



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**  
**Sun Life Certificated Insurance**  
PLEASE USE BLUE OR BLACK INK ONLY

Effective Date \_\_\_\_\_

- New Enrollment                       Name Change/Former Name \_\_\_\_\_  
 Open Enrollment                       Beneficiary Change/Update                       Address Change

Employee's Last Name	First Name, Middle Initial	Date of Birth	Social Security #
Street/Mailing Address		City, State, Zip	Hire Date
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single <input type="checkbox"/>	Married <input type="checkbox"/>
		Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>

**Primary Beneficiary**

Last Name	First Name	M	DOB	Relationship	Social Security #
Telephone Number		Email Address			
Street Address/Mailing Address			City	State	Zip

Last Name,	First Name	M	DOB	Relationship	Social Security #
Phone Number		Email Address			
Street Address/Mailing Address			City	State	Zip

Last Name,	First Name	M	DOB	Relationship	Social Security #
Phone Number		Email Address			
Street Address/Mailing Address			City	State	Zip

**Secondary Beneficiary**

Last Name,	First Name	M	DOB	Relationship	Social Security #
Phone Number		Email Address			
Street Address/Mailing Address			City	State	Zip

In order to be covered under the Life Insurance policy, I understand that I must be either actively at work, or a former eligible employee who retired under CalSTRS or CalPERS. If I am not actively at work when the group life insurance policy becomes effective, my coverage will commence on the date I return to active work. I will be required to submit a new enrollment application at that time. For additional information, refer to Sun Life Certificate of coverage.

MY SIGNATURE BELOW IS ACCEPTANCE OF THE POLICY TERMS. I UNDERSTAND THAT THIS FORM DOES NOT MODIFY ANYTHING ON MY ORIGINAL ENROLLMENT APPLICATION EXCEPT AS I HAVE INDICATED ON THIS FORM.

\_\_\_\_\_  
Employee's or Retiree's Signature

\_\_\_\_\_  
Date Signed