



1 General information

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|--|----------------|--------------------------|-------------------|
| Policyholder name PEF Membership Benefits Program | | Account number 819927 | |
| Street address 10 Arline Drive, Suite 101 | City Albany | State NY | Zip code 12205 |
| Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason: | | | |

2 Member information

| | | | |
|---|---------------|--|---------------|
| Member's Full Legal Name (First, MI, Last) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| Street Address | City | State | Zip Code |
| Marital Status | Email Address | Phone number | |
| Member Status: <input type="checkbox"/> Active Union <input type="checkbox"/> Retired | Member ID #: | Social Security number | |

You need to complete all sections of the enrollment form and sign it. This must be done either during the enrollment period or within 240 days of your eligibility date. PEF Membership Benefits Program will inform you which benefits are available. If after 240 days, please complete an online EOI, at www.mysunlifebenefits.com.

3 Benefit elections

Disability coverage:

Member Short-Term Disability \$100 \$200 \$300 \$400 \$500 \$600 \$700

4 Evidence of insurability and authorization information

A medical Evidence of Insurability ("EOI") application will be required for any Member and/or dependent who applies for coverage more than 240 days past his/her eligibility date. An EOI application is also needed if you:

- apply for a higher coverage than the Maximum Guaranteed Issue amount during an open enrollment period
- want to increase your existing coverage now or at a later date, Whether your existing coverage is with Sun Life and Health Insurance Company (U.S.) 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 and Health Insurance Company (U.S.) approves it.

Websites to complete online EOI: www.mysunlifebenefits.com.

4 Evidence of insurability and authorization information, continued

I understand that:

- I am requesting coverage under a Group Insurance policy.
- My policyholder will deduct all or part of the premium for contributory coverage from my pay, pension, EFT, or Direct Billing through invoice.
- 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 and Health Insurance Company (U.S.). 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.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

X

Member Signature

Today's Date

**To the Member: Make a copy of this form for your records before submitting it to:
PEF Membership Benefits Program**

**10 Airline Drive, Suite 101
Albany, NY 12205**

**(518) 785-1900, ext. 243 or (800) 342-4306, ext. 243
mbinsurance@pef.org**

This original enrollment form should remain at Your Policyholder's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment form.

¹ You must be legally married to enroll someone as a spouse.

Contact us



By mail:
PEF Membership Benefits Program
10 Airline Drive, Suite 101
Albany, NY 12205



www.PEFmbp.com



Sun Life Customer Service
1-855-697-7336
M–F 8:00 a.m. – 8:00 p.m., ET