

## Submitting and EOI

Any increase in life insurance increase request outside of the 31 day new hire enrollment period require an Evidence of Insurability. Below are instructions for submitting an EOI online. If you do not wish to complete this process, please let HR know and we can cancel the request. Failure to submit will result in no insurance increase.

Here is a quick overview of the online steps:

1. Get ready to complete EOI by gathering some information:
  - a. **Group Policy # = 233510**
  - b. Optional Life that you have elected
  - c. Coverage Amounts for Yourself and Any Dependents
  - d. Height, weight, and recent medical history for you and any dependents you are including in your EOI application.
2. Go to [www.mysunlifebenefits.com](http://www.mysunlifebenefits.com)
  - a. Under My Life Insurance Benefits, click the "Apply for Evidence of Insurability link".



### My Dental and Vision benefits

- ▶ Get my dental ID card
- ▶ Find a dentist, view your benefits, and get dental health information
- ▶ Find a vision provider, view your benefits, and get vision health information
- ▶ Download paper forms and applications

### My Disability benefits

- (Short-Term, Long-Term and Customized Disability Insurance)
- ▶ File a disability claim online
  - ▶ Check your claim status online (Short-Term and Long-Term Disability only)
  - ▶ Upload claim documents (Long-Term Disability only)
  - ▶ Apply for Evidence of Insurability online
  - ▶ Download paper forms and applications

### My Life insurance benefits

- ▶ Apply for Evidence of Insurability online
- ▶ Download paper forms and applications

### My Critical Illness benefits


- ▶ Apply for Evidence of Insurability online
- ▶ Download paper forms and applications

3. Fill our policy number, SSN, click any optional life you are applying for and include # of children. **CLICK ALL APPLICABLE OPTIONAL LIFE APPLICATIONS TO AVOID RESUBMITTING**

Your application(s) will not be complete until you select the SUBMIT FOR REVIEW button on the last screen of this online application. If you are inactive or away from the computer for 10 minutes, your session will time out and you will lose previously entered data.

Group Policy Number

Social Security Number  -  -

 Please enter your Employee Social Security Number unless you have been asked by your employer to use Employee ID.

This submission is for:

Employee (Self)

Spouse/Partner

Dependent Child(ren)      Number of Children:

**CONTINUE**

4. Read consent, agree, and, hit start applications.


**Policyholder: Appriss Inc.**

Please read the below Consumer Electronic Consent and Disclosure carefully (you must use the scroll bar to review the entire document). To agree to the Consumer Electronic Consent and Disclosure, check the "Agree" checkbox. Once you have agreed, you may begin the EOI application by clicking START next to an applicant listed below.

Customer Electronic Consent and Disclosure

IMPORTANT NOTICE - PLEASE READ CAREFULLY AND RETAIN A COPY FOR FUTURE REFERENCE

Sun Life Assurance Company of Canada ("Company," "we" or "us") provides you with the option without charge to receive, in electronic format, certain information relating to your application for group insurance.



AGREE

**Important:** If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage, subject to the provisions in your employer's Group Policy.

EOI Application to be completed for the following applicant(s):	Status	
Employee (self)	Not Yet Started	<b>START</b>
Spouse/Partner	Not Yet Started	<b>START</b>
Child 1	Not Yet Started	<b>START</b>
Child 2	Not Yet Started	<b>START</b>

5. Fill out all information, click submit. Note: the only coverage applicable is Optional Life. Each form will vary based on if it is for the employee or a dependent.

Sun Life Financial *plan members* HOME | CONTACT US

Sun Life Assurance Company of Canada (the "Company")

EOI Application: Employee Policyholder: Appriss Inc.

### Employee Information

Applicant Info Health and Personal History

All fields are required unless otherwise noted

First Name

Last Name

Gender  M  F

Social Security Number  -  -

Date of Birth  /  /

Height  ft.  in. Weight  lbs.

Street Address

City  State  Zip Code

Daytime Telephone Number  Evening Telephone Number  (optional)

Email  Confirm Email

Occupation  Location 001 - 001-Appriss Inc.  ← Location = 001-001-Appriss Inc.

Please select ALL applicable coverages:

Basic Employee Life  Long Term Disability  Optional Employee Life ← Optional Employee Life

Note: We use your email address to notify you of the status of your application following verification by your employer. We will not sell or share your email address with any third parties.

CONTINUE START OVER

6. Complete the Health and Personal History. Click continue at the bottom of the page.

Sun Life Assurance Company of Canada (the "Company")

EOI Application: Spouse Policyholder: Appriss Inc.

**Health and Personal History** Applicant Info Health and Personal History

**Important:** If you answer "yes" to any of the questions, you will be asked to provide details of your condition (including dates, treatment and duration). Failure to provide complete responses will result in underwriting delays or non-payment of claims. This request for coverage is not effective until approved in writing by the Company. No information provided by you or your agent shall bind the Company unless you provide such information in writing on this form. No agent or broker has authority to alter the contents of this form.

**Have you ever been diagnosed with any of these ailments, received medical advice or sought treatment for:**

1. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?  Yes  No

2. Stroke, transient ischemic attack (TIA), high blood pressure, irregular heart beat, heart murmur, aneurysm, heart attack, angina, elevated cholesterol, or any blood, heart, or blood vessel disorder?  Yes  No

3. Cancer, leukemia, tumor, neoplasm, prostatic nodule (excluding benign nodules), melanoma, congenital medical professional?  Yes  No

**Physician Information**  
Name and address of physician with your most up-to-date and comprehensive medical records.

Physician Name

Street Address

City  State  Zip

BACK

START OVER

CONTINUE

7. Review the information and hit continue at the bottom of the page.

Sun Life Assurance Company of Canada (the "Company")

PRINTABLE

EOI Application: Spouse

Policyholder: Appriss Inc.

Policy Number: 233510

**!** Before you select CONTINUE below, please be sure to carefully review your responses. Once you select CONTINUE, you will not be able to change your responses.

To edit your responses, select the BACK button or select START OVER to clear all responses and begin again.

**Applicant Information**

First Name: FAKE

Last Name: NAME

Gender: MALE

DOB: 1/3/2017

Height: 6' 6"

Weight: 180

Coverages: OPTIONAL SPOUSE LIFE

**Health and Personal History**

**Important:** If you answer "yes" to any of the questions, you will be asked to provide details of your condition (including dates, treatment and duration). Failure to provide complete responses will result in

22. In the last 3 years, have you been prescribed or advised to take any medication by a medical professional? NO

**Physician Information**

Physician Name: fake doctor

Address: fake street

City: louisville

State: KY

Zip: 40223

BACK START OVER

CONTINUE

8. Application Complete means the application has moved to the employer and your part is complete. Sunlife will contact you with follow ups and final approval or denial. Please contact Sunlife for questions around outcome. Contact: 1(800)786-5433

Please click START next to an applicant below.

**Important:** If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage, subject to the provisions in your employer's Group Policy.



**TIPS**

If an applicant below is not yet started, you may need to click the start button.

EOI Application to be completed for the following applicant(s):	Status	
Employee (self)	Not yet started	START
Fake Name	Application Complete	
Child 1	Not yet started	START REMOVE
Child 2	Not yet started	START REMOVE



**INFO:** Your application(s) will not be submitted to the Company until you have selected the SUBMIT FOR REVIEW button on the last screen of this application. If there are multiple applicants listed above, all applicants must have a status of APPLICATION COMPLETE before you can SUBMIT FOR REVIEW.

If you are inactive or away from the computer for 10 minutes, your session will time out and you will lose previously entered application data.