



Faxable Change Document

To _____ Fax **888.208.2323** Date _____
 From _____ Fax _____ Telephone _____
 RE: Policyholder name _____ Policy no. _____
 E-mail address _____ Group sales office _____ No. of pages _____
 Check here if any of the above information has changed.
 Message _____

Employee Termination of Employment and Salary Changes					
Cert No.	Employee Name	Termination		Salary Change	
		Reason	Last day worked	Effective Date	New salary amt.
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____
_____	_____	_____	_____	\$ _____	Per _____

This form is not intended to replace the Employee Application or to enroll a new employee.

Employee Name Change (Please print or type.)

Certificate Number _____ Old name _____ New name _____

Request for Coverage Change

Certificate Number _____ Effective date _____ Employee name _____

Dependent coverage: Add Delete

Spouse Date of marriage _____ Date of death or divorce _____

Child Date of birth _____ Other qualifying event and date _____

You may also report terminations or changes by calling 800.733.7879. or Emailing cr4kc@sunlife.com

Please **mail premium checks separately** in the enclosed envelope with your remittance stub.

Please mail enrollment applications or other changes to:
 Sun Life Administrative Office
 P.O. Box 981624
 El Paso, Texas 79998-1624

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA). In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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