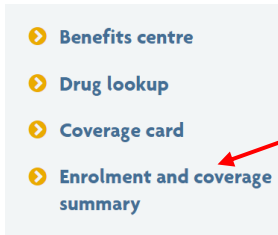
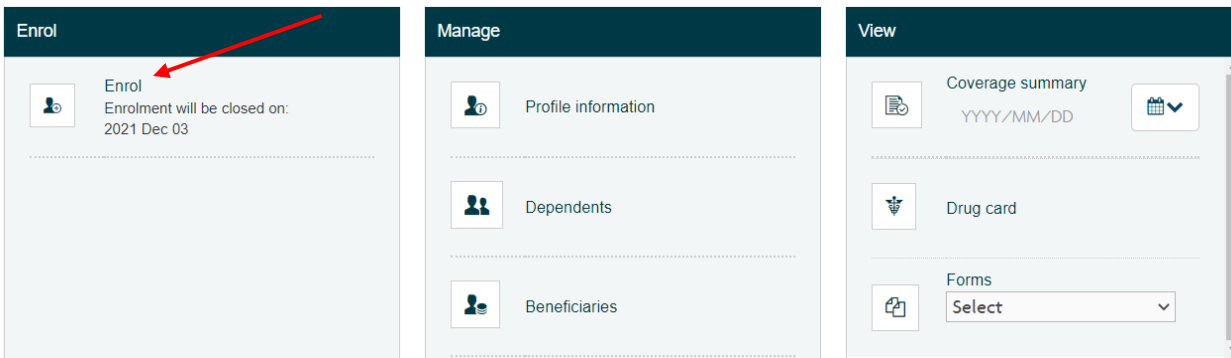


Enrolment Instructions - Sun Life Group Benefit Program

1. Log onto the Sun Life website, www.mysunlife.ca using your Access ID and password
 - If you have lost or forgotten your Access ID or password, you can either head to www.mysunlife.ca and click on “I forgot my Access ID” and/or “I forgot my Password” (you will need your benefit card) or call Sun Life at 1-800-361-6212 for assistance.
2. Click on “Enrolment and coverage summary” located on the right side of your page.



3. Click on “Enrol”



4. You can update your address here within the Enrol profile section.

Be sure to inform HR should you have a change in address for payroll purposes.

Member ID
4012345

Date of birth 1970-Feb-5 **Preferred language** English **Employment location** Ontario **Gender** Male Female

First name Jack **Last name** Smith

Address 12345 PATERSON ST **Apartment #**



City COLLINGWOOD **Province/state** Ontario **Postal/zip code** L9Y 4N8

Salary type	Amount	Frequency	Hours/week
Actual Earnings	\$21.10	Hourly	40

5. Verify your dependent(s) are still eligible.

- Eligible dependents include:
 - i. Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the one (1) year, within the last year. Proof of co-habitation may be required.
 - ii. Your unmarried children (including natural children, stepchildren, adopted children and the children of your common-law spouse) under age 19 or under age 25 while a full-time student (proof of enrolment may be required).
 - iii. Your unmarried children (regardless of age) who become handicapped before the limiting ages noted above.

6. To add an eligible dependent, click on “Add Dependent” below and follow the prompts

Dependents	Date of birth	Effective date	Cancellation date
 Jane Smith Female Child	2010 Mar 23	2022 Jan 01	--
 Fred Smith Male Child	2013 Nov 14	2022 Jan 01	--

 [Add dependent](#) *Who's eligible?*

Co-ordination of benefits

- If you need to remove a dependent who is no longer eligible, click on the pencil next to the name and complete the bottom section of the Dependent Information card. The date you will input is 2024/01/01

Dependent information

First name

Last name

Date of birth (YYYY/MM/DD)

 / /

Relationship

Gender

 Male Female

Overage student

 [Not sure?](#)

Disabled dependent

 [More information](#)

Cancel a dependent's coverage

Cancellation effective date YYYY/MM/DD

 / /

Cancel

OK

7. Ensure you beneficiary or beneficiaries are up to date and correct. If you need to update your beneficiary, you will do so at the end of the enrolment (step 4).



Designate or change your beneficiary at the end of the enrolment (step 4) under **Name your beneficiary** section by clicking on link for the **Beneficiary form**.

Your beneficiaries

Estate, 100%

Cancel

Next

8. Select your benefits package, ie. Bronze, Silver, Gold and your level of coverage, ie. Single, Single +1, Single +2 (+)

In this section you will have the opportunity to view the semi-monthly cost of each package/coverage. Even if you are not ready to make a final decision on your benefit changes, this tool gives you the chance to view the costs associated with each package and the decision can be made at a later date within the Open Enrolment window.

You must select the same coverage for both Medical & Dental – Bronze, Silver or Gold

PLEASE NOTE THAT THE SEMI-MONTHLY COST YOU SEE LISTED BELOW IS THE TOTAL COST OF THE PACKAGE. ALTERRA OFFERS FLEX CREDITS TO EMPLOYEES THAT COVER A LARGE PORTION OF THIS COST. WHAT YOU WANT TO PAY ATTENTION TO IS THE “COST TO YOU” IN THE UPPER RIGHT HAND CORNER OF THE SCREEN. THIS WILL BE YOUR SEMI-MONTHLY PAYROLL DEDUCTION (TAX NOT INCLUDED).

Benefits Step 2 of 4

Show

Flex credits left: \$0.00 of \$104.59 | Cost to you: \$114.51

Please select a benefits package:

You can choose from Bronze, Silver or Gold Health and Dental Care coverage.

Medical
Choose your level of coverage:

Employee | Employee + one dependent | **Employee + two or more dependants**

Extended Health Showing 1-3 of 4 coverage options


Current coverage			
Bronze- family \$ 46.78 / Semi-Monthly	Silver- family \$ 86.69 / Semi-Monthly	Gold- family \$ 119.03 / Semi-Monthly	Opt d \$ 0.
This coverage is part of Bronze	Selected	This coverage is part of Gold	This c
PREVENTIVE AND EMERGENCY CARE Reimbursement: 100% Emergency travel insurance:	PREVENTIVE AND EMERGENCY CARE Reimbursement: 100% Emergency travel insurance:	PREVENTIVE AND EMERGENCY CARE Reimbursement: 100% Emergency travel insurance:	PREVI Reimt Not a Emer

9. Optional Life insurance

If you wish to purchase optional life insurance for yourself, spouse or child select the number of units here.

Optional Employee Life , Optional Spousal Life , Optional Child Life

Showing 3 benefit(s)


Optional Employee Life	Optional Spousal Life	Optional Child Life
How much coverage do you want ?	How much coverage do you want ?	How much coverage do you want ?
<p>Have you used any nicotine products (tobacco, ecigarettes, patches, etc.) within the last 12 months.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Has your spouse used any nicotine products (tobacco, ecigarettes, patches, etc.) within the last 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>This product will cover all eligible children you have listed as dependents.</p>
Coverage Units of \$25,000	Coverage Units of \$25,000	Coverage Units of \$10,000
Number of units  <input type="text"/> X \$25,000.00 =	Number of units <input type="text"/> X \$25,000.00 =	Number of units <input type="text"/> X \$10,000.00 =
<input type="button" value="+ Add"/>	<input type="button" value="+ Add"/>	<input type="button" value="+ Add"/>

10. Optional Accidental Insurance

If you wish to purchase optional accident insurance for yourself, spouse or child select the number of units here.

Optional Employee Accident Insurance , Optional Spousal Accident Insurance , Optional Child Accident Insurance

Showing 3 benefit(s)

Optional Employee Accident Insurance	Optional Spousal Accident Insurance	Optional Child Accident Insurance
How much coverage do you want ?	How much coverage do you want ?	How much coverage do you want ?
		<p>This product will cover all eligible children you have listed as dependents.</p>
Coverage Units of \$25,000	Coverage Units of \$25,000	Coverage Units of \$10,000
Number of units  <input type="text"/> X \$25,000.00 =	Number of units <input type="text"/> X \$25,000.00 =	Number of units <input type="text"/> X \$10,000.00 =
<input type="button" value="+ Add"/>	<input type="button" value="+ Add"/>	<input type="button" value="+ Add"/>

11. Critical Illness Insurance

If you wish to purchase critical illness insurance for yourself or your spouse select the number of units here.

Critical Illness Insurance

Critical Illness - Member , Critical Illness - Spouse

Critical Illness - Member	Critical Illness - Spouse
How much coverage do you want ?	How much coverage do you want ?
Have you used any nicotine products (tobacco, ecigarettes, patches, etc.) within the last 12 months. <input type="radio"/> Yes <input type="radio"/> No	Has your spouse used any nicotine products (tobacco, ecigarettes, patches, etc.) within the last 12 months? <input type="radio"/> Yes <input type="radio"/> No
Coverage Units of \$10,000 Number of units <input type="text"/> X \$10,000.00 =	Coverage Units of \$10,000 Number of units <input type="text"/> X \$10,000.00 =
<input type="button" value="+ Add"/>	<input type="button" value="+ Add"/>

12. Monthly Flex Credit Allocations

If you have any remaining flex credits (check upper right corner of page) you will allocate the amount in the box below.

Flex credits left \$0.00 of \$64.77	Cost to you \$54.46
---	-------------------------------

Monthly Flex Credit Allocations

Remaining credits ⓘ

All credits showing are monthly amounts

Credit type	To be allocated
Monthly Flex Credits:	\$0.00

HSA

Enter monthly amount

Allocate From Monthly Flex Credits
= \$0.00

13. Review your Personal Information, Dependents, Beneficiaries and Benefit Selections

On this submit page, please review to ensure all information and selections are accurate. Under the Benefits Selection portion you will see the breakdown of the Total cost, Flex Credit Allocation (Alterra's portion) and the Total Employee Cost.

Benefits selections

Display cost: Bi-weekly Edit

Details	Cost	Flex Credit Allocation	Total Employee Cost
Medical			
Extended Health	\$76.73 \$6.14 sales tax	\$64.77 \$5.18 sales tax	\$11.96 \$0.96 sales tax
Employee + two or more dependants			
Gold- family			
Dental			
Dental	\$42.50 \$3.40 sales tax	\$0.00 \$0.00 sales tax	\$42.50 \$3.40 sales tax
Employee + two or more dependants			
Gold- family			
Total cost	\$119.23	\$64.77	\$54.46
Total sales tax	\$9.54	\$5.18	\$4.36
Total Bi-weekly	\$128.77	\$69.95	\$58.82

At the bottom of the page click on "Submit" or "Save for later" if you are not ready to submit your changes.

Cancel Previous Save for later Submit

14. Read and agree to the Declarations and authorizations below to complete your submission.

Declarations and authorizations

Authorizations

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada and its reinsurers to collect, use and disclose relevant information about me to underwrite, administer, adjudicate and deposit claim payments,
- My plan sponsor to use the information collected in this electronic form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada and my plan sponsor to

I agree

[Modify my selections](#) Continue