Sun Life

About Evidence of Insurability (also known as Proof of Good Health):

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage than the limits described in the Coverage Options above.
- You want to increase your existing coverage now (whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier).
- You want to increase your coverage at a later date.
- You decline coverage and then want it at a later date.

If EOI is needed, your coverage will not go into effect until Sun Life Assurance Company of Canada approves it.

4 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

If you do not name a beneficiary, or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

☐ **Use my Basic Life beneficiaries** – Check this box and leave this section blank if you want your Optional Life Insurance beneficiaries to be the same as your Basic Life beneficiaries.

If you did not check the box above, make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%.

Primary beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

Secondary (Contingent) beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

* The total within each class (Primary and Secondary) must equal 100%.

5 Calculating Your Cost (Find your monthly cost by adding all of the coverages you have selected)

Employee and spouse coverage:

1. Find your/your spouse's age in the chart below and the corresponding cost.
2. Multiply the cost per $1,000 by your/your spouse's amount of coverage (divided by 1,000). Your cost will increase when you or your spouse moves into a new age band.

Child(ren) coverage:

1. Find the cost per $1,000 for child(ren) coverage in the chart below.
2. Multiply the cost per $1,000 by your child(ren)'s amount of coverage (divided by 1,000).

EMPLOYEE Age	Monthly cost per $1,000 of coverage	/50	/100
Under 29	$ 0.061	3.05	6.10
30 – 34	$ 0.069	3.45	6.90
35 – 39	$ 0.091	4.55	9.10
40 – 44	$ 0.130	6.50	13.00
45 – 49	$ 0.230	11.50	23.00
50 – 54	$ 0.371	18.55	37.10
55 – 59	$ 0.581	29.05	58.10
60 – 64	$ 0.910	45.50	91.00
65 – 69	$ 1.629	81.45	162.90
70 - 74	$ 2.921		
75 - 79	$ 4.821		
80 +	$ 9.761		

SPOUSE Age	Monthly cost per $1,000 of coverage
Under 29	$ 0.061
30 – 34	$ 0.069
35 – 39	$ 0.091
40 – 44	$ 0.130
45 – 49	$ 0.230
50 – 54	$ 0.371
55 – 59	$ 0.581
60 – 64	$ 0.910
65 – 69	$ 1.629

CHILD(REN) Monthly cost per $1,000 of coverage	
All eligible children	$ 0.187

Employee: Make a copy of this form for your records before submitting it to your employer.
Employers: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another Optional Life Enrollment Form.

10 Year Term
Non-Tobacco User Rates

ISSUE AGE	Death Benefit — Monthly Premium Including Policy Fee								
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000
17	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
27	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
28	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
29	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
30	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
31	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
32	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
33	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
34	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
35	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
36	9.00	10.40	13.00	18.50	24.00	24.50	29.00	33.50	38.00
37	9.25	10.70	13.50	19.25	25.00	25.75	30.50	35.25	40.00
38	9.50	11.00	14.00	20.00	26.00	27.00	32.00	37.00	42.00
39	10.00	11.60	15.00	21.50	28.00	29.50	35.00	40.50	46.00
40	10.25	11.90	15.50	22.25	29.00	30.75	36.50	42.25	48.00
41	10.75	12.50	16.50	23.75	31.00	33.25	39.50	45.75	52.00
42	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
43	11.50	13.40	18.00	26.00	34.00	37.00	44.00	51.00	58.00
44	12.00	14.00	19.00	27.50	36.00	39.50	47.00	54.50	62.00
45	12.50	14.60	20.00	29.00	38.00	42.00	50.00	58.00	66.00
46	13.25	15.50	21.50	31.25	41.00	44.50	53.00	61.50	70.00
47	13.75	16.10	22.50	32.75	43.00	48.25	57.50	66.75	76.00
48	14.50	17.00	24.00	35.00	46.00	52.00	62.00	72.00	82.00
49	15.50	18.20	26.00	38.00	50.00	55.75	66.50	77.25	88.00
50	16.25	19.10	27.50	40.25	53.00	–	–	–	–
51	17.00	20.00	29.50	43.25	57.00	–	–	–	–
52	17.75	20.90	31.50	46.25	61.00	–	–	–	–
53	18.75	22.10	34.00	50.00	66.00	–	–	–	–
54	19.50	23.00	36.50	53.75	71.00	–	–	–	–
55	20.50	24.20	39.00	57.50	76.00	–	–	–	–
56	22.50	26.60	43.00	63.50	84.00	–	–	–	–
57	25.00	29.60	48.00	71.00	94.00	–	–	–	–
58	27.50	32.60	53.00	78.50	104.00	–	–	–	–
59	30.25	35.90	58.50	86.75	115.00	–	–	–	–
60	33.50	39.80	65.00	96.50	128.00	–	–	–	–
61	36.50	43.40	71.00	105.50	140.00	–	–	–	–
62	39.75	47.30	77.50	115.25	153.00	–	–	–	–
63	43.50	51.80	85.00	126.50	168.00	–	–	–	–
64	47.50	56.60	93.00	138.50	184.00	–	–	–	–
65	51.75	61.70	101.50	151.25	201.00	–	–	–	–

Spouse Coverage Available[1]

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. *This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. [1]Maximum face amount available is $50,000.*

20 Year Term
Non Tobacco User Rates

ISSUE AGE	Death Benefit — Monthly Premium Including Policy Fee								
	$25,000	$30,000	$50,000	$75,000	$100,000	$125,000	$150,000	$175,000	$200,000
17	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
27	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
28	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
29	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
30	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
31	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
32	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
33	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
34	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
35	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
36	9.50	11.00	13.50	19.25	25.00	27.00	32.00	37.00	42.00
37	10.00	11.60	14.50	20.75	27.00	29.50	35.00	40.50	46.00
38	10.25	11.90	15.00	21.50	28.00	30.75	36.50	42.25	48.00
39	10.50	12.20	16.00	23.00	30.00	33.25	39.50	45.75	52.00
40	11.00	12.80	17.00	24.50	32.00	35.75	42.50	49.25	56.00
41	11.50	13.40	18.00	26.00	34.00	38.25	45.50	52.75	60.00
42	12.25	14.30	19.50	28.25	37.00	42.00	50.00	58.00	66.00
43	13.00	15.20	21.00	30.50	40.00	45.75	54.50	63.25	72.00
44	13.75	16.10	22.50	32.75	43.00	49.50	59.00	68.50	78.00
45	14.50	17.00	24.00	35.00	46.00	53.25	63.50	73.75	84.00
46	15.50	18.20	26.00	38.00	50.00	58.25	69.50	80.75	92.00
47	16.50	19.40	28.00	41.00	54.00	63.25	75.50	87.75	100.00
48	17.75	20.90	30.00	44.00	58.00	68.25	81.50	94.75	108.00
49	19.00	22.40	32.50	47.75	63.00	74.50	89.00	103.50	118.00
50	20.25	23.90	35.00	51.50	68.00	–	–	–	–
51	22.00	26.00	38.50	56.75	75.00	–	–	–	–
52	23.75	28.10	42.00	62.00	82.00	–	–	–	–
53	25.75	30.50	46.00	68.00	90.00	–	–	–	–
54	28.00	33.20	50.50	74.75	99.00	–	–	–	–
55	30.25	35.90	55.50	82.25	109.00	–	–	–	–
56	32.25	38.30	59.50	88.25	117.00	–	–	–	–
57	34.50	41.00	64.00	95.00	126.00	–	–	–	–
58	37.00	44.00	69.00	102.50	136.00	–	–	–	–
59	39.50	47.00	74.00	110.00	146.00	–	–	–	–
60	42.25	50.30	79.50	118.25	157.00	–	–	–	–

Spouse Coverage Available[1]

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30 Year Term
Non-Tobacco User Rates

Death Benefit
Monthly Premium Including Policy Fee

ISSUE AGE	$10,000		$25,000		$50,000		$75,000		$100,000		$150,000		$175,000		$200,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
18	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
19	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
20	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
21	4.60	0.12	8.50	0.31	12.00	0.61	17.00	0.92	22.00	1.22	27.50	1.83	31.75	2.14	36.00	2.44
22	4.70	0.13	8.75	0.32	12.00	0.63	17.00	0.95	22.00	1.26	27.50	1.89	31.75	2.21	36.00	2.52
23	4.70	0.13	8.75	0.33	12.50	0.66	17.75	0.98	23.00	1.31	29.00	1.97	33.50	2.29	38.00	2.62
24	4.80	0.14	9.00	0.34	12.50	0.68	17.75	1.01	23.00	1.35	29.00	2.03	33.50	2.36	38.00	2.70
25	4.80	0.14	9.00	0.35	13.00	0.70	18.50	1.05	24.00	1.40	30.50	2.10	35.25	2.45	40.00	2.80
26	4.80	0.15	9.00	0.38	13.00	0.77	18.50	1.15	24.00	1.53	30.50	2.30	35.25	2.68	40.00	3.06
27	4.90	0.17	9.25	0.42	13.50	0.84	19.25	1.25	25.00	1.67	32.00	2.51	37.00	2.92	42.00	3.34
28	4.90	0.18	9.25	0.45	13.50	0.90	19.25	1.35	25.00	1.80	32.00	2.70	37.00	3.15	42.00	3.60
29	5.00	0.19	9.50	0.49	14.00	0.97	20.00	1.46	26.00	1.94	33.50	2.91	38.75	3.40	44.00	3.88
30	5.00	0.20	9.50	0.51	14.00	1.02	20.00	1.52	26.00	2.03	33.50	3.05	38.75	3.55	44.00	4.06
31	5.10	0.22	9.75	0.54	14.50	1.08	20.75	1.62	27.00	2.16	35.00	3.24	40.50	3.78	46.00	4.32
32	5.20	0.23	10.00	0.58	15.00	1.15	21.50	1.73	28.00	2.30	36.50	3.45	42.25	4.03	48.00	4.60
33	5.30	0.24	10.25	0.61	15.00	1.22	21.50	1.82	28.00	2.43	36.50	3.65	42.25	4.25	48.00	4.86
34	5.40	0.26	10.50	0.64	15.50	1.29	22.25	1.93	29.00	2.57	38.00	3.86	44.00	4.50	50.00	5.14
35	5.50	0.28	10.75	0.70	16.00	1.40	23.00	2.09	30.00	2.79	39.50	4.19	45.75	4.88	52.00	5.58
36	5.70	0.30	11.25	0.74	17.00	1.49	24.50	2.23	32.00	2.97	42.50	4.46	49.25	5.20	56.00	5.94
37	5.90	0.32	11.75	0.79	18.00	1.58	26.00	2.36	34.00	3.15	47.00	4.73	54.50	5.51	62.00	6.30
38	6.20	0.33	12.50	0.83	19.50	1.67	28.25	2.50	37.00	3.33	50.00	5.00	58.00	5.83	66.00	6.66
39	6.40	0.35	13.00	0.88	20.50	1.76	29.75	2.63	39.00	3.51	54.50	5.27	63.25	6.14	72.00	7.02
40	6.70	0.37	13.75	0.93	22.00	1.86	32.00	2.78	42.00	3.71	59.00	5.57	68.50	6.49	78.00	7.42
41	7.00	0.40	14.50	0.99	23.50	1.98	34.25	2.96	45.00	3.95	63.50	5.93	73.75	6.91	84.00	7.90
42	7.30	0.42	15.25	1.05	25.00	2.09	36.50	3.14	48.00	4.18	68.00	6.27	79.00	7.32	90.00	8.36
43	7.60	0.44	16.00	1.10	26.50	2.20	38.75	3.30	51.00	4.40	72.50	6.60	84.25	7.70	96.00	8.80
44	7.90	0.46	16.75	1.15	28.50	2.30	41.75	3.45	55.00	4.60	78.50	6.90	91.25	8.05	104.00	9.20
45	8.30	0.47	17.75	1.18	30.50	2.36	44.75	3.54	59.00	4.72	84.50	7.08	98.25	8.26	112.00	9.44
46	8.90	0.50	19.25	1.25	33.50	2.49	49.25	3.74	65.00	4.98	93.50	7.47	108.75	8.72	124.00	9.96
47	9.50	0.52	20.75	1.31	36.50	2.62	53.75	3.93	71.00	5.24	102.50	7.86	119.25	9.17	136.00	10.48
48	10.20	0.55	22.50	1.37	40.00	2.74	59.00	4.10	78.00	5.47	113.00	8.21	131.50	9.57	150.00	10.94
49	10.90	0.57	24.25	1.43	44.00	2.85	65.00	4.28	86.00	5.70	123.50	8.55	143.75	9.98	164.00	11.40
50	11.70	0.59	26.25	1.48	48.00	2.95	71.00	4.43	94.00	5.90	–	–	–	–	–	–

Spouse Coverage Available[1]

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TEXASLIFE INSURANCE COMPANY

EMPLOYEE MONTHLY PREMIUMS

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000	$200,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			11.40	20.55	29.70	38.85	48.00	57.15	75.45	73
21-22			11.68	21.10	30.53	39.95	49.38	58.80	77.65	73
23-25			11.95	21.65	31.35	41.05	50.75	60.45	79.85	71
26			12.23	22.20	32.18	42.15	52.13	62.10	82.05	72
27			12.50	22.75	33.00	43.25	53.50	63.75	84.25	72
28			12.50	22.75	33.00	43.25	53.50	63.75	84.25	71
29			12.78	23.30	33.83	44.35	54.88	65.40	86.45	71
30-31			13.05	23.85	34.65	45.45	56.25	67.05	88.65	70
32			13.60	24.95	36.30	47.65	59.00	70.35	93.05	70
33			14.15	26.05	37.95	49.85	61.75	73.65	97.45	71
34			14.70	27.15	39.60	52.05	64.50	76.95	101.85	72
35		10.22	15.53	28.80	42.08	55.35	68.63	81.90	108.45	73
36		10.55	16.08	29.90	43.73	57.55	71.38	85.20	112.85	73
37		10.88	16.63	31.00	45.38	59.75	74.13	88.50	117.25	73
38		11.37	17.45	32.65	47.85	63.05	78.25	93.45	123.85	74
39		12.03	18.55	34.85	51.15	67.45	83.75	100.05	132.65	75
40	9.21	12.69	19.65	37.05	54.45	71.85	89.25	106.65	141.45	76
41	9.76	13.52	21.03	39.80	58.58	77.35	96.13	114.90	152.45	77
42	10.53	14.67	22.95	43.65	64.35	85.05	105.75	126.45	167.85	78
43	11.30	15.83	24.88	47.50	70.13	92.75	115.38	138.00	183.25	80
44	12.07	16.98	26.80	51.35	75.90	100.45	125.00	149.55	198.65	81
45	12.95	18.30	29.00	55.75	82.50	109.25	136.00	162.75	216.25	82
46	13.83	19.62	31.20	60.15	89.10	118.05	147.00	175.95	233.85	83
47	14.60	20.78	33.13	64.00	94.88	125.75	156.63	187.50	249.25	83
48	15.48	22.10	35.33	68.40	101.48	134.55	167.63	200.70	266.85	84
49	16.47	23.58	37.80	73.35	108.90	144.45	180.00	215.55	286.65	85
50	17.68	25.40	40.83	79.40	117.98	156.55				86
51	19.11	27.54	44.40	86.55	128.70	170.85				87
52	20.87	30.18	48.80	95.35	141.90	188.45				88
53	22.63	32.82	53.20	104.15	155.10	206.05				90
54	23.84	34.64	56.23	110.20	164.18	218.15				90
55	24.94	36.29	58.98	115.70	172.43	229.15				91
56	26.04	37.94	61.73	121.20	180.68	240.15				91
57	27.25	39.75	64.75	127.25	189.75	252.25				91
58	28.57	41.73	68.05	133.85	199.65	265.45				91
59	29.78	43.55	71.08	139.90	208.73	277.55				91
60	30.63	44.82	73.20	144.15	215.10	286.05				91
61	32.28	47.30	77.33	152.40	227.48	302.55				91
62	34.04	49.94	81.73	161.20	240.68	320.15				92
63	35.91	52.74	86.40	170.55	254.70	338.85				92
64	37.89	55.71	91.35	180.45	269.55	358.65				92
65	39.98	58.85	96.58	190.90	285.23	379.55				92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

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Application Questions

Please complete all fields. Colored fields are required.

	Questions for Proposed Insured(s):	jon doe
1a)	During the last six months, has the proposed insured been actively at work on a full time basis, performing usual duties?	○ Yes ○ No
1b)	During the last six months, has the proposed insured been absent from work due to illness or medical treatment for a period of more than five consecutive working days?	○ Yes ○ No
1c)	During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?	○ Yes ○ No

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