

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

5 (7 , 5 ((Sun Life Insurance

PLEASE USE BLUE OR BLACK INK ONLY

Effective Date _____

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DOB

__/__/__

State Zip

DOB

__/__/__

State Zip

DOB

Social Security #

__/__/__

State Zip

DOB

__/__/__

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

Employee's or Retiree's Signature

Date Signed