

Sun Life Assurance Company of Canada

One Sun Life Executive Park, Wellesley Hills, MA 02481



Application for Group Insurance

1 Applicant organization information

Full legal name (As it is to be shown in the Group Policy)			
City of Everett			
Main office address			
2930 Wetmore Ave, 5th Fl			
City	County	State	Zip code
Everett		WA	98201

Type of Organization: ☒ Corporation    ☐ S Corporation    ☐ Partnership    ☐ Sole Proprietor    ☐ LLC/LLP

Subsidiaries or Affiliates to be Included. An affiliate or subsidiary is a separate firm owned or controlled by the Applicant.

1.	Legal name			
	Street address	City	State	Zip code
2.	Legal name			
	Street address	City	State	Zip code

☐ If you need more space, check here and attach a separate page.

2 Requested insurance information

If any requested coverage is to have a different effective date than the date indicated at right, please note the effective date next to the coverage.

Requested effective date (mm/dd/yy)
01/01/25

- ☒ Life  
☒ Accidental Death & Dismemberment  
☒ Voluntary Life/AD&D  
☒ Long-Term Disability  
☐ Short-Term Disability  
☐ Customized Disability
- ☐ Dental  
☐ Vision  
☐ Critical Illness  
☐ Cancer  
☐ Accident  
☐ Hospital Indemnity  
☐ Other \_\_\_\_\_

### 3 Terms of agreement

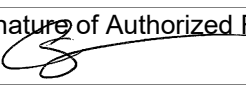
The Applicant hereby applies for Group Insurance as specified in the Sun Life Assurance Company of Canada (Sun Life) proposal. The undersigned Applicant has read, understands and agrees that:

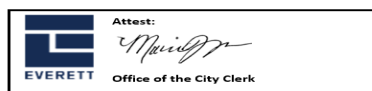
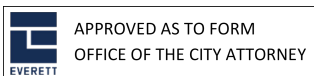
1. The insurance requested in this Application for Group Insurance will not become effective until it has been approved by Sun Life.
2. The requested group insurance will:
  - be issued only if the requested insurance is accepted by Sun Life and is legally permissible;
  - be issued under a Group Policy or Policies in the language customarily used by Sun Life;
  - be subject to Sun Life's standard underwriting requirements; and
  - take effect on the date determined by Sun Life.
3. All information given in connection with this Application for Group Insurance is true and complete to the best of the Applicant's knowledge, information and belief.
4. Premium rate quotes are based on the data previously submitted to Sun Life. Final premium rates will be determined based on the final census submitted. Sun Life reserves the right to re-rate any coverage retroactively to the effective date or take other appropriate actions if any information provided to us is not true or is incomplete.
5. If Sun Life approves an Applicant's request for group insurance coverage, employees who are not actively at work on the group insurance policy's effective date will only be insured if they satisfy the policy's "Continuity of Coverage" provision or are required to be covered by law.
6. No producer, agent or broker can make or modify a contract for Sun Life and all coverage will be as stated in Sun Life policies. No agent or broker has the authority to guarantee the acceptability of the requested insurance.
7. When you purchase insurance from us, we pay compensation to the producer and/or to the agency through which the producer works. If the producer works through an agency, the agency may pay compensation directly to the producer. Compensation may include commissions when a policy is purchased or renewed, and fees for other services. The compensation may vary by the type of insurance purchased. Additionally, bonuses and incentive trips or awards associated with sales may be paid based on the overall sales volume or persistency of business. The compensation that we pay to producers may differ from that paid by other insurance companies. If you have questions, contact your producer directly.
8. This Application is made a part of the Group Policy.

### 4 Authorization

I acknowledge that I have read or had read to me and understand the Terms of Agreement above and the Fraud Warning for my state.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Name and title of Applicant organization's Authorized Representative		Cassie Franklin, Mayor
Signature of Authorized Representative X 		
Place of signing	Everett, WA	Date 12/10/2024



5 Producer information

The following information must be fully completed and signed before processing can be completed. Box Number 2 should only be completed if a Commission split has been approved.

1.

☐ Individual

☒ Agency

☐ Broker's Broker

Commission split

Name of Agent/Broker/Agency (Please print legal name)  
Alliant Insurance Services Inc

Alliant

Agent/Broker license no.

Street address  
401 Union St. 31st Floor


City  
Seattle

State  
WA

Zip code  
98045

Email address  
britt.wooldridge@alliant.com

Phone number  
310-606-0378

Signature of Agent/Broker  
X 

Date  
11/20/2024

Countersigned by licensed resident agent (where required by law)  
X

Agent license no.

2.

☐ Individual

☐ Agency

☐ Broker's Broker

Commission Split`

Name of Agent/Broker/Agency (Please print legal name)

Agent/Broker license no.

Street address

City

State

Zip code

Email address

Phone number

Signature of Agent/Broker  
X

Date

Countersigned by licensed resident agent (where required by law)  
X

Agent license no.

Contact us



**By mail**  
Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET



# Sun Life Assurance Company of Canada

## Employer Information form

Sun Life Assurance Company of Canada and wholly owned Prepaid Dental companies are referred to as "Sun Life" throughout this form.

### Your company information

Full legal name of employer (to appear on contract/policy documents and in the Maxwell platform) City of Everett	Employer Tax ID Number
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Do you qualify for a sales tax exemption? ..... ☐ Yes ☒ No  
If "Yes," please provide applicable documentation (i.e. sales tax exemption certificate)

Please provide your company's logo to be displayed in the Maxwell platform (.png, .jpg, or .jpeg format)

Are you currently insured with a Sun Life company for Life, Disability, Worksite, Dental or Vision? ..... ☒ Yes ☐ No

If "Yes," please provide the policy numbers: 942727

Our goal is to help you achieve your goals. Tell us about why you chose Maxwell + Sun Life:

### Previous coverage information

Please indicate below which Sun Life benefit(s) will replace your current coverage at another carrier.

**A copy of the prior carrier contract and prior carrier bill is required for each benefit selected below.**

- ☒ Life
- ☒ Accidental Death & Dismemberment (AD&D)
- ☒ Voluntary Life/AD&D
- ☐ Short-Term Disability
- ☐ Voluntary Short-Term Disability
- ☐ Paid Family and Medical Leave (PFML) - Please provide states this is in force for: \_\_\_\_\_
- ☒ Long-Term Disability
- ☐ Voluntary Long-Term Disability
- ☐ Dental
- ☐ Vision
- ☐ Critical Illness
- ☐ Accident
- ☐ Cancer Indemnity
- ☐ Hospital Indemnity

Information contained in the prior carrier contract is essential to help protect your employees' benefit levels and minimize claims issues during a change of insurer. The prior carrier contract also helps us configure your plan accurately when transitioning to your new group policy.

## Benefits administrators and plan administration

Please let us know who you would like to have access to the Sun Life online employer web portals.

The head administrator automatically has access to all locations (if multiple) and all areas of the site:

- Billing—for online billing customers only
- Claims—available to customers with Sun Life Disability Products
- Evidence of Insurability
- Policy documents (contracts, booklets, general forms, and benefits administration guides)

Primary benefits administrator

Name of <b>primary</b> benefits administrator Chelsi Bardwell			Title HR Operations Manager	
Street address 2930 Wetmore Ave. Suite 5A		City Everett		State WA
Zip code 98201		Phone number 425-257-8708		Fax number
E-mail address cbardwell@everettwa.gov			<input checked="" type="checkbox"/> Head web administrator (Access to ALL capabilities)	

Will this individual be administering the Maxwell technology?..... ☒ Yes ☐ No

Name of <b>primary</b> Maxwell administrator	E-mail address
--	----------------

Will this individual be responsible for reconciling discrepancies from EDI connections? ..... ☒ Yes ☐ No

Name of <b>EDI discrepancy contact</b>	E-mail address
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Please add any additional Sun Life web administrators below along with the type of access required. After registering online, head administrators may also add additional users to the employer web portal. Please see the Manage Users section of the site for more information.

Additional Web Administrators

Name of benefits administrator			Title	
Street address		City		State
Zip code		Phone number		E-mail address
Type of access <input type="checkbox"/> Billing <input type="checkbox"/> EOI <input type="checkbox"/> Claims <input type="checkbox"/> Documents				

Name of benefits administrator			Title	
Street address		City		State
Zip code		Phone number		E-mail address
Type of access <input type="checkbox"/> Billing <input type="checkbox"/> EOI <input type="checkbox"/> Claims <input type="checkbox"/> Documents				

Name of benefits administrator			Title	
Street address		City		State
Zip code		Phone number		E-mail address
Type of access <input type="checkbox"/> Billing <input type="checkbox"/> EOI <input type="checkbox"/> Claims <input type="checkbox"/> Documents				

**Billing and administration**

Home Office Administration      This allows you to receive an online billing statement each month and manage your Sun Life policies online—with helpful features such as billing, forms, and more.

**Advanced Billing:** Applies to Basic Life, AD&D, STD, LTD, Dental and Vision coverages.

The billing statement is sent prior to the coverage period and premium is expected to be paid prior to the coverage period. Bills will be pro-rated and employees are charged for the full period in which they are covered. On-going adjustments will reflect on a future bill.

For example: For the coverage period of October, a bill will be available by September 25<sup>th</sup> and premium should be remitted as soon as possible.

**Arrears Billing:** Applies to Accident, Critical Illness, Cancer Indemnity, Hospital Indemnity and Issue Age STD coverages. Bills will be pro-rated and employees are charged for the full period in which they are covered. On-going adjustments will reflect on a future bill.

Designed for Voluntary benefits, this allows you to pay as deducted using the deductions collected during the coverage period and remitted at the end of the coverage period.

For example: For the coverage period of October, a bill will be available by October 25<sup>th</sup> and premium should be remitted in early November.

Voluntary Life, AD&D, Voluntary STD, and Voluntary LTD and Paid Family and Medical Leave can be included on either Advanced Billing or with other Employee- paid coverages on Arrears Billing.

Please select an option below:

☒ Advanced Billing                      ☐ Arrears Billing

**Payroll Cycle:**

Do all employees have the same payroll frequency? ..... ☒ Yes   ☐ No

If “Yes,” select frequency:   ☐ Weekly (52)   ☒ Bi-Weekly\* (26)   ☐ Semi-Monthly (24)   ☐ Monthly (12)

If “No,” Please specify below:

Eligible class name	Payroll Frequency
	<input type="checkbox"/> Weekly (52) <input type="checkbox"/> Bi-Weekly* (26) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Semi-Monthly (24)
	<input type="checkbox"/> Weekly (52) <input type="checkbox"/> Bi-Weekly* (26) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Semi-Monthly (24)
	<input type="checkbox"/> Weekly (52) <input type="checkbox"/> Bi-Weekly* (26) <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Semi-Monthly (24)

\*If Bi-Weekly, are deductions taken in 26 pay cycles? ..... ☐ Yes   ☐ No   x   N/A

If “No,” explain:

Do all employees have the same pay dates? ..... ☒ Yes   ☐ No\*

\*If “No,” please provide your implementation consultant with a copy of your payroll calendar.

**Billing and administration, continued****Billing Structure:**☐ Single bill with all employees and coverages☒ Single bill with employees grouped by:☐ Location☒ Division/department☐ Other: \_\_\_\_\_☐ Multiple bills split by:☐ Location☐ Division/department☐ \*Benefit☐ Other: \_\_\_\_\_

\*If grouping or splitting the bill by benefit, please define here: \_\_\_\_\_

Please provide Billing Location details below (if more than two, e-mail the additional information).

**Billing Location/Division/Department/Benefit - 1**

Name of location (if applicable)		No. of employees at location	
Name of benefits administrator at this location		Title	
E-mail address		Phone number	
Street address	City	State	Zip code

**Billing Location/Division/Department/Benefit - 2**

Name of location (if applicable)		No. of employees at location	
Name of benefits administrator at this location		Title	
E-mail address		Phone number	
Street address	City	State	Zip code

If your billing, administration or claims will be administered by a **Third Party Administrator (TPA)**, please fill out the contact information below. (If unsure, consult your broker or one of our Implementation Consultants to help you.)What is the role of the TPA?: ☐ Premium ☐ Claim ☐ Premium and Claims

Name of TPA firm		E-mail address	
Name of contact person at TPA firm		Title	
Street address of firm		City	
		State	Zip code

## Contract and administrative options for Sun Life benefits

**NOTE:** For Paid Family Medical Leave, please see specific product page for eligibility and waiting period.

- A. Eligibility: Eligible employees must be working at the employer's usual place of business.
- Employer paid products typically have 30 hours per week minimum required:
  - Employee paid products typically have 20 hours per week minimum required.
  - Employees not regularly working at least 20 hours per week are considered part-time.

**Employees not actively at work are not covered until they return to work, unless required by applicable state law or approved in writing by the Sun Life Underwriting department.**

Eligible employees:

☐ All full-time U.S. employees working in the U.S. and scheduled to work 30 hours. (most common)

☐ Other: \_\_\_\_\_

☐ Differs by class: \_\_\_\_\_

☒ Differs by benefit: FT & PT scheduled for at least 22 hpw. LTD is only offered to Appointive EEs. EPOA, DPMA & Fire are NOT eligible for Life, AD&D, Dep Basic Life, Voluntary Life or LTD  
(May require Home Office approval.)

Number of employees eligible for Sun Life coverage See below

☒ If differs by coverage, please specify: LTD = 253 All Other Benefits = 830

Are union members being covered? ..... ☒ Yes ☐ No

Are domestic partners being covered? ..... ☒ Yes ☐ No

- B. Eligibility waiting period for Sun Life benefits: This is the amount of time required after employees are hired before they are eligible for benefits. Applies to all Sun Life lines of coverage unless otherwise noted.

Please fill in the option below that meets your needs.

☒ First of the month following\*

☐ Date of hire ☒ 30 days ☐ 45 days ☐ 60 days ☐ 90 days ☐ 3 months

Is this coinciding or not coinciding?\* ☐ Coinciding ☒ Not coinciding

Does this waiting period apply to all employees and lines of coverage? ..... ☒ Yes ☐ No

If "No," please specify: \_\_\_\_\_

☐ Date of Hire plus

☐ None ☐ 30 days ☐ 45 days ☐ 60 days ☐ 90 days ☐ 3 months ☐ Other \_\_\_\_\_

Does this waiting period apply to all employees and lines of coverage? ..... ☐ Yes ☐ No

If "No," please specify: \_\_\_\_\_

\* Prepaid Dental must have a waiting period that contains first of the month following

\* Critical Illness, Cancer Indemnity, Accident and Hospital Indemnity typically has a waiting period that contains first of the month following to allow time to set up payroll deductions



**Contract and administrative options for Sun Life benefits, continued**

- C. If an employee who is not initially eligible (part-time, not in a benefits eligible class, etc.), but later becomes eligible for Sun Life benefits, do you want their time already spent as an employee to count towards their waiting period? ..... ☐ Yes ☒ No

If "Yes," service time always includes full time:

Will time spent as part-time employee also be included? ..... ☐ Yes ☐ No

If any other time counts, please explain: \_\_\_\_\_

(May require Home Office approval.)

- D. Rehire provision:  
An employee rehired during this time does not have to complete a new waiting period in order to be eligible for Sun Life benefits. The rehire provision must be the same for all benefits.

☐ 3 months ☐ 6 months (standard) ☐ 9 months ☐ 12 months ☐ None ☒ Other: 90 days

- E. Age changes take effect as follows for Sun Life benefits: (select one within each category)

Age reductions apply ..... ☒ Yes ☐ No  
If "Yes," when does the age reduction changes for Life insurance and Critical Illness take effect:

☐ Immediately

☒ Annually on policy anniversary

Age band rates apply ..... ☒ Yes ☐ No  
If "Yes," when does the age banded premium (step-rate) changes take effect:

☐ Immediately

☒ Annually on policy anniversary

**Changes in age that trigger a new premium rate for age-band rated Voluntary products typically occur on the policy anniversary.**

- F. Section 125 Plan:

Do you have a Section 125 Plan? ..... ☐ Yes ☒ No

If "No," proceed to next section.

If "Yes," please indicate which coverages are included: \_\_\_\_\_

- G. Annual enrollment for Sun Life benefits:

**Note: Annual Enrollment is required for Sun Life Dental, Vision, Critical Illness, Cancer Indemnity, Accident and Hospital Indemnity.**

Do you allow changes only during your annual enrollment period (excluding qualifying event)? ..... ☒ Yes ☐ No

If "Yes," please specify when you administer your annual enrollment period.

☐ The calendar month prior to the policy anniversary (standard)

☒ Other (not to exceed 30 days) Start Date 10/15 End Date 11/15

When do annual enrollment changes take effect?

☒ Policy anniversary

☐ Other: \_\_\_\_\_

Decreases in insurance take effect: ..... ☒ Immediately ☐ At annual enrollment

If "No," please specify when changes to elections should take effect:

☐ Immediately (standard)

☐ First of the month following

☐ First of the month coincident with or next following

**Contract and administrative options, continued**

- H. Definition of earnings: The amount of an employee's earnings upon which claims will be paid, and upon which premium amounts are calculated. **PFML will be calculated based on statute.** Choose the applicable definition from the following list.

☒ **Gross earnings (standard)** – This includes employee pre-tax contributions to a qualified deferred compensation plan, 401(k) plan, Section 125 plan, health savings account, or flexible spending account. These exclude commissions, bonuses, overtime pay and extra compensation.

If "Gross earnings" was selected above, please make the appropriate selection below. If a selection is not made, you will receive current gross earnings with salary changes taking place immediately.

☒ Current earnings (standard) – If current earnings, salary changes take effect (select one):

☒ Immediately (standard) ☐ 1<sup>st</sup> of the month following ☐ 1<sup>st</sup> of the month coincident with or next following

☐ Prior \_\_\_\_\_ calendar year(s) earnings – salary changes take effect of January 1<sup>st</sup>

☐ Frozen earnings as of \_\_\_\_\_ (example: June 1<sup>st</sup>) – salary changes will take place on the date selected

If gross earnings include shift differential, or any other extra compensation, please specify. Please indicate here if earnings also include:

Averaged over:	12 months	24 months	36 months	Prior calendar year	Prior 2 calendar years	Prior 3 calendar years
<input type="checkbox"/> Commissions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bonuses*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overtime Pay*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Commissions bonuses, and/or overtime pay selected above are averaged together with earnings. If this should be otherwise, please specify.

If the definition is not for all coverages / classes, this definition applies to:

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- ☐ **W-2 earnings** – These exclude employee pre-tax contributions to a qualified deferred compensation plan, 401(k) plan, Section 125 plan, health savings account, or flexible spending account, but will include overtime pay, commissions, bonuses and any other income that is reported on the employee's W-2 as "salary, wages and tips."

Averaged over:	Prior calendar year	Prior 2 calendar years	Prior 3 calendar years
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the definition is not for all coverages / classes, this definition applies to:

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Salary changes for W-2 earnings take effect on January 1<sup>st</sup>

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- ☐ **Earnings for Partners, Owners, and/or Shareholders** – If the earnings above will not apply to a partner, owner, or shareholder, please complete the following questions.

Is your type of organization a Partnership (Form 1065 Schedule K-1)? ..... ☐ Yes ☐ No

☐ Ordinary Business Income ☐ Guaranteed payments

☐ Ordinary Business Income plus guaranteed payments ☐ Net earnings from self-employment

If you are a Healthcare Professional group, is the Schedule K-1 paid by the

Policyholder to the Physician's own company? ..... ☐ Yes ☐ No ☐ N/A

Is your type of organization an S Corporation (Form 1120S Schedule K-1)? ..... ☐ Yes ☐ No

☐ Ordinary Business Income ☐ Ordinary Business Income with W-2 earnings

If you are a Healthcare Professional group, are earnings paid to the Shareholders

associated company? ..... ☐ Yes ☐ No ☐ N/A

Is your type of organization a Sole Proprietor (Form 1040 Schedule C Net Income)? ..... ☐ Yes ☐ No

Salary changes for Partners, Owners, and/or Shareholders earnings take effect on January 1<sup>st</sup>

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Employee documents

Your legal name will be listed on every certificate. Your employee certificate document(s) will be delivered on your Sun Life employer web portal. You will receive notification when they are ready for delivery. Our certificates are split by benefits.

Please let us know if you would like certificates also split by class or location. Our Implementation Consultants will work with you to accommodate your situation as best as possible.

Split by benefit

ERISA information

We can provide ERISA plan information in your certificate. If you would like to include this information, we will need all of the following information.

Agent for legal process (ie. Policyholder name)		Name of plan administrator	
Street address		City	State      Zip code
Employer Identification Number (EIN)	ERISA plan number		Plan year end

**Agent for legal process** – This is not the person who receives commission but the person who is designated by the plan administrator to accept legal notices.

**Plan year end** – This is typically the last day of the month before the effective date.

**ERISA plan number** – This is PN501 unless another number is assigned by the employer or the plan administrator.

**Tip:** If you had coverage with a prior carrier, you may be able to find this information in the booklet or contract.

**Life insurance**

Sun Life plan..... ☒ Yes ☐ No

If "Yes," please fill in the portion of the premium cost that you, as the employer, will be contributing (if applicable).

If "No," skip to "Non-Sun Life Plan Information: Life insurance" section.

A. Employer contributions:

<input checked="" type="checkbox"/> Employee basic life	100	%
<input checked="" type="checkbox"/> Employee basic AD&D	100	%
<input checked="" type="checkbox"/> Dependent basic life	0	%

If the Optional/Voluntary Life and AD&D coverage is anything but 100% employee paid, please indicate the percentage(s) here: \_\_\_\_\_

If Employee's contribute to the premium please make a selection below:

☐ Pre-tax ☒ Post-tax (Standard)

Value-added services:

If you purchased employee life, you are eligible to receive one of three value-added services packages offered by Sun Life. Please make your selection below. If no selection is made, you will automatically be enrolled in Self Care+. Self Care+ is not available in VT. **Self Care+ is only available for Effective dates of 4/1/23 or later**

☒ Self Care+

Offers employees and their families (age 13+) 24/7 access to digital tools such as mindfulness activities, guided journals, blogs, and meditations to help them build resilience and improve their mental health. Service provided by AbleTo and is not insurance.

☐ Emergency Travel Assistance & ID Theft

Emergency Travel Assistance provides medical, dental and personal emergency assistance for employees and dependents traveling 100+ miles from home. Identity Theft Protection offers prevention and resolution tools to safeguard data and restore its integrity if it is used fraudulently. These services are provided by Assist America and are not insurance.

☐ Online Will Preparation & Claimant Support Services

Online Will Preparation provides step-by-step guidance online to create a legally binding will. Claimant Support Services connects claimants and beneficiaries to professional grief, financial and legal counseling. These services are provided by ComPsych and are not insurance.

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B. Please indicate below how you would like Sun Life to calculate the spouse age for Dependent Voluntary Life insurance.

☐ Measured based on age of spouse

☒ Measured based on age of employee (standard)

The option selected above will be used to calculate the spouse age for age reduction changes and age banded premium (step-rate) changes. Spouse information will be required on the final census.

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Life insurance, continued

C. Actively at Work:

Are all employees Actively at Work (as defined in the applicable Certificate) on the policy effective date that are normally insured? ..... ☒ Yes ☐ No

Identifying employees who are not at work on the eligibility date helps us prevent any coverage issues before they occur.

Please advise if there are any special agreements or amendments to the prior carrier contract and if any employees are:

- On workers' compensation
  - Partially disabled
- Eligible to convert
  - Grandfathered or retired

Please use the space provided to **list those employees who are not at work on the eligibility date**. This is for life insurance only. **Note:** Group life benefit in-force amount includes basic and optional/voluntary life coverage amounts.

Employee name	Date of birth	Last day worked	Reason (ie. Disability, FMLA, Leave of Absence, Maternity Leave, etc.)	Group life benefit in force	Voluntary life benefit in force	Expected return-to-work date	On continuation with premium	Waiver claim filed?
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you selected yes to any of the above, please complete the questions below for each employee affected. If you require more space you may provide a spreadsheet with the information for each employee.

If a waiver claim was filed, please indicate the name of the employee and the prior carrier's decision.

If no waiver claim was filed, please indicate the name of the employee and what the Waiting Period is for filing a Waiver of Premium claim.

**Please note:** Employees who are not Actively at Work on the effective date can be covered only under the Continuity of Coverage provision. Continuity of Coverage is not available to employees who are eligible for or receiving benefits (including Waiver of Premium) under another group insurance provision in the policy. The prior carrier contract also helps determine coverage intent when transitioning to your new group policy. **FAILURE TO IDENTIFY THESE EMPLOYEES AND TO FILE FOR WAIVER OF PREMIUM WITH THE PRIOR CARRIER MAY RESULT IN A LOSS OF COVERAGE FOR THEM.**

## Long-term disability insurance

Sun Life plan..... ☒ Yes ☐ No

If "Yes," please fill in the portion of the premium cost that you, as the employer, will be contributing (if applicable).

If "No," skip to "Non-Sun Life Plan Information: Long-term disability insurance" section.

- A. **Column A:** If your plan has more than one employee class, specify the name of each class. If you need more room, you may attach a separate sheet. If your plan has one class, use the first row and write, "All Eligible Employee."

**Column B:** Specify who contributes to the cost of coverage

**Column C:** If shared contributions and the Employees portion is paid on a post-tax basis, the 3-Year Look-Back %\* is required. This information will decide the taxability of an Employees claim. The 3-Year Look-Back should be updated on an annual basis.

\* The "Three-Year Look-Back" rule a requirement of IRS Code Section 105. Please contact your Sun Life Financial Representative for the Sun Life Financial White Paper titled the "Three-Year Look-Back Rule" for more information about determining the look-back percentage.

A	B	C
Name of Class	Premium Contributions	If shared contributions paid post-tax, provide 3-Year Look-Back %
City Council Members	<input checked="" type="checkbox"/> 100% Employer Paid <input type="checkbox"/> Gross Up <input type="checkbox"/> 100% Employee Paid <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax <input type="checkbox"/> Shared Contributions Employee Paid    % <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax (see Column C)	%
All Appointive groups except seasonal	<input checked="" type="checkbox"/> 100% Employer Paid <input type="checkbox"/> Gross Up <input type="checkbox"/> 100% Employee Paid <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax <input type="checkbox"/> Shared Contributions Employee Paid    % <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax (see Column C)	%
	<input type="checkbox"/> 100% Employer Paid <input type="checkbox"/> Gross Up <input type="checkbox"/> 100% Employee Paid <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax <input type="checkbox"/> Shared Contributions Employee Paid    % <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax (see Column C)	%
	<input type="checkbox"/> 100% Employer Paid <input type="checkbox"/> Gross Up <input type="checkbox"/> 100% Employee Paid <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax <input type="checkbox"/> Shared Contributions Employee Paid    % <input type="checkbox"/> pre-tax <input type="checkbox"/> post-tax (see Column C)	%

Should this be pre-selected for eligible employees on a voluntary basis?..... ☒ Yes... ☐ No

If "Yes," employers should provide clear instructions to their employees, letting them know that they will be automatically enrolled and payroll deduction will be initiated unless the employee affirmatively declines coverage on the Maxwell Health benefits administration platform.

Employers should also review their payroll deduction records, to ensure that employees who decline coverage have been deleted from the bill before any payroll deductions are made.

**Long-term disability insurance, continued**

B. Claims checks will be mailed to the employee's home address

If anything different, please specify: \_\_\_\_\_

C. Where will monthly claims reports and Explanation of Benefits (EOB) documents be sent?

☒ To primary benefits administrator

☐ Other, please specify below

D. If you are a Healthcare Professionals group, and you purchased the Malpractice Insurance Reimbursement Rider, please identify who the benefit should be payable to? ☐ Employer ☐ Employee ☒ Not applicable

## Maxwell EDI and Integrations:

**This Link can be used to request EDI feeds for Non Sun Life products or to establish integrations between Maxwell and other carriers.**

[Request EDI Feeds for Non Sun Life products](#)

**For additional information on EDI and Integrations with Maxwell, access this link and click on Data Connections**

[Additional information on EDI and Integrations with Maxwell](#)

**If you have additional questions related to establishing connections within Maxwell, please reach out to your Implementation Consultant, or [support@maxwellhealth.com](mailto:support@maxwellhealth.com)**

During an enrollment, Sun Life may **be authorized to** receive information from enrollees about **certain non-SLF** health insurance and other coverages being offered by the employer **solely** in order to enroll **these individuals** in those plans. Benefit counselors CANNOT comment on specific coverage issues or benefits, but will refer the employee to the insurance policy and summary plan description for the exact coverage being offered and all applicable terms and conditions. **In no event shall any Benefit Counselor advise, or in any way, attempt to urge any individual to apply for particular insurance or a particular company.** Similarly, benefit counselors cannot provide legal, tax, or financial advice, but they may {will} provide employees with basic information about the plan, such as the amount of the deductible, copayments, coinsurance rates, and out-of-pocket maximums. Enrollees who have questions about such coverages should be referred to the employer's HR representative.



## Authorization and signature

The undersigned employer has read, understands, and agrees that:

1. The requested group insurance will:
  - be issued only if the requested insurance is accepted by Sun Life and is legally permissible (cashing of the initial deposit check or processing initial deposit payments does not constitute approval of the requested insurance);
  - be issued in the language customarily used by Sun Life;
  - be subject to Sun Life's standard underwriting requirements; and
  - take effect on the date determined by Sun Life.
2. All information given in connection with this Employer Information form is true and complete to the best of the employer's knowledge, information, and belief. Employer agrees to supplement and correct information provided in writing. If any information given on this form differs from what is given on the Application for Group Insurance, the terms of the Application for Group Insurance will control.
3. The receipt of premium by Sun Life is not a guarantee of coverage. Eligibility for benefits will be determined at the time of claim submission. Employer should not pay or collect premiums for or from employees who are not eligible for coverage. Employer will not collect premiums for coverage subject to Evidence of Insurability before such Evidence has been approved by Sun Life. Employer acknowledges and agrees that it will be responsible for confirming eligibility of spouses and dependents and for notifying Sun Life if any spouses and dependents are not eligible for coverage.
4. Employees not Actively at Work on the effective date agreed to by Sun Life will be identified to Sun Life and will be insured only as required by law or as approved in writing by Sun Life. No producer, agent, or broker can make or modify a contract for Sun Life, and all coverage will be as stated in Sun Life policies. No agent or broker has the authority to guarantee the acceptability of the requested insurance.
5. Employer agrees not to alter any NAIC publication provided by Sun Life, to limit distribution to its employees, to distribute only the most current version as supplied by Sun Life and not to receive any compensation for its use. Employer acknowledges any NAIC publication is the exclusive property of the NAIC and will take no action adverse to those rights. Employer will dispose of any copies of NAIC publications supplied by Sun Life when its group insurance with Sun Life terminates.
6. **Electronic Transactions:**

Pursuant to the terms of the Client and Consumer Electronic Consent and Disclosure, the undersigned employer consents to electronic transactions, including transactions involving membership and billing, premium payment, Evidence of Insurability, claims (where applicable), and electronic delivery of application and policy documents. The employer may at any time opt out of electronic transaction, or at no additional charge obtain a paper copy of any document or notice that has been delivered or made available electronically by request to the Company. See Client and Consumer Electronic Consent and Disclosure for information about how to opt out and request paper copies.

**Kentucky only:** The employer authorizes Sun Life at its discretion to communicate cancellations, renewals, premium increase and to deliver policy documents, group application and related forms electronically by the web portal and DocuSign. The employer is aware that this election operates as consent for all notices to be sent electronically; therefore, the employer should be diligent in updating the electronic mail address provided to the insurer. The policyholder may, at its option, request Sun Life to provide paper copies of the policy and all notices; or to receive the policy electronically and all notices in paper copy; or to receive the policy and all notices electronically.

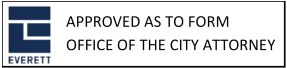
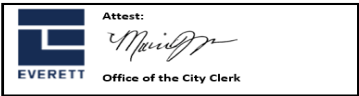
For electronic transactions through DocuSign, employer may download and print documents it received from Sun through the DocuSign system during and immediately after the signing session. If employer elects to create a DocuSign account, it may access the documents for a limited period of time (usually 30 days) after such documents are first sent to Employer. After such time, if you wish for us to send you paper copies of any such documents from our office to you. To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must reach out to your Sun Life Service representative. We will bill you for any fees at that time, if any.

Authorization and signature, continued

7. **Employer web portal authorization:** The employer authorizes the administrators named in the “Benefits administrators and plan administration” section above to have access to the employer web portal and requests that a user name and password be assigned to allow for such access. Sun Life’s interactive web services requires an electronic identification. The use of the electronic identification by Employer’s representatives is the legal equivalent of Employer’s written signed instructions to Sun Life. Sun Life will rely on instructions from persons using the electronic identifications assigned by Employer. Actions taken by persons using an electronic identification assigned by Employer will be deemed to be authorized by Employer. For this reason, Employer must safeguard the electronic identifications and inform Sun Life promptly to terminate an identification if Employer believes the security of an identification has been compromised or person previously issued an identification is no longer authorized.
8. I acknowledge receipt of Sun Life’s Privacy Policy, as well as the HIPAA Notice of Privacy Practices applicable to the SLF Dental product, made available to me electronically on Sun Life Connect.

I certify that the above statements and all information provided in this document are true and complete.

Name of employer    City of Everett		Date 12/10/2024
Signature of authorized employer representative 		Title Mayor



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# Sun\_Life\_Employee\_Insurance\_11.20.24\_SD


Final Audit Report


2024-12-10


Created:	2024-12-05
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Status:	Signed
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 Agreement completed.  
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