

MONTOUR SCHOOL DISTRICT EMPLOYEE LIFE INSURANCE APPLICATION

Please print clearly in blue or black ink.

SUN LIFE ASSURANCE COMPANY



ISSUE

Check one – Employer Use

New Employee Change

Employee Information – Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	Employer Montour School District	Employment location
--------------------------------------	--	---------------------

Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate
932108-001				

Sex	Job title or position	Employee hire date	# hours per week	Earnings \$ _____	Married	Children
<input type="checkbox"/> M				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> F				<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> No	<input type="checkbox"/> No
				<input type="checkbox"/> Other		

Address	City	State	Zip
---------	------	-------	-----

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

Benefits

You may select the benefits below.

<input checked="" type="checkbox"/> Employee Life	Amount Electing	<u>Per Contract</u>
<input checked="" type="checkbox"/> Employee AD&D	Amount Electing	<u>Per Contract</u>

Beneficiaries - Applies to all coverages for which a beneficiary designation is required

Last Name	First	MI	Relationship	
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

- 1) Give FULL names and relationships of each beneficiary.
- 2) Beneficiaries elected will apply to all coverage elected on this form for which a beneficiary designation is required.
- 3) If primary/secondary election is not noted, the beneficiary will be considered primary.
- 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries.

Any person who knowingly and with intent to defraud any insurance company or other person files an 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 subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____