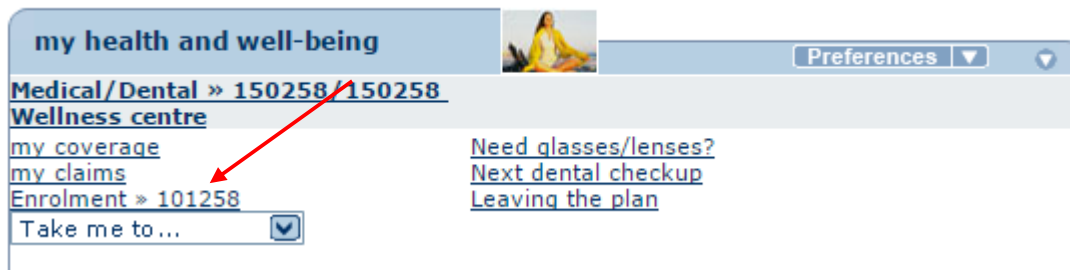


## Enrolling for your new Flex Benefit Program

1. Log onto the Sun Life website, [www.mysunlife.ca](http://www.mysunlife.ca) using your Access ID and password
2. Click on "Enrolment> 101258"



my health and well-being

Medical/Dental » 150258/150258  
Wellness centre

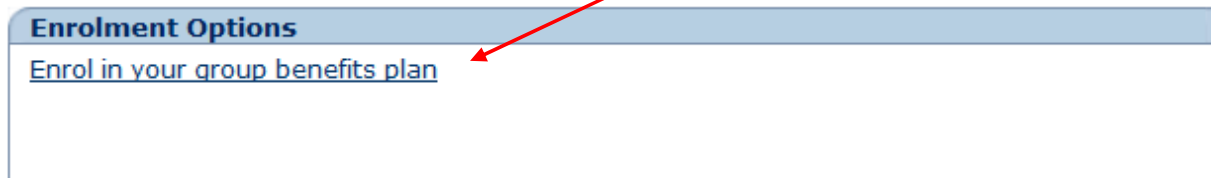
my coverage  
my claims  
Enrolment » 101258  
Take me to...

Need glasses/lenses?  
Next dental checkup  
Leaving the plan

Preferences

3. Click on "Enrol in your group benefits plan"

### Welcome to Group Benefits Enrolment



Enrolment Options

[Enrol in your group benefits plan](#)

4. Click "I agree"

### Group Benefits Enrolment Disclosure

I am authorized to disclose information about my spouse and dependents, if any, in order to enrol them in this Plan.

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims.
- My plan sponsor to use the information collected in this form for benefits administration and to make any necessary payroll deductions.

All information in this form is true and complete.



I agree cancel

5. Verify your Personal Information.
  - Verify your address. You can either update your address within your profile or email Katie Markham ([kmarkham@bluemountain.ca](mailto:kmarkham@bluemountain.ca)) to update.
  - Your beneficiary information will not be listed here. You will need to print and complete a beneficiary designation form and return it to Katie Markham in Human Resources
6. If you have dependents you would like to cover, ensure that "Yes" is selected under Dependent Information
7. Click continue

## Personal Information

### Step 1 of 3

Please check the information about you and your family. To change your address please make your change in SML (Sync My Life).

#### Personal Information

Member ID: 123456

First Name: Julie  
Street: 123 Test St

City: COLLINGWOOD

Postal Code: L9Y 5B4

Last Name: Test

Apt:

Province/State: Ontario ▼

Work In: Ontario ▼

#### Salary/Pay

\$40,000

#### Salary Type

Actual Earnings

#### Frequency

Annually

Language: English ▼

Gender: Female

Date of Birth: 1978-02-05  
(yyyy-mm-dd)

To ensure your beneficiary nomination is up to date, please complete a Beneficiary Nomination form. The form can be obtained by selecting the Get Form link found above the Beneficiary Nomination section on your Coverage Summary page. Please return your completed Beneficiary Nomination form to your Benefits Administrator.

#### Beneficiary Information

Our records indicate the following Beneficiary information:

No Beneficiary.

• [More information about eligible dependents.](#)

#### Dependent Information

Do you have eligible dependent(s) (for example, a spouse or child) that you want to cover under your group benefits plan?

☒ Yes

☐ No

back

continue

8. Add in your Dependent Information, if applicable

9. Click continue

## Dependent Information

### Step 1 of 3 (continued)

Please check or update the information about your dependents. For changes that cannot be updated online, please contact your Benefits Administrator. Coverage will only be provided to dependents who meet the [eligible dependents](#) definition for your plan.

## 10. Select your Health and Dental coverage (Bronze, Silver or Gold)

### Select Benefits

#### Step 2 of 3

Please select your Option from "Your Benefit Plan" box below. Please note the page will be automatically refreshed each time you change your Option selection to reflect the eligible benefits under the Option selected.

Once you have selected your Medical and Dental Coverage levels please ensure to press the calculate cost now button in order for the Cost to display on the screen.

For the benefits coverage details, please click on the benefit title.

**For Quebec residents only :** Please note if you are refusing Medical coverage for yourself and/or your eligible dependents, you are required to provide proof of alternate coverage to your Benefits administrator.

#### Your Benefit Plan

You are currently enrolled in the **Silver** benefits plan. You can remain in this plan or select a new one.

- ☐ Bronze
- ☒ Silver
- ☐ Gold
- ☐ Opt Out

## 11. Indicate if coverage option you would like (Single, Single + 1 or Family). Health and Dental must be the same coverage

Medical	Monthly Cost	Annual Cost
<input type="radio"/> Silver single		
<input checked="" type="radio"/> Silver- family		
<input type="radio"/> Silver- single+1		
<p>If you have elected <b>Single + 1</b> coverage for your Medical benefit, please designate a dependent for this coverage: <span>Not Selected</span></p>		
<p>To make changes to the coverage information your spouse and/or dependent have elsewhere, please access the Group Claims Information Application.</p>		
Dental	Monthly Cost	Annual Cost
<input type="radio"/> Silver single		
<input checked="" type="radio"/> Silver- family		
<input type="radio"/> Silver- single+1		
<p>If you have elected <b>Single + 1</b> coverage for your Dental benefit, please designate a dependent for this coverage: <span>Not Selected</span></p>		
<p>To make changes to the coverage information your spouse and/or dependent have elsewhere, please access the Group Claims Information Application.</p>		

## 12. Verify your current Life and Accident Insurance and STD and LTD coverage. Select any additional Optional Life and Accident Insurance you would like to apply for (proof of good health may be required). Additional premiums will be applicable.

<u>Short Term Disability</u>	Monthly Cost	Annual Cost
<input checked="" type="radio"/> 60% weekly earnings	\$23.45	\$281.40

<u>Long Term Disability</u>	Monthly Cost	Annual Cost
<input checked="" type="radio"/> 60% monthly earnings	\$30.65	\$367.80

<u>Basic Life Insurance</u>	Monthly Cost	Annual Cost
<input checked="" type="radio"/> 2x annual earnings	\$0.00	\$0.00

<u>Optional Employee Life</u>	Monthly Cost	Annual Cost
<input type="radio"/> Units of \$25,000      # of units <input type="text" value="0"/>		
<input type="radio"/> Refused		

13. If you have selected additional Optional Insurance, you can click on “Calculate costs now” to review your monthly premiums. Once completed, click continue

	Monthly	Annual
Your Flexible Benefit Credits are:	\$150.00	\$1,800.00
Flex Credits Spent:	\$105.83	\$1,269.96
Payroll Deduction :	\$54.10	\$649.20

14. If you have selected Bronze coverage, you will have Health Care Spending Account Dollars to utilize. You will have to the dollar amount available in the “Your Flexible Benefit Balances” section into the “Your Flexible Benefit Credits Allocations).

- If you select Gold or Silver coverage, you do not have any HCSA dollars to utilize.

15. Once completed, press submit

### Allocate Flexible Benefit Credits Step 2 of 3 (continued)

Review your benefit selections to confirm your choices. Then, if you have any credits remaining, they must be allocated below under [your flexible benefit credits allocations](#) to one or more of the options available under your plan.

If you make any changes or allocations, select **recalculate flex balances**, check that your changes are correct and then select **submit** to complete your enrolment.

Your Flexible Benefit Balances	
All of your available flexible benefit credits have been allocated.	

Your Flexible Benefit Credits Allocations	
	Monthly      Annually
HSA	<input type="text" value="0.00"/> \$0.00

Summary of your benefits selections			
Benefit	Option/coverage	Annual Flex Credit Allocation	Annual Payroll Deduction
<a href="#">Extended Health</a>	Silver- family - Family	\$1,450.08	\$0.00
<a href="#">Dental</a>	Silver- family - Family	\$349.92	\$530.04
<a href="#">Short Term Disability</a>	60% weekly earnings	\$0.00	\$281.40
<a href="#">Long Term Disability</a>	60% monthly earnings	\$0.00	\$367.80
<a href="#">Basic Life Insurance</a>	2x annual earnings	\$0.00	\$0.00
<a href="#">Basic Accident Insurance</a>	2x annual salary	\$0.00	\$0.00
Totals		\$1,800.00	\$1,179.24