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

Local Union 8A-28A Welfare Fund
36-18 33rd Street, 2nd Floor
Long Island City, NY 11106

Medical Benefit Form

(Type or Print Clearly)

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NO.	GENDER
					☐ MALE ☐ FEMALE

ADDRESS:	CITY	STATE	ZIP	TELEPHONE
				( )

MARITAL STATUS ☐ MARRIED ☐ LEGALLY SEPARATED ☐ SINGLE ☐ DIVORCED

COVERAGE FOR: ☐ MEMBER ONLY ☐ FAMILY COVERAGE ☐ MEMBER & SPOUSE ☐ MEMBER & CHILD (REN)

Adding Newborn/Adoptions (within 31days of birth or legal responsibility) ☐ Late Submission

Date of Birth or Adoption: _____

Name: _____ Gender: ☐ M/ ☐ F

☐ Adding or **List all Dependents to be Covered Including Spouse, if Applicable**

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NO	GENDER	OTHER COVERAGE
				☐ M ☐ F	☐ Yes ☐ No
				☐ M ☐ F	☐ Yes ☐ No
				☐ M ☐ F	☐ Yes ☐ No

Are Dependents covered under any other Plan? ☐ Yes ☐ No

If yes: Plan Name: _____ Plan ID No. _____

Address: _____ Telephone: ( ) _____

_____

Reason for change: (if Applicable)

Member Signature: **Date:**

☐ NEW ENORLLEE
☐ CHANGE IN BENEFEIT

For office use only

EMPLOYER NAME:	LOCATION:	EFFECTIVE DATE:	HIRE DATE:	DATE ENTERD:

Sun Life Insurance and Annuity Company of New York
Beneficiary Designation

Sun Life Financial℠
Sun Life Insurance and Annuity Company of New York

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 information

Please print clearly

Your Name (first, middle initial, last)		Social Security Number
Employer's Name	Group Policy Number	Billing Group Number

2 Beneficiary Designation

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

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

Please 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%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

	Primary Beneficiary(ies)	Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1.	Name: Address:			%
2.	Name: Address:			%

	Secondary (Contingent) Beneficiary(ies)	Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1.	Name: Address:			%
2.	Name: Address:			%

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

3 Signature

Employers: Keep the signed original copy of this form with the employee's records.

Important: 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.

Signature of Employee	Date Signed
X	

Continued on next page

Clear

Beneficiary Wording Alternatives

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.