Application for Continued Employee Life Insurance

Sun Life Financial®

1. To be completed by the Employer

Date of this notice _____

Employer name _____ Address _____

_____

Group policy no. _____ Employee certificate no. _____

Employee Social Security no. _____ ID no. _____

Date of termination *(last day worked)* _____

Name of employee eligible for Continuation _____

Names of any eligible dependents _____

Initial cost of insurance per month: Employee Life $ _____

Dependent Life *(if any)* $ _____

Survivor Income Benefit *(if any)* $ _____

Premium due date _____ of each month

Authorized employer signature _____ Date _____

2. To be completed by the Applicant/Employee

Name of applicant _____

Names and relationship to applicant of any eligible dependents _____

_____

_____

I wish to apply for: Continued Employee Life Insurance ☐Yes ☐No

Continued Dependent Life Insurance *(if any)* ☐Yes ☐No

Continued Survivor Income Benefit *(if any)* ☐Yes ☐No

Is there any other applied for or issued group life insurance coverage for any of the above named individuals? ☐Yes ☐No

If "Yes," please furnish details of such coverage below:

_____

_____

Your home address _____

STREET APARTMENT NO.

_____

CITY STATE ZIP CODE

Applicant/Employee signature _____ Date _____

PLEASE RETURN THIS APPLICATION AND PAYMENT TO THE ABOVE NAMED EMPLOYER.

NOTICE OF RIGHT TO CONTINUE EMPLOYEE LIFE INSURANCE

You may be eligible to continue your plan of group term life insurance, dependent life insurance, and survivor income insurance under our group policy in an amount of insurance equal to the amount in effect on the date you stopped active work. The insurance may be continued, subject to any age or retirement reductions in force in the policy, until the earliest of the following:

1. The date you or your dependents become covered for any other group life insurance coverage under any other group plan or policy.

2. The date you fail to make, when due, any required premium payment.

3. The date our group policy for all employees terminates.

4. The date that is 18 months from the date that any continued coverage began.

Note: When your insurance terminates so will the insurance for your dependents. However, if the insurance on one of your dependents should terminate, the insurance on you will not necessarily terminate.

Your Group Accidental Death and Dismemberment Insurance or Medical Conversion Privilege, if any, WILL NOT be continued.

In order to continue your insurance you must send to the Employer, under whose plan you are eligible to continue, this completed election form within 60 days of its receipt by you. You must also remit the monthly cost of your insurance. This amount is due each month by the Premium due Date; the premium amount and the Premium due Date are shown on the reverse side of this form. Premium amounts will be subject to change if the cost for the Employer changes.

The cost of your insurance includes not only the portion of premium that you may have been paying but also the portion of premium your Employer formerly paid. An additional charge of 2% may be figured into the cost of your insurance to cover administrative expenses.

When your continued coverage terminates you may be eligible to convert your coverage to a separate, individual life policy. Further details of the conversion privilege can be obtained by writing to:

Sun LifeAdministrative Office
P.O. Box 981624
El Paso, Texas 79998-1624

No further notice will be sent to you. If you fail to make any premium payment when due, insurance will cease immediately.

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).