Sun Life and Health Insurance Company (U.S.)

Beneficiary Designation

You may use this form to designate who will receive the Group 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 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 AD&D insurance proceeds in the event of your death.

For secondary, (also known as contingent) beneficiaries, indicate who should receive the group AD&D insurance proceeds in the even 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. Make a copy for your records and **return the signed original to PEF Membership Benefits Program,** 40 British American Blvd., Latham, NY 12110.

Name of employee (first, middle initial, last)	Date

You are covered for $15,000 Accidental Death and Dismemberment coverage

This is a description of the coverage and plan features associated with this benefit. This coverage does not require any contribution.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

All United States Public Employees Federation Administrative Staff, Management Staff or State Wide Union Officers working in the United States schedule to work at least 10 hours bi-weekly.

All Regular Members, Permanent Hourly and Per Diem Employees working in the United States for an Employer who participates in the New York State Public Employees Federation Membership Benefit Program (Federation) and who scheduled to work at least 10 hours bi-weekly.

Regular Member means any person who is employed by the State of new York in the Professional, Scientific or Technical Unit or comparable titles employed by the New York State Public Authorities, New York State Benefit Corporations, Political Subdivisions of the State of New York and not-for-profit charitable and for profit organizations which provide services to New York citizens by virtue of direct or indirect contractor relationships with New York state, it's Public Authorities, Public Benefit Organizations and/or Political Subdivisions or any duly elected officer of the Federation who has elected Regular Membership in the Federation.

ACCIDENTAL DEATH COVERAGE

An Accidental Death Benefit of $15,000 will be payable if your death occurs as a direct result of a covered Accidental Bodily Injury sustained while insured, provided death occurs within 90 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. Hearing must be lost in both ears.
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 benefit coverage provides benefits for losses caused by Accidental Bodily Injury only. Benefits are not payable for disabilities 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.

TERMINATION OF COVERAGE

Your insurance ceases on the earliest of:

- The date the Group Policy terminates.
- The date you are no longer in an Eligible Class.
- The date your Class is no longer included for insurance.
- The last day any required premium has been paid for your insurance.
- The date you retire.
- The date your employment terminates.
- The date you cease to be an eligible participant under The New York State Public Employees Federation.
- The date you cease to be Actively at Work.

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

In the event of the death of an insured person occurring under the terms of this policy, the death benefit shall be payable to the named beneficiaries or to the insured's estate if no beneficiaries are alive at the time of death.

If the beneficiaries are minors, or cannot give a valid release, payment will be provided to the duly-appointed guardian or committee.

You must name or change your beneficiary by filing a written request at the PEF Membership Benefits Program's office. The naming or change will take effect as of the date you execute the request.

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.

REDUCTION RULE FOR RETIRED MEMBERS

Your Accidental Death and Dismemberment Coverage will terminate at retirement.

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.) (Lansing, MI) 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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