

Cal. State University Fresno Association
All Other Eligible California State University Fresno Association
and Associated Students Employees and All Other Eligible
California State University Fresno Foundation, Fresno State
Programs for Children, Inc., The Agricultural Foundation of CSU

SUN LIFE EMPLOYEE BENEFITS

Protect what you love
about your life



It's time to enroll in your benefits!

We are pleased to offer you coverage made available through Sun Life as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

This booklet contains information about the following coverages being offered to you:

Basic Life and Accidental Death and Dismemberment Insurance Voluntary Life Insurance

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, and how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

Notes

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Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Cal. State University Fresno Association | All Other Eligible California State University Fresno Association and Associated Students Employees and All Other Eligible California State University Fresno Foundation, Fresno State Programs for Children, Inc. and The Agricultural Foundation of CSU and CSUF Athletic Corporation Employees | 245838

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing coverage for you, at no cost to you!

Benefits

For you	\$25,000 , with no medical questions asked. Benefits are reduced to 65% at age 65, to 42% at age 70, and to 27% at age 75. Your coverage ends at termination of employment or retirement.
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Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses

Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

Life and AD&D FAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Voluntary Life insurance

Cal. State University Fresno Association | All Eligible Employees | 245838

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>You can choose from \$20,000 to \$300,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$25,000.</p> <p>The benefit amount is reduced to 65% at age 65, to 42% at age 70, and to 27% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$10,000 to \$50,000—in increments of \$5,000 —with no medical questions asked up to the Guaranteed Issue amount of \$25,000.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$5,000—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 50% of your coverage amount.)</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child who is 6 months to 19 years old or to age 25 if a full-time student. A reduced benefit is payable for a child from 15 days to 6 months.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died, it may be worth asking, who depends on you?*



Sun Life Assurance Company of Canada

sunlife.com

800-SUN-LIFE (247-6875)

Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

Rates are effective as of July 01, 2019.

The chart below shows possible coverage amounts and the corresponding costs per Semi-Monthly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Employee - Coverage and Semi-Monthly cost for Employee Voluntary Life

Smoker Age and Cost														
Coverage Amounts	<20	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$20,000	1.70	1.20	1.60	2.10	2.80	4.70	7.50	12.70	17.70	28.20	46.20	77.50	118.30	175.60
\$30,000	2.55	1.80	2.40	3.15	4.20	7.05	11.25	19.05	26.55	42.30	69.30	116.25	177.45	263.40
\$40,000	3.40	2.40	3.20	4.20	5.60	9.40	15.00	25.40	35.40	56.40	92.40	155.00	236.60	351.20
\$50,000	4.25	3.00	4.00	5.25	7.00	11.75	18.75	31.75	44.25	70.50	115.50	193.75	295.75	439.00
\$60,000	5.10	3.60	4.80	6.30	8.40	14.10	22.50	38.10	53.10	84.60	138.60	232.50	354.90	526.80
\$70,000	5.95	4.20	5.60	7.35	9.80	16.45	26.25	44.45	61.95	98.70	161.70	271.25	414.05	614.60
\$80,000	6.80	4.80	6.40	8.40	11.20	18.80	30.00	50.80	70.80	112.80	184.80	310.00	473.20	702.40
\$90,000	7.65	5.40	7.20	9.45	12.60	21.15	33.75	57.15	79.65	126.90	207.90	348.75	532.35	790.20
\$100,000	8.50	6.00	8.00	10.50	14.00	23.50	37.50	63.50	88.50	141.00	231.00	387.50	591.50	878.00
\$110,000	9.35	6.60	8.80	11.55	15.40	25.85	41.25	69.85	97.35	155.10	254.10	426.25	650.65	965.80
\$120,000	10.20	7.20	9.60	12.60	16.80	28.20	45.00	76.20	106.20	169.20	277.20	465.00	709.80	1,053.60
\$130,000	11.05	7.80	10.40	13.65	18.20	30.55	48.75	82.55	115.05	183.30	300.30	503.75	768.95	1,141.40
\$140,000	11.90	8.40	11.20	14.70	19.60	32.90	52.50	88.90	123.90	197.40	323.40	542.50	828.10	1,229.20
\$150,000	12.75	9.00	12.00	15.75	21.00	35.25	56.25	95.25	132.75	211.50	346.50	581.25	887.25	1,317.00
\$160,000	13.60	9.60	12.80	16.80	22.40	37.60	60.00	101.60	141.60	225.60	369.60	620.00	946.40	1,404.80
\$170,000	14.45	10.20	13.60	17.85	23.80	39.95	63.75	107.95	150.45	239.70	392.70	658.75	1,005.55	1,492.60
\$180,000	15.30	10.80	14.40	18.90	25.20	42.30	67.50	114.30	159.30	253.80	415.80	697.50	1,064.70	1,580.40
\$190,000	16.15	11.40	15.20	19.95	26.60	44.65	71.25	120.65	168.15	267.90	438.90	736.25	1,123.85	1,668.20
\$200,000	17.00	12.00	16.00	21.00	28.00	47.00	75.00	127.00	177.00	282.00	462.00	775.00	1,183.00	1,756.00
\$210,000	17.85	12.60	16.80	22.05	29.40	49.35	78.75	133.35	185.85	296.10	485.10	813.75	1,242.15	1,843.80
\$220,000	18.70	13.20	17.60	23.10	30.80	51.70	82.50	139.70	194.70	310.20	508.20	852.50	1,301.30	1,931.60
\$230,000	19.55	13.80	18.40	24.15	32.20	54.05	86.25	146.05	203.55	324.30	531.30	891.25	1,360.45	2,019.40
\$240,000	20.40	14.40	19.20	25.20	33.60	56.40	90.00	152.40	212.40	338.40	554.40	930.00	1,419.60	2,107.20
\$250,000	21.25	15.00	20.00	26.25	35.00	58.75	93.75	158.75	221.25	352.50	577.50	968.75	1,478.75	2,195.00
\$260,000	22.10	15.60	20.80	27.30	36.40	61.10	97.50	165.10	230.10	366.60	600.60	1,007.50	1,537.90	2,282.80
\$270,000	22.95	16.20	21.60	28.35	37.80	63.45	101.25	171.45	238.95	380.70	623.70	1,046.25	1,597.05	2,370.60
\$280,000	23.80	16.80	22.40	29.40	39.20	65.80	105.00	177.80	247.80	394.80	646.80	1,085.00	1,656.20	2,458.40
\$290,000	24.65	17.40	23.20	30.45	40.60	68.15	108.75	184.15	256.65	408.90	669.90	1,123.75	1,715.35	2,546.20
\$300,000	25.50	18.00	24.00	31.50	42.00	70.50	112.50	190.50	265.50	423.00	693.00	1,162.50	1,774.50	2,634.00

Spouse - Coverage and Semi-Monthly cost for Spouse Voluntary Life

Smoker Age and Cost														
Coverage Amounts	<20	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	0.85	0.60	0.80	1.05	1.40	2.35	3.75	6.35	8.85	14.10	23.10	38.75	59.15	87.80
\$15,000	1.28	0.90	1.20	1.58	2.10	3.53	5.63	9.53	13.28	21.15	34.65	58.13	88.73	131.70
\$20,000	1.70	1.20	1.60	2.10	2.80	4.70	7.50	12.70	17.70	28.20	46.20	77.50	118.30	175.60
\$25,000	2.13	1.50	2.00	2.63	3.50	5.88	9.38	15.88	22.13	35.25	57.75	96.88	147.88	219.50
\$30,000	2.55	1.80	2.40	3.15	4.20	7.05	11.25	19.05	26.55	42.30	69.30	116.25	177.45	263.40
\$35,000	2.98	2.10	2.80	3.68	4.90	8.23	13.13	22.23	30.98	49.35	80.85	135.63	207.03	307.30
\$40,000	3.40	2.40	3.20	4.20	5.60	9.40	15.00	25.40	35.40	56.40	92.40	155.00	236.60	351.20
\$45,000	3.83	2.70	3.60	4.73	6.30	10.58	16.88	28.58	39.83	63.45	103.95	174.38	266.18	395.10
\$50,000	4.25	3.00	4.00	5.25	7.00	11.75	18.75	31.75	44.25	70.50	115.50	193.75	295.75	439.00

Spouse rate based on Spouse Age

Child - Coverage and Semi-Monthly cost

Coverage Amounts	Voluntary Life Cost
\$5,000	0.45

Notes

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Rates are effective as of July 01, 2019.

The chart below shows possible coverage amounts and the corresponding costs per Semi-Monthly pay period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Employee - Coverage and Semi-Monthly cost for Employee Voluntary Life

Non-Smoker Age and Cost															
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$20,000	1.10	0.80	0.70	0.90	1.00	1.30	2.20	3.40	5.80	9.70	15.70	29.90	55.90	94.90	158.40
\$30,000	1.65	1.20	1.05	1.35	1.50	1.95	3.30	5.10	8.70	14.55	23.55	44.85	83.85	142.35	237.60
\$40,000	2.20	1.60	1.40	1.80	2.00	2.60	4.40	6.80	11.60	19.40	31.40	59.80	111.80	189.80	316.80
\$50,000	2.75	2.00	1.75	2.25	2.50	3.25	5.50	8.50	14.50	24.25	39.25	74.75	139.75	237.25	396.00
\$60,000	3.30	2.40	2.10	2.70	3.00	3.90	6.60	10.20	17.40	29.10	47.10	89.70	167.70	284.70	475.20
\$70,000	3.85	2.80	2.45	3.15	3.50	4.55	7.70	11.90	20.30	33.95	54.95	104.65	195.65	332.15	554.40
\$80,000	4.40	3.20	2.80	3.60	4.00	5.20	8.80	13.60	23.20	38.80	62.80	119.60	223.60	379.60	633.60
\$90,000	4.95	3.60	3.15	4.05	4.50	5.85	9.90	15.30	26.10	43.65	70.65	134.55	251.55	427.05	712.80
\$100,000	5.50	4.00	3.50	4.50	5.00	6.50	11.00	17.00	29.00	48.50	78.50	149.50	279.50	474.50	792.00
\$110,000	6.05	4.40	3.85	4.95	5.50	7.15	12.10	18.70	31.90	53.35	86.35	164.45	307.45	521.95	871.20
\$120,000	6.60	4.80	4.20	5.40	6.00	7.80	13.20	20.40	34.80	58.20	94.20	179.40	335.40	569.40	950.40
\$130,000	7.15	5.20	4.55	5.85	6.50	8.45	14.30	22.10	37.70	63.05	102.05	194.35	363.35	616.85	1,029.60
\$140,000	7.70	5.60	4.90	6.30	7.00	9.10	15.40	23.80	40.60	67.90	109.90	209.30	391.30	664.30	1,108.80
\$150,000	8.25	6.00	5.25	6.75	7.50	9.75	16.50	25.50	43.50	72.75	117.75	224.25	419.25	711.75	1,188.00
\$160,000	8.80	6.40	5.60	7.20	8.00	10.40	17.60	27.20	46.40	77.60	125.60	239.20	447.20	759.20	1,267.20
\$170,000	9.35	6.80	5.95	7.65	8.50	11.05	18.70	28.90	49.30	82.45	133.45	254.15	475.15	806.65	1,346.40
\$180,000	9.90	7.20	6.30	8.10	9.00	11.70	19.80	30.60	52.20	87.30	141.30	269.10	503.10	854.10	1,425.60
\$190,000	10.45	7.60	6.65	8.55	9.50	12.35	20.90	32.30	55.10	92.15	149.15	284.05	531.05	901.55	1,504.80
\$200,000	11.00	8.00	7.00	9.00	10.00	13.00	22.00	34.00	58.00	97.00	157.00	299.00	559.00	949.00	1,584.00
\$210,000	11.55	8.40	7.35	9.45	10.50	13.65	23.10	35.70	60.90	101.85	164.85	313.95	586.95	996.45	1,663.20
\$220,000	12.10	8.80	7.70	9.90	11.00	14.30	24.20	37.40	63.80	106.70	172.70	328.90	614.90	1,043.90	1,742.40
\$230,000	12.65	9.20	8.05	10.35	11.50	14.95	25.30	39.10	66.70	111.55	180.55	343.85	642.85	1,091.35	1,821.60
\$240,000	13.20	9.60	8.40	10.80	12.00	15.60	26.40	40.80	69.60	116.40	188.40	358.80	670.80	1,138.80	1,900.80
\$250,000	13.75	10.00	8.75	11.25	12.50	16.25	27.50	42.50	72.50	121.25	196.25	373.75	698.75	1,186.25	1,980.00
\$260,000	14.30	10.40	9.10	11.70	13.00	16.90	28.60	44.20	75.40	126.10	204.10	388.70	726.70	1,233.70	2,059.20
\$270,000	14.85	10.80	9.45	12.15	13.50	17.55	29.70	45.90	78.30	130.95	211.95	403.65	754.65	1,281.15	2,138.40
\$280,000	15.40	11.20	9.80	12.60	14.00	18.20	30.80	47.60	81.20	135.80	219.80	418.60	782.60	1,328.60	2,217.60
\$290,000	15.95	11.60	10.15	13.05	14.50	18.85	31.90	49.30	84.10	140.65	227.65	433.55	810.55	1,376.05	2,296.80
\$300,000	16.50	12.00	10.50	13.50	15.00	19.50	33.00	51.00	87.00	145.50	235.50	448.50	838.50	1,423.50	2,376.00

Spouse - Coverage and Semi-Monthly cost for Spouse Voluntary Life

Non-Smoker Age and Cost															
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	0.55	0.40	0.35	0.45	0.50	0.65	1.10	1.70	2.90	4.85	7.85	14.95	27.95	47.45	79.20
\$15,000	0.83	0.60	0.53	0.68	0.75	0.98	1.65	2.55	4.35	7.28	11.78	22.43	41.93	71.18	118.80
\$20,000	1.10	0.80	0.70	0.90	1.00	1.30	2.20	3.40	5.80	9.70	15.70	29.90	55.90	94.90	158.40
\$25,000	1.38	1.00	0.88	1.13	1.25	1.63	2.75	4.25	7.25	12.13	19.63	37.38	69.88	118.63	198.00
\$30,000	1.65	1.20	1.05	1.35	1.50	1.95	3.30	5.10	8.70	14.55	23.55	44.85	83.85	142.35	237.60
\$35,000	1.93	1.40	1.23	1.58	1.75	2.28	3.85	5.95	10.15	16.98	27.48	52.33	97.83	166.08	277.20
\$40,000	2.20	1.60	1.40	1.80	2.00	2.60	4.40	6.80	11.60	19.40	31.40	59.80	111.80	189.80	316.80
\$45,000	2.48	1.80	1.58	2.03	2.25	2.93	4.95	7.65	13.05	21.83	35.33	67.28	125.78	213.53	356.40
\$50,000	2.75	2.00	1.75	2.25	2.50	3.25	5.50	8.50	14.50	24.25	39.25	74.75	139.75	237.25	396.00

Spouse rate based on Spouse Age

Child - Coverage and Semi-Monthly cost

Coverage Amounts	Voluntary Life Cost
\$5,000	0.45

Notes

A series of horizontal dotted lines for writing notes.

Evidence of Insurability (EOI)

Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.mysunlifebenefits.com

- Click on Apply for Evidence of Insurability Online, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life Financial has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.mysunlifebenefits.com.

- Click Download Paper Forms
- Click Employee Benefits
- Select Evidence of Insurability
- Select the EOI application for the state in which your company is headquartered

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

Evidence of Insurability (EOI)

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life Financial's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Sun Life Assurance Company of Canada

Group Enrollment Form



1. General Information

Employer Name Cal. State University Fresno Association	Account / Policy Number 245838	Location	Date Effective
Street Address	City	State CA	Zip Code
Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:		Occupation	

2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Street Address		City	State	Zip Code
Marital Status	Social Security Number		Phone Number	
Date employed: <input type="checkbox"/> Full-Time Date:	<input type="checkbox"/> Part-Time Date:	<input type="checkbox"/> Rehire Date:	<input type="checkbox"/> Return from layoff Date:	
Current Active Employment Type ____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Employee Status: <input type="checkbox"/> Management <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Retired		Salary	

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies above, outside of New York, and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is. See the Evidence of Insurability section for details.

3. Benefit Elections

Voluntary Life Coverage; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

	Elect	Refuse		Non-Smoker	Smoker
	Life	Life	Coverage amount elected		
Employee Coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Spouse Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Child(ren) Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____		

** Spouse and children may only be covered if you are. You cannot elect more than 50% of the amount of Voluntary Insurance you have elected for yourself for your spouse and child(ren).

4. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full Legal Name (First, Middle Initial, Last)	Gender	Social Security No.	Date of Birth	Check if elected
					Dep Life
Spouse or Partner					<input type="checkbox"/>
Children					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

5. Beneficiary Designation Information

Primary Beneficiary Designation

Employee Basic Life and AD&D Insurance - On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

Primary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

Employee Voluntary Life Insurance - On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

Primary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

Employee Basic Life and AD&D Insurance - On the lines below, list the individual(s) who should receive proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

- The total within each class (Primary and Secondary) must equal 100%. If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

Employee Voluntary Life Insurance - On the lines below, list the individual(s) who should receive proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

- The total within each class (Primary and Secondary) must equal 100%. If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

6. Evidence of Insurability and authorization information

A medical Evidence of Insurability ("EOI") application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- apply for higher coverage than the maximum Guaranteed Issue amount.
- want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier.
- decline coverage and then want it at a later date.

Coverage subject to evidence of insurability will not go into effect until Sun Life Assurance Company of Canada approves it.

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life Assurance Company of Canada. I have read the Evidence of Insurability notice.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, 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 confined and are able to perform their normal activities.
- California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief and understand that any false statements or misrepresentation made with actual intent to deceive or are material to the acceptance of the risk may result in a loss of coverage under the Group Insurance Policy.

Signature of employee X	Date signed
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To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

7. Employer Information

For Employer Use Only.

Provide the employee's earnings amount below.

Indicate pay frequency. If hourly, please indicate the number of hours worked per week. Although most plans define earnings as **salary-only** (not including bonuses, commissions, etc.), you should check your group policy for the proper earnings definition to use.

Life Earnings \$	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly		Number of hours worked per week: _____

Contact us



By mail

Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

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You've built a great life. Protect it.

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