Group Term Life

Advantages of the MEA-Sponsored Group Term Life Insurance Plan

- **Group Decreasing Term Life–** This coverage - which pays your beneficiary a maximum benefit amount in your younger years and a gradually decreasing benefit amount in your older years - will help give you peace of mind for your family's well-being. Age reductions are applied at ages 55, 60, 65 and 70.
- **Flexibility–**Choose the same or different amounts of coverage for you and your spouse.
- **Convenient Payment Plan–** Quarterly payments and payroll deduction, where available.
- **Conversion Privileges**
- **Portability–**You may continue coverage upon retirement or upon leaving your employment by paying the premium on a direct bill basis.
- **Dependent Coverage**
- **Continuation of Group Term Life Insurance past age 70**
- **Optional AD&D** for you and your spouse.
- **The Michigan Education Association is sponsoring the program.**
- **You can tailor your coverage** to suit your needs and your current and future financial situation.
- **MEA-sponsored services–**You can count on us!

S P O N S O R E D

Group Term Life

Underwritten by **Sun Life Financial**

Group policyholder: Trustees of the National Educational Services Group Insurance Trust

Q&A

Why Term Life Insurance?

- To assure your family a continuing income.
- To pay for child care and educational expenses.
- To pay a mortgage, other existing debts or funeral expenses and taxes.
- Availability of up to $300,000 of affordable coverage for you, up to $200,000 of coverage for your spouse, up to $30,000 available for your dependent children.

Who is Eligible?

- Active employees under age 70, of an educational institution or agency where MEA-sponsored plans are available. If you meet these conditions, your spouse, if under age 70, also is eligible.
- Dependent children, if unmarried, from live birth through the end of the calendar year in which they reach age 25. Stepchildren and legally adopted children are also eligible.
- A dependent child's insurance will continue beyond the date it would otherwise terminate because the child attains the limiting age, provided he or she is physically incapable of earning a living due to physical handicap or cognitive impairment. The insured child must be chiefly dependent on the Person Insured for support and maintenance, and satisfactory proof of the child's incapacity must be submitted within 120 days following the end of the calendar year in which he or she attains age 25.

What Coverage* Is Available?

- Up to $300,000 of term life insurance for you and up to $200,000 for your spouse.
- $10,000 is guaranteed issue if the employee is:
  Actively at work and applies for coverage within 31 days of becoming an active employee of an educational institution or agency where MEA-sponsored plans are available.

** Coverage in excess of guaranteed issue amount is subject to evidence of insurability and approval by Sun Life Financial*

- Matching amounts of AD&D (accidental death & dismemberment) coverage up to $200,000 are available at a small additional premium for you and your spouse.
- Up to $30,000 of group term life insurance is available on your dependent children. (See the schedule of insurance for applicable amounts.)

What Is the Accelerated Benefit?

- This feature provides money to the insured at a time of need, but still protects the interest of the beneficiary. When a covered employee or spouse qualifies, we will advance to the insured up to 80% (with consent of the beneficiary) of the certificate amount to a maximum of $240,000. The covered employee or spouse must have a terminal illness that results in an expected life span of 12 months or less.
- Other than an interest adjustment on the final statement, there is no charge for this feature. There must be a minimum of $10,000 of life insurance in force to be eligible to receive an Accelerated Benefit and the requested benefit can not be less than $5,000. Receipt of an Accelerated Benefit may affect eligibility for a state or federal program, such as Medicaid, and benefits may be taxable. A tax advisor should be consulted.

What Is AD&D?

- Insurance that doubles the face amount of group term life insurance payable in the event of accidental death prior to age 70. A benefit also is payable in the event of accidental dismemberment.
- Optional coverage is available to you and/or your spouse up to $200,000 at an additional cost of 4 cents per $1,000 of AD&D benefit.
- Higher Education Benefit – If an insured's death is the result of an accidental injury and an Accidental Death Benefit is payable, then a Higher Education Benefit of $3,000 will also be paid to each of the insured's eligible dependent students who are enrolled in an accredited college, university, trade or vocational school. The benefit will be paid at the beginning of each school year for up to four consecutive years, provided the dependent student continues to be enrolled in an accredited school. The student must be unmarried, under age 25, and already enrolled on a full time basis at the insured's death, or enrolls within 1 year of the insured's death.

Q&A

Can I Change the Amount of My Coverage?

As long as you are an eligible employee and under age 70, you can apply at any time to change the amount of coverage, subject to evidence of insurability for increased coverage.

Your insured spouse may also change the amount of coverage, if under age 70, subject to evidence of insurability for increased coverage.

What if I Become Disabled?

If prior to age 60 you become totally disabled while you are an insured active employee and remain disabled for at least six months, life insurance covering you and your children will remain in force without premium payments, for as long as your total disability continues. The premium waiver does not apply to spouse coverage.

The total disability must wholly prevent you from engaging in any and every gainful occupation or employment for which you are or become reasonably fitted by education, training or experience.

What Are My Conversion Privileges?

If all or part of your group term life insurance terminates because you are no longer in an eligible class, or because of a change in age or other status, up to the full amount of terminated insurance can be converted.

A conversion privilege is also available for your spouse and dependent children.

When Will My Coverage Begin?

On the first day of the month coinciding with or following approval of your application by Sun Life Financial, provided you pay the initial premium for coverage.

When Will My Coverage Terminate?

Insurance automatically terminates for you and/or your spouse on the earliest of the following dates:

- The date the master policy is terminated;
- The date the policy is amended to terminate the insurance;
- The last day of the period for which premiums for your (or your spouse's) coverage have been paid;
- For purposes of AD&D insurance, on the policy anniversary coinciding with, or next following the date on which you (or your spouse) attain age 70.

Are There Any Exclusions?

No Accidental Death & Dismemberment benefits will be provided if loss results directly or indirectly from:

- War or any act of war, whether declared or undeclared.
- Riot or insurrection, or any act incident to riot or insurrection when the insured takes part in such an act.
- Service in the military, unless the loss is due to an injury sustained while the insured is off duty.
- Any physical or mental disease or any infection, other than a pyogenic infection that occurs with an accidental cut or wound.
- Intentionally self-inflicted injury of any kind while sane or insane.
- The use of any drug, unless used as prescribed by a physician.
- The commission of any assault or felony by the insured person.

In addition, continuance of life insurance under the disability benefit provision will not apply if the disability results from:

- Intentionally self-inflicted injury of any kind.
- Involvement in a war, or any act of war.
- Serving in the military while at war, whether declared or undeclared.
- Taking part in a riot or insurrection, or any such act.

How Do I Apply for Group Term Life?

Complete the application-you and your spouse must complete separate applications.

If appropriate, be certain to complete the dependent child section of the application for each eligible child.

Decide the amount of coverage you need, using the table enclosed within. The dependent child premium is indicated directly below the employee/spouse rate.

Complete the health portion of the application, sign and date.

MEA-SPONSORED
GROUP TERM LIFE INSURANCE (No AD&D*)

KEY: Shaded amount indicates employee and/or spouse information, non-shaded amount indicates dependent children's information.

AGE	SCHEDULE 1		SCHEDULE 25		SCHEDULE 50		SCHEDULE 100		SCHEDULE 150		SCHEDULE 200		EMPLOYEE ONLY** (AD&D not available) SCHEDULE 250		EMPLOYEE ONLY** (AD&D not available) SCHEDULE 300	
	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION	COVERAGE	TOTAL MONTHLY CONTRIBUTION
UNDER 30	$ 10,000	$ .75	$ 25,000	$ 1.80	$ 50,000	$ 3.50	$ 100,000	$ 6.80	$ 150,000	$ 10.00	$ 200,000	$ 13.15	$ 250,000	$ 16.45	$ 300,000	$ 19.75
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
30-34	$ 10,000	$ .85	$ 25,000	$ 2.00	$ 50,000	$ 3.85	$ 100,000	$ 7.50	$ 150,000	$ 11.05	$ 200,000	$ 14.60	$ 250,000	$ 18.25	$ 300,000	$ 22.00
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
35-39	$ 10,000	$ .95	$ 25,000	$ 2.25	$ 50,000	$ 4.30	$ 100,000	$ 8.60	$ 150,000	$ 12.85	$ 200,000	$ 17.15	$ 250,000	$ 21.40	$ 300,000	$ 25.65
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
40-44	$ 10,000	$ 1.70	$ 25,000	$ 4.10	$ 50,000	$ 8.10	$ 100,000	$ 16.00	$ 150,000	$ 23.80	$ 200,000	$ 31.60	$ 250,000	$ 39.50	$ 300,000	$ 47.40
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
45-49	$ 10,000	$ 2.15	$ 25,000	$ 5.10	$ 50,000	$ 10.00	$ 100,000	$ 20.00	$ 150,000	$ 29.90	$ 200,000	$ 39.80	$ 250,000	$ 49.70	$ 300,000	$ 59.60
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
50-54	$ 10,000	$ 4.40	$ 25,000	$ 10.65	$ 50,000	$ 21.50	$ 100,000	$ 42.50	$ 150,000	$ 63.35	$ 200,000	$ 84.15	$ 250,000	$ 105.20	$ 300,000	$ 126.20
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
55-59	$ 7,500	$ 4.45	$ 18,750	$ 11.00	$ 37,500	$ 21.85	$ 75,000	$ 43.15	$ 112,500	$ 64.00	$ 150,000	$ 84.90	$ 187,500	$ 106.10	$ 225,000	$ 127.35
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
60-64	$ 5,000	$ 5.45	$ 12,500	$ 13.60	$ 25,000	$ 26.85	$ 50,000	$ 52.50	$ 75,000	$ 78.40	$ 100,000	$ 104.30	$ 125,000	$ 130.40	$ 150,000	$ 156.45
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
65-69	$ 3,000	$ 4.10	$ 7,500	$ 10.15	$ 15,000	$ 19.85	$ 30,000	$ 39.00	$ 45,000	$ 58.10	$ 60,000	$ 77.20	$ 75,000	$ 96.55	$ 90,000	$ 115.85
	$ 1,000	$ .25	$ 2,500	$ .60	$ 5,000	$ 1.20	$ 10,000	$ 2.30	$ 15,000	$ 3.35	$ 20,000	$ 4.40	$ 25,000	$ 5.50	$ 30,000	$ 6.60
70+	$ 1,000	$ 4.80	$ 2,500	$ 12.00	$ 5,000	$ 23.50	$ 10,000	$ 46.00	$ 15,000	$ 68.50	$ 20,000	$ 91.00	$ 25,000	$ 113.75	$ 30,000	$ 136.50
	$ 500	$ .15	$ 1,250	$ .30	$ 2,500	$ .60	$ 5,000	$ 1.15	$ 7,500	$ 1.70	$ 10,000	$ 2.20	$ 12,500	$ 2.75	$ 15,000	$ 3.30

* Accidental death & dismemberment (AD&D) coverage is optional for employee and/or spouse at $.04 per $1,000.00 coverage. **AD&D coverage terminates at age 70**.

** Schedule 250 and Schedule 300 are not available for spouse coverage.

If you would like additional information or need an application form, contact our Group Term Life Department at (800) 292-1950 or (517) 351-2122 option #3.

Administered by: mea Financial Services

P.O. Box 2501
East Lansing, MI 48826-2501

Underwritten by: Sun Life Financial

Sun Life Financial

SPONSORED GROUP TERM LIFE

APPLICATION FOR GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

SELECT AMOUNT OF COVERAGE DESIRED

NOTE: For new enrollments, requests for addition of dependents and/or changes, indicate the total amount of insurance desired.

EMPLOYEE OR SPOUSE SCHEDULE OF INSURANCE

(select/check one)

Schedule		Amount
1	❑	$10,000
25	❑	$25,000
50	❑	$50,000
100	❑	$100,000
150	❑	$150,000
200	❑	$200,000
250	❑	$250,000
300	❑	$300,000

PREMIUMS TO BE PAYABLE BY WAY OF:

❑ **Payroll Deduction**
If this payment mode is elected, your application must be processed through your school business office if available.

❑ **Quarterly-Direct Payment**
If this payment mode is elected submit your application directly to MEA Financial Services, Inc.

OFFICE USE ONLY

Current coverage: _____

Effective date: _____

Certificate number: _____

Approved: _____

Entered: _____

Home office: _____

❑ **NEW ENROLLMENT**
- ❑ Employee
- ❑ Spouse/Partner to a Civil Union of Employee **(must complete separate application)**

COVERAGE REQUESTED
- ❑ Life Only
- ❑ Life and Accidental Death & Dismemberment
- ❑ Dependent Child(ren) Coverage * (no AD&D)

❑ **CHANGE**
- ❑ Add Dependent Child(ren) *
- ❑ Delete Dependent Child(ren)
- ❑ Change Coverage Schedule *
- ❑ Change of Name

*Dependent Life Insurance is available under either employee or spouse coverage – **not both**.

1. Applicant's full name _____
Last *First* *Middle Initial* *Social Security number*

2. Address _____
Street or P.O. Box *City* *State* *Zip*

3. Beneficiary's full name and relationship _____
Supersedes any prior designation. The Insured Applicant is the beneficiary for dependent insurance.

4a. Name of employer or school _____ **4b.** _____
If applying for Spouse coverage give name of Employee's employer *Employer's phone number*

4c. Hire date ____/____/____ **4d.** Occupation _____ **4e.** _____
Of Employee *Of Employee* *Employee's home/cell phone number*

5. If applying for spouse coverage, give **employee's** name and Social Security number _____

6. Health and personal history (complete the following for all those applying for coverage requiring underwriting)

Failure to provide complete responses will result in underwriting delays or non-payment of claims. This request for coverage is not effective until approved in writing by The Company. No information provided by you or your agent shall bind The Company unless you provide such information in writing on this form. No agent or broker has authority to alter the contents of this form.

	First Name	Last Name	DOB	Height	Weight	Gender
Applicant			(__/__/____)			❑ M ❑ F
Child 1						❑ M ❑ F
Child 2						❑ M ❑ F
Child 3						❑ M ❑ F
Child 4						❑ M ❑ F

Have you or any of your dependents, if applying for dependent coverage, ever been diagnosed with any of these ailments, received medical advice or sought treatment for:	Applicant YES	Applicant NO	Child(ren) YES	Child(ren) NO
1. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	❑	❑	❑	❑
2. Stroke, transient ischemic attack (TIA), high blood pressure, irregular heartbeat, heart murmur, aneurysm, heart attack, angina, elevated cholesterol, or any blood, heart, or blood vessel disorder?	❑	❑	❑	❑
3. Cancer, leukemia, tumor, neoplasm, nodule or polyp (excluding nasal polyp), pre-cancerous condition, or dysplastic nevi?	❑	❑	❑	❑
4. Diabetes, hepatitis, or other disorder of the liver or pancreas; thyroid, pituitary or other endocrine disorder; ulcer, colitis or Crohn's disease, diverticulitis, or other gastrointestinal disorder?	❑	❑	❑	❑
5. Disorder of the kidney, bladder (excluding healed bladder infections) or urinary system, or reproductive organs?	❑	❑	❑	❑
6. Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, cystic fibrosis or any lung or respiratory disorder?	❑	❑	❑	❑
7. Arthritis, rheumatism, or gout; back, neck, or disc disorder; disorder of the knee, muscles, joints, or bones; systemic lupus erythematosus; connective tissue disease; or fibromyalgia?	❑	❑	❑	❑
8. Headaches, epilepsy, seizures, paralysis, memory loss, intellectual disability, amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), multiple sclerosis, muscular dystrophy, or any brain or neurological disorder, chronic infection, or chronic fatigue?	❑	❑	❑	❑

(Continued on the next page)

Please remit completed application to:
MEA Financial Services, PO Box 2501, East Lansing, MI 48826-2501

APPLICATION FOR GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE CONTINUED

Sun Life Financial

In the last 10 years have you or any of your dependents ever been diagnosed with any of these ailments, received medical advice or sought treatment for:	Applicant YES	Applicant NO	Child(ren) YES	Child(ren) NO
9. Skin disorder that lasted for more than 6 months?	❑	❑	❑	❑
10. Anxiety, depression or any mood, emotional, mental, or nervous disorder; post-traumatic stress disorder; or schizophrenia?	❑	❑	❑	❑
11. Disorder of the eyes and ears (excluding healed ear infections)?	❑	❑	❑	❑
12. Blood, pus or sugar in the urine, chest pain, shortness of breath, enlarged glands or lymph nodes, night sweats or unintentional weight loss?	❑	❑	❑	❑

In the last 10 years have you or any of your dependents:	Applicant YES	Applicant NO	Child(ren) YES	Child(ren) NO
13. Consulted a medical professional for anything other than the conditions previously identified in this Health Questionnaire?	❑	❑	❑	❑
14. Been advised to have, or have scheduled, a consultation, surgery, or test that has not been completed or that has been completed but has resulted in symptoms for which you have not consulted a medical professional?	❑	❑	❑	❑
15. Been off work for more than 5 consecutive days due to an illness or injury?	❑	❑	❑	❑
16. Been advised to reduce your consumption of alcohol or to seek counseling for the use of alcohol or drugs; or used cocaine, narcotics, barbiturates, amphetamines, hallucinogens, or other drugs, except as prescribed by a physician; or been arrested in connection with alcohol or drugs; or received treatment in connection with alcohol or drugs?	❑	❑	❑	❑
17. Pled guilty to, pled no contest to, or been convicted of a felony; or been convicted of a major moving violation, including DUI, reckless driving, and driving to endanger; or had your driver's license suspended?	❑	❑	❑	❑
18. Had any screening or diagnostic tests for cancer or heart / circulatory disorders?	❑	❑	❑	❑
19 Are you or one of your dependents currently pregnant?	❑	❑	❑	❑

Have you or any of your dependents:	Applicant YES	Applicant NO	Child(ren) YES	Child(ren) NO
20. In the last 2 years, piloted an aircraft, engaged in motor vehicle racing, auto racing, boat racing, hang gliding, parachuting, climbing, scuba diving, or any other similar sport or avocation?	❑	❑	❑	❑
21. In the last 12 months, used any tobacco products, including cigarettes, cigars, and chewing tobacco, or used nicotine gum or a nicotine patch?	❑	❑	❑	❑
22. In the last 3 years, have you been prescribed or advised to take any medication by a medical professional?	❑	❑	❑	❑

7. Details (provide details below for all questions answered "yes.")

If additional space is needed, please attach, sign, and date an additional sheet including all required information.

Question Number	Applicant Name	State and provide details for each condition and activity	Date condition began	Duration of condition & treatment	Physicians name address & phone	Fully Recovered?
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No

Please provide physician information even if you answered "no" to all questions.

Name and address of physician with your most up-to-date and compehensive medical records.

Please remit completed application to:
MEA Financial Services, PO Box 2501, East Lansing, MI 48826-2501

8. Acknowledgement, authorization for release and disclosure of health related information and signature

Acknowledgement
I acknowledge, to the best of my knowledge and belief, that:

- The information I have provided in the Evidence of Insurability Application is true, accurate and complete.
- I have read, or had read to me, the completed EOI Application, and understand that any false statements or misrepresentation made in it may result in a loss of coverage under the Group Insurance Policy.
- I have read, or had read to me, the fraud warning for my state.

I also confirm my understanding that:

- My EOI Application may be denied and I may be refused insurance if Sun Life Assurance Company of Canada or Sun Life and Health insurance Company (U.S.) ("The Company") determines that I am not insurable. If The Company determines that I am not insurable, it will explain in writing the basis of its determination.
- I may ask The Company in writing to: (a) obtain certain information from the EOI Application file relating to me (a fee may be charged); (b) correct, amend or delete information in the EOI Application file relating to me (as permitted by applicable law); (c) file my own statement of facts if I believe any information in the EOI Application file relating to me is incorrect; and (d) provide me with a copy of my EOI Application.

If I have any questions regarding my EOI Application, I can write to Sun Life Financial, Group Medical Underwriting, P.O. Box 81344, Wellesley Hills, MA 02481.

Acknowledgement, authorization for release and disclosure of health related information and signature, continued

I authorize any physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, pharmacy benefit manager or other medical or health care facility that has provided payment, treatment, or services to me or on my behalf, to disclose my entire medical record and any other protected health information concerning me to the Medical Underwriting Department of Sun Life Assurance Company of Canada or Sun Life and Health Insurance Company (U.S.) ("The Company") its subsidiaries, affiliates, third party administrators, and reinsurers.

I understand that such information may include records that relate to my physical or mental condition, such as diagnostic tests, physical examination notes and treatment histories, and that may include information regarding the diagnosis and treatment of human immunodeficiency virus (HIV) infection, sexually transmitted diseases, mental illness and the use of alcohol, drugs, and tobacco, but does not include psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

I understand that the Company will use the information it obtains to (a) administer claims; (b) determine or fulfill responsibility for coverage and provision of benefits; (c) administer coverage; and (d) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

I understand that the Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to Sun Life Financial, Group Medical Underwriting, P.O. Box 81344, Wellesley Hills, MA 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

9. Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

mea Financial Services

Sun Life Financial

_____ _____/_____/_____
Signature of Applicant Date

_____ _____/_____/_____
Signature of Employee Date
(if applicant is spouse/partner to a civil union)

MEA

Group Term Life

UNDERWRITTEN BY
SUN LIFE FINANCIAL

MEA

1216 Kendale Blvd.
P.O. Box 2501
East Lansing, MI 48826-2501