Insurance:** You can purchase either \$5,000 or \$10,000 for each eligible child.

**Employee:** Amounts available with no evidence of insurability required: \$200,000 if you are under age 70; \$40,000 if age 70-79; and \$10,000 if age 80 or over. Any amount in excess; will require Evidence of Insurability.

	I elect coverage	I decline coverage	Coverage amount selected
Employee coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Spouse coverage**:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child(ren) coverage**:	<input type="checkbox"/>	<input type="checkbox"/>	\$

\*\* Your spouse and children may only be covered if you elect supplemental life insurance.

Continued on next page

**3 Acknowledgment and Signature (Important: You must read and sign for coverage)**

I understand that:

- I am requesting Optional Life coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premiums from my pay.
- If I decline coverage for me or my family now and want it at a later date, I/we will have to provide evidence of insurability acceptable to Sun Life Insurance and Annuity Company of New York (“Sun Life (N.Y.)”). I have read the “About Evidence of Insurability” notice below.
- **Not applicable to Life Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an accident and health application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **Accelerated Benefits:** Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. If you have received an accelerated benefit, your life insurance will be reduced by an amount equal to the accelerated benefit paid by Sun Life (N.Y.)
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased Optional Life coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- If my spouse or any of my dependent children are hospital-confined due to an injury or illness 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 hospital-confined and are able to perform their normal activities.
- The enrollment form is attached and made part of the group policy.

Signature of employee X	Date signed
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**About Evidence of Insurability (also known as *Proof of Good Health*):**

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage than the limits described in the Coverage Options above.
- You want to increase your existing coverage now (whether your existing coverage is with Sun Life (N.Y.) or a prior insurance carrier).
- You want to increase your coverage at a later date.
- You decline coverage and then want it at a later date.

If EOI is needed, your coverage will not go into effect until Sun Life (N.Y.) approves it.

## 4 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

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.

**Use my Basic Life beneficiaries** – Check this box and leave this section blank if you want your Optional Life Insurance beneficiaries to be the same as your Basic Life beneficiaries.

If you did not check the box above, make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%.

Primary beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

Secondary (Contingent) beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

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

## 5 Calculating Your Cost (Find your monthly cost by adding all of the coverages you have selected)

### Employee and

1. Find your age in the chart below and the corresponding cost (Spouse rate is determined by Employee's age).

### spouse coverage:

2. Multiply the cost per \$1,000 by your/your spouse's amount of coverage (divided by 1,000). Your cost will increase when you or your spouse moves into a new age band.

### Child(ren) coverage:

1. Find the cost per \$1,000 for child(ren) coverage in the chart below.

2. Multiply the cost per \$1,000 by your child(ren)'s amount of coverage (divided by 1,000).

EMPLOYEE & SPOUSE	
Age	Monthly cost per \$1,000 of coverage
Under 25	\$ 0.05
25 – 29	\$ 0.05
30 – 34	\$ 0.06
35 – 39	\$ 0.08
40 – 44	\$ 0.09
45 – 49	\$ 0.10
50 – 54	\$ 0.15
55 – 59	\$ 0.23
60 – 64	\$ 0.43
65 – 69	\$ 0.60
70 – 74	\$ 0.80
75 +	\$ 1.35

CHILD(REN)	
Monthly cost per \$1,000 of coverage	
All eligible children	\$ 0.23

**Employee:** Make a copy 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 Optional Life Enrollment Form.