

Beneficiary Designation

You may use this form to designate who will receive the Group Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance proceeds in the event of your death. The designations you make on this form replace any prior beneficiary designations.

Designations apply to your Voluntary Life and AD&D insurance you have under the Group Policy.

1 Member and union information

Name of member (first, middle initial, last)		Social Security number	
Name of union PEF Membership Benefits Program	Group policy number 819927	Billing group number 001	

2 Beneficiary designation

For primary beneficiaries, indicate who should receive the group Voluntary Life and AD&D insurance proceeds in the event of your death.

For secondary, (also known as contingent) beneficiaries, indicate who should receive the group Voluntary Life and AD&D insurance proceeds in the event that ALL of your primary beneficiaries are not living at the time of your death. Please 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%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

Primary beneficiary(ies) Percent share of proceeds*

1 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	
3 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	
4 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	
5 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	

2 Beneficiary designation, continued

Secondary beneficiary(ies)

Percent share
of proceeds*

1 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to member	Social Security number	%
Address	Phone number	Date of birth	

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

3 Signature

You must sign and date this form for your designation to become effective. To become effective, this designation form must be placed on file with PEF Membership Benefits during your lifetime. Make a copy for your records and **return the signed original to PEF Membership Benefits Program at 10 Airline Drive Suite 101, Albany, NY 12205 or MBInsurance@pef.org.**

Name of employee (first, middle initial, last)	Date
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Voluntary Life and Accidental Death and Dismemberment coverage

This is a description of the coverage and plan features associated with this benefit.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

New members must be in a PEF represented position and a dues-paying member to be eligible for coverage. If you happen to be both disabled and away from work on the date your coverage would take effect, the coverage will not take effect until you return to work on a regular full-time basis.

DEPENDENT LIFE INSURANCE COVERAGE

Dependent Life Insurance benefits are payable to the Member. If the Employee does not survive the Dependent, Dependent Life Insurance benefits will be paid to the Member's estate.

ACCIDENTAL DEATH COVERAGE

An Accidental Death Benefit will be payable if your death occurs as a direct result of a covered Accidental Bodily Injury sustained while insured, provided death occurs within 365 days of the accident.

ACCIDENTAL DISMEMBERMENT COVERAGE

This plan pays a benefit if while insured you suffer a bodily injury caused by a covered Accidental Bodily Injury and if within 365 days after the accident you lose, as a direct result of the injury, a hand, foot, or eye. The amount payable for any one Loss will be equal to one-half the amount of your Accidental Death Benefit. You may also be eligible for benefits ranging from 25% to 100% of your Accidental Death Benefit for accidental losses that result in paraplegia, quadriplegia, or hemiplegia. However, no more than an amount equal to your full life insurance coverage is payable for all losses resulting from one accident.

1. Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint.
2. Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.
3. Loss of speech or hearing means that speech or hearing is lost entirely and the Loss cannot be recovered or restored.
4. Loss of movement of limbs means that movement is completely lost and is irreversible.

See your certificate for a complete AD&D Benefit schedule.

EXCLUSIONS

The Accidental Death and Dismemberment coverage provides benefits for losses caused by Accidental Bodily Injury only. Benefits are not payable for losses resulting from bodily or mental infirmity disease or infection unless from an accident, suicide, or intentionally self-inflicted injury; war or any act of war; participation in a riot; or participation in a felony. Any aviation accident other than riding as a fare-paying passenger or being intoxicated or under the influence of any narcotic.

TERMINATION OF COVERAGE

Coverage will terminate at the first to occur of the following:

- When membership ceases
- When the contract terminates as to the coverage
- When you are no longer in an eligible class
- When you retire, unless you are eligible for Retiree Voluntary Life Insurance
- The last day for which any required premium has been paid for your insurance
- When your Voluntary Life insurance terminates

When your Voluntary Life insurance terminates, your Accidental Death and Dismemberment coverage will also terminate.

(This is a partial list of Termination provisions. See your Certificate for a complete list.)

CONTINUATION DURING LEAVE OF ABSENCE OR LAYOFF

Members on leave of absence will have their coverage continued for up to 12 months on a premium paying basis. The member must be able to document state approval for the leave of absence and maintain PEF membership while on leave.

Members subject to layoff on the "Preferred List," will have their coverage continued for up to six months per layoff. The extension will be in force once the affected members have furnished evidence of being on the Preferred List to the PEF Membership Benefits Program's office within 60 days of the last day worked for the state.

BENEFICIARIES

If no beneficiary is alive at the time of your death, or you do not elect a beneficiary, Sun Life, at its option, may make payment as follows:

- to your spouse, if living; or
- if there is no surviving spouse, to your surviving children in equal shares; or
- if there is no surviving spouse or children, to your surviving parents in equal shares; or
- if none of the above, to your estate.

If you named beneficiaries under your employer's plan prior to the effective date of the Group Policy, that beneficiary designation will remain in effect unless you elect to change beneficiaries.

All other benefits payable during your lifetime are payable to you.

REPORTING OF A CLAIM

A claim must be submitted to Sun Life in writing through the PEF Membership Benefits Program. It must give proof of the nature and extent of the loss. The PEF Membership Benefits Program has the proper claim forms.

All claims should be reported promptly. The deadline for filing a claim for any benefits is 12 months after the date of loss causing the claim. If, through no fault of your own, you are unable to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible. Otherwise late claims will not be covered.

Voluntary Life and Accidental Death and Dismemberment coverage, continued

This is a description of the coverage and plan features associated with this benefit.

IMPORTANT

This information is intended to provide an explanation of the general purposes of the insurance described, but it does not form a part of the group insurance policy. If any of the terms of this information or a certificate differ from the group insurance policy, the policy will govern.

In New York, group life and disability insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LF-01, 13-LF-C-01, 07P-LH-PT/07C-LH-PT, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 12-STD-C-01, 12-GPPort-01, 13-LFPort-C-01, 13-ADDPort-C-01 and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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