

## Dear Member:

Please fill out the attach enrollment form in order for you to receive your Welfare Benefits (medical, dental and vision care) and return this form to the Funds Office.

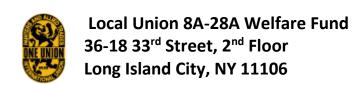
- If you are married, submit a copy of your marriage license.
- If you are divorced, submit a copy of divorce decree.
- If you have any dependants under the age of 26, submit a copy of each dependant's birth certificate.

If enrollment forms and/or any documents are not return to the Funds Office, health benefit will not be in effective until forms are received.

Thank you,

Gloria Diaz

Welfare Coordinator



## Medical Benefit Form (Type or Print Clearly)

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL	SOCIAL SECURITY NO.		GI	ENDER	MALE FEMALE
ADDRESS:	CITY		STATE	ZI	P	TELEPHON	IE)		
						(	( )		
MARITAL STATUS       ☐ MARRIED       ☐ SINGLE COVERAGE FOR:       ☐ MEMBER ONLY       ☐ MEMBER & SPOUSE         ☐ LEGALLY SEPARATED       ☐ DIVORCED       ☐ FAMILY COVERAGE       ☐ MEMBER & CHILD (REN)									
Adding Newborn/Ado	Adding Newborn/Adoptions (within 31days of birth or legal responsibility)								
Date of Birth or Adop	otion:								
Name: Gender: ☐ M/ ☐ F									
Adding or List all I	Dependents to be Covered In	cluding Spouse	e, if Applicable						
NAME	DATE OF RELATION BIRTH		RELATIONS	SOCIAL SECURITY NO			GENDER		OTHER COVERAGE
							Пм	□ <sub>F</sub>	☐ Yes ☐ No
							□мӀ	F	☐ Yes ☐ No
							□мӀ	□ F	☐ Yes ☐ No
Are Dependents covered under any other Plan? Yes No									
If yes: Plan Name: Plan ID No									
Address:									
Reason for change: (if Applicable)									
Member Signature:  Date:									
☐ NEW ENORLLEE ☐ CHANGE IN BENEFEIT									
For office use only									
EMPLOYER NAME:		LOCATION:		EFFECTIVE D	OATE:	HIRE DAT	E:	DATE E	NTERD:

## Sun Life Insurance and Annuity Company of New York Beneficiary Designation



You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death.

The designations you make on this form replace any prior beneficiary designations.

Designations apply to your Basic as well as any Optional Life Insurance you have under your Group Policy. If you would like different beneficiaries for your Basic and Optional coverages, please indicate that below.

See Page 2 of this form for sample beneficiary designations and more information.

1 Employee and employer i	infor	mation						
Please print clearly	Your Name (first, middle initial, last)				Social Security Number			
	Er	Employer's Name		Group Policy N		Billing	g Group Number	
2 Beneficiary Designation						1		
For Primary Beneficiaries, indicate who	Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.							
should receive the Group Life Insurance proceeds in the event of your death.	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%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.							
For Secondary (also known as <i>Contingent</i> )		Primary Beneficiary(ies)	So	cial Security Number	Relat to Em	ionship iployee	Percent Share of Proceeds	
Beneficiaries, indicate who should receive the	1.	Name: Address:					%	
Group Life Insurance proceeds in the event that ALL of your	2.	Name: Address:					%	
Primary Beneficiaries are not living at the		Secondary (Contingent) Beneficiary(ies)	So	cial Security Number		ionship iployee		
time of your death.	1.	Name: Address:					%	
	2.	Name: Address:					%	
2.6	* 7	The total within each class (Primary and Se	cond	ary) must equ	al 100%	<b>%</b> .		
3 Signature								
<b>Employers:</b> Keep the signed original copy of	<b>Important:</b> You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.							
this form with the employee's records.	Si	gnature of Employee				Date Sig	gned	

Continued on next page

	Proposed Beneficiary(ies)	Suggested Wording
1.	Estate	Estate
2.	One beneficiary	Martha Doe, wife
3.	More than one beneficiary in equal shares	Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them, in equal shares.
4.	Two beneficiaries, in succession	Primary: Martha Doe, wife; Secondary: Richard Doe, son. (Richard will only receive proceeds if Martha Doe is not living at the time of the employee's death.)
5.	One beneficiary followed by two beneficiaries in equal shares	Primary: Martha Doe, wife; Secondary: Jane Doe and Mary Doe, children in equal shares, or the survivor of them. (Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)
6.	More than one Beneficiary in equal shares per descendent order	Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares.
7.	One or more minor children	John Smith, as custodian for Jane Doe, a minor, under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of majority.
8.	To a church or non-profit organization	Name and address of the beneficiary organization.
9.	Beneficiaries shown in percentages	John Smith, brother - 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate.
10.	Trust under Last Will and Testament	Proceeds to be paid to the Trustee under my Last Will and Testament.
11.	Existing Trust	Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001.

**Please Note:** You cannot name your employer as a beneficiary for Group Life Insurance proceeds under the Group Policy.

Dependent Life Insurance benefits are payable to the employee, or the employee's estate if the employee does not survive the dependent.

Sun Life Insurance and Annuity Company of New York is not a tax or legal advisor and the above information is provided as general information only. Before making beneficiary designations, you may want to consult with your tax or legal advisor.