

Sun Life Insurance and Annuity Company of New York

Application for Group Insurance



Applicant Organization

Please PRINT clearly.

Legal Name		
Main Address		
City	State	Zip Code
Nature of Business		

Subsidiaries or Affiliates to be Included

Legal Name
Address
Nature of Business

Legal Name
Address
Nature of Business

If you need more space, check here and attach a separate page.

Eligible Employees

Eligible Classes	
Number of Eligible Employees on the Effective Date	Minimum Work Week hrs.

Are Retirees eligible? Yes No

Waiting Period

Specify days or months required for new employees to be eligible for benefits.

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Current employees who have not satisfied the waiting period will receive credit for past service to complete the waiting period.

Benefits Requested

Benefit	% of Premium Paid by Employer	Benefit	% of Premium Paid by Employer
<input type="checkbox"/> Basic Life	%	<input type="checkbox"/> Basic AD&D	%
<input type="checkbox"/> Optional Life	%	<input type="checkbox"/> Optional AD&D	%
<input type="checkbox"/> Dependent Life	%	<input type="checkbox"/> Long Term Disability	%

Authorization

Effective Date (m/d/y)	Amount Paid with this Application
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Subject to approval by Sun Life Insurance and Annuity Company of New York, we will issue a Group Policy with insurance coverage to become effective on the Effective Date. The Applicant agrees to provide Sun Life Insurance and Annuity Company of New York with a current census, as of the Effective Date, on all eligible employees and all data on employees not actively at work. This information is required no sooner than the Effective Date and no later than 15 days after the Effective Date. Employees not actively at work on the Effective Date will only be insured as required by law or as approved in writing by Sun Life Insurance and Annuity Company of New York. This Application will be attached to and is made a part of the Group Policy.

Countersigned by (Licensed Resident Agent) X
Name and Address of Agent/Broker Firm
Signature of Authorized Representative of Applicant Organization X
Name and Title
Place and Date (m/d/y) of Signing

Fraud Warning

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.