

Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

Employer use (check one): New employee Change COBRA

1. General Information

Employer Name International Union of Operating Engineers Local 428	Account / Policy Number 902935	Location
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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
Occupation	Eligibility Class (if applicable)	Social Security Number	Phone Number	
Date employed: <input type="checkbox"/> Full-Time Date: _____ <input type="checkbox"/> Part-Time Date: _____		<input type="checkbox"/> Return from layoff Date: _____ <input type="checkbox"/> Rehire		

3. 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, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

4. Benefit Elections

Dental:

Employee

Employee + Dependents

Facility ID(s) if electing a DHMO / Prepaid dental plan: _____

Were you covered under another dental plan within the last 31 days? Yes No

If "Yes," provide the termination date: _____

Reason for termination of coverage? _____

5. Signature and authorization information

I understand that:

- If I elect a Prepaid/DHMO product, I must select a provider included in my plan's directory.
- Coverages include limitations and exclusions that may affect my entitlement to benefits.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

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.