

Sun Life Insurance and Annuity Company of New York

Policyholder Information

Thank you for choosing Sun Life Insurance and Annuity Company of New York ("Sun Life (N.Y.)"), a member of the Sun Life Financial group of companies. We appreciate your assistance in providing the following information to help us set up your policy and booklets. Please return this form with your signed application.

1. Plan Sponsor Information									
Full Legal Name of Policyholder	Policy number (if available)								
2. Contact Information and CustomerLink Authorization									
<p>Please provide name, address, phone and email address for your Primary and Secondary Benefits Administrators. Then, assign <i>CustomerLink</i> access and check-off responsibilities/roles for each person. New users will receive a registration email containing their temporary user name and password. Follow the instructions in the email to complete the registration process.</p> <p>Please indicate your choice for billion of benefits.</p>	<p>About CustomerLink CustomerLink is our secure online service center for Group Policyholders. You can designate yourself, and/or other authorized employees from your organization, as <i>CustomerLink</i> users. Choose each user's access level below:</p> <p>Level 1: <u>Available to Online Membership & Billing customers only.</u> Level I provides access to all of CustomerLink including our Membership & Billing system. Level I users must be employees of your organization who are authorized to view and change employee benefit information online (i.e. your HR and/or Benefits manager(s)). Please carefully consider who you want to designate as a Level I user.</p> <p>Level 2: <u>Available to All customers.</u> Level II provides access to all of CustomerLink except the Membership & Billing system. Level II users should be employees of your organization who administer your group benefit plan but are not authorized to change employee benefit information online.</p> <p>No access: Select "No Access" if you are adding a person as an administrative contact only.</p> <p>Primary Benefits Administrator</p> <table border="1"> <tr> <td>Name & email address of Primary Benefits Administrator</td> <td>Title</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p style="text-align: center;">CustomerLink access (check one)</p> <p>Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> No access <input type="checkbox"/></p> <p>Secondary Benefits Administrator</p> <table border="1"> <tr> <td>Name & email address of Secondary Benefits Administrator</td> <td>Title</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p style="text-align: center;">CustomerLink access (check one)</p> <p>Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> No access <input type="checkbox"/></p> <p>Billing Options: Electronic List Bill <input type="checkbox"/> Paper List Bill <input type="checkbox"/> Self-Administration <input type="checkbox"/></p> <p>If you require more than one billing location, please attach a separate list including, name and title of contact person, as well as physical and email address for all locations to be included. Electronic list bill allows you to make changes in enrollment on-line in real time.</p>	Name & email address of Primary Benefits Administrator	Title	_____	_____	Name & email address of Secondary Benefits Administrator	Title	_____	_____
	Name & email address of Primary Benefits Administrator	Title							
	_____	_____							
	Name & email address of Secondary Benefits Administrator	Title							
	_____	_____							
	3. Plan Options								
	The following questions affect contract wording in your group policy and booklets.	<p>Salary/Earnings, Age and Class changes are effective immediately unless otherwise specified on the proposal.</p> <p>Do you require employees to enroll in another plan to be eligible for Sun Life (N.Y.) benefits?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If <i>Yes</i>, please describe enrollment participation requirements:</p>							

5. Earnings Definition	
Please select the appropriate Earnings definition for your plan. This information will be used to adjudicate your plan.	1. <input type="checkbox"/> Sun Life Financial Standard Earnings (<u>Does not</u> include commissions, bonuses, overtime or extra compensation) 2. <input type="checkbox"/> Match earnings definition(s) outlined in prior carrier booklet/contract. 3. <input type="checkbox"/> Other; If not listed above, please attach a copy of the your desired earnings definition to be utilized. Please include all parameters and classes that apply.
6. Leave of Absence, Layoff and Re-Hire	
Please select the appropriate Leave of Absence and Layoff provision time frames for your plan. Your proposal was quoted with our standard duration guidelines, unless otherwise noted.	Employer <u>approved</u> Leave of Absence and Layoff provision? 1. <input type="checkbox"/> Utilize Sun Life Financial quoted standard duration for leave of absence and layoff of 1 month. 2. <input type="checkbox"/> Match leave of absence and layoff duration in prior carrier contract. 3. <input type="checkbox"/> If other, please specify. Leave of absence duration _____. Layoff duration _____. If an employee is Re-Hired , will his/her previous benefits be reinstated with no new waiting period? <input type="checkbox"/> Sun Life Financial quoted standard, which is 6 months. <input type="checkbox"/> If other, please specify re-hire duration _____.
7. Employee Contributions (If applicable)	
If employees contribute to the cost of either STD or LTD, please indicate whether it's on a pre or post tax basis.	Short Term Disability <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax Long Term Disability <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax
8. Short & Long Term Disability Plan Options	
Please indicate the following about the timely mailing of disability benefits to employees.	1. What will the STD benefit calculation be based upon (check one)? <input type="checkbox"/> Standard 7-day week (Monday through Sunday) <input type="checkbox"/> 5-day week (Monday through Friday) 2. Where should STD checks be mailed (check one)? <input type="checkbox"/> Employee's home address <input type="checkbox"/> Employer's address 3. Where should LTD checks be mailed (check one)? <input type="checkbox"/> Employee's home address <input type="checkbox"/> Employer's address
10. Life Insurance Age Reduction	
Please indicate the age reductions within your Group Life policy.	For Life Insurance, what Age Reductions apply to your policy? Check one below. Rates are based on the Standard Age Reductions as listed in the proposal. 1. <input type="checkbox"/> Match quoted age reductions within the proposal presented. 2. <input type="checkbox"/> Match age reductions outlined in your prior carrier's contract/booklets.

11. Booklet Information

Please indicate the format for contract and booklet delivery. In addition, please be sure to indicate the classes within your benefit plans and titles to appear on your booklet covers.

Upon approval of your plan, Sun Life (N.Y.) will produce electronic booklets for employees. These booklets will be e-mailed to you directly in a PDF file or posted to your CustomerLink site. Please indicate your preference of delivery.

- 1. Booklets to be delivered via on-line CustomerLink site.
- 2. Booklets to be delivered via e-mail in PDF file format.

If your plan has more than one class of employee or more than one benefit is sold, how should booklets be formatted?

- 1. One combined booklet for all benefits and classes.
- 2. Separated by employee class. Please indicate titles that should appear on the employee booklet covers. If there are more than 3 classes, please attach a separate list.

Class 1: _____

Class 2: _____

Class 3: _____

- 3. Separated by benefit.

12. Additional Comments

If have any additional comments about your plan design or the proposal presented by Sun Life Financial, please list them below.

13. ERISA Information

Employer Identification Number (EIN)

14. Authorization and Signature

Please return this form, the group insurance application, and all additional required documentation to your Sales Representative.

Thank You!

Note: Employees who are Pilots, Board of Directors, Foreign Nationals, and employees residing outside the United States, will not be covered unless approved by Underwriting.

Authorization: On behalf of the Policyholder, I authorize the employees named in Sections 2 and 3 to have the specified access to *CustomerLink* with respect to the Group Policy named herein and request that a user name and password be assigned to them to allow for such access.

Primary Benefits Administrator (or Authorized Representative) Title

Signature of Primary Benefit Admin/Authorized Representative

Today's date

X _____
