



■ ■ ■ Enrolling for  
your group benefits online

---

together  
we're there

Group Benefits | [www.mysunlife.ca](http://www.mysunlife.ca)

## Enrolling for your group benefits - *online*

**This handy user guide will help you understand and navigate my Sun Life website and our online enrolment system.**

At Sun Life Financial we make it easy to enrol in your flex benefits plan. With our password-protected my Sun Life website, you can select and change your benefits quickly and easily.

You can:

- enrol for your group benefits online as a new employee
- add your dependent information when choosing Family Coverage for Extended Health or Dental
- view your coverage summary
- view your personal information
- change your benefits selections due to a life event – e.g. change in marital status, a new baby, or your spouse loses coverage under their benefits plan. If you are experiencing a Life Event Change please contact [benefits@mtroyal.ca](mailto:benefits@mtroyal.ca)

You can sign on to enrol in your Mount Royal University benefits plan anytime between 7 a.m. and 10 p.m. Monday to Friday (ET) during the communicated enrolment window of opportunity.

**Tip:** Throughout the Group Benefits Enrolment tool, you will see underlined text that will link you to more information if you need it.

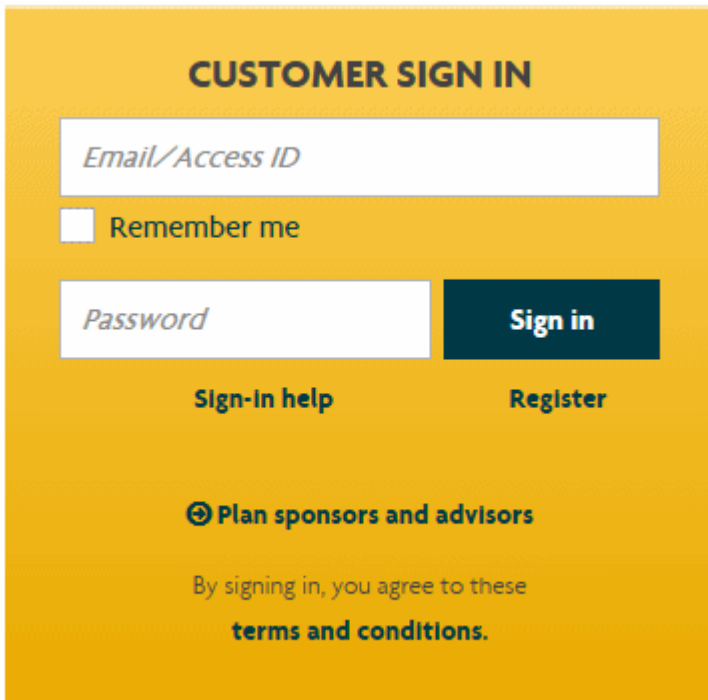
### **What you need to start**

#### **Hardware and software**

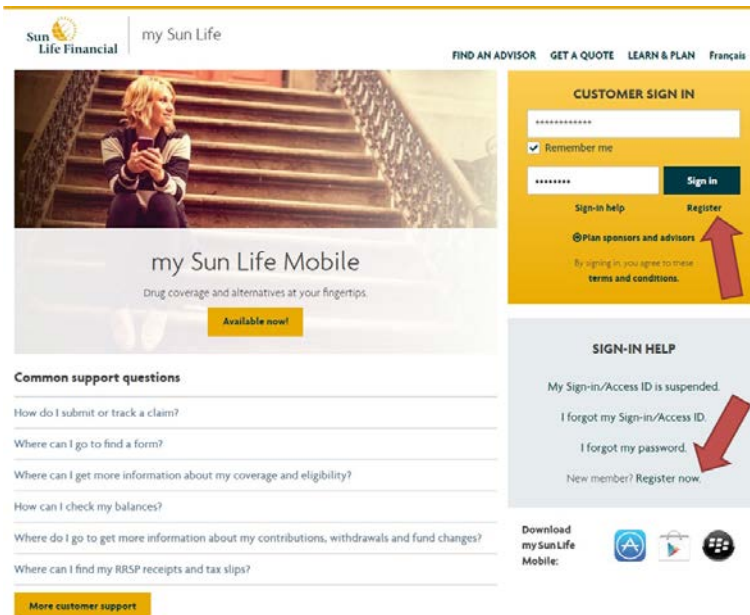
First, you'll need an Internet connection and a web browser to enter our password-protected website (e.g. Microsoft Internet Explorer version 6.0 or higher or Mozilla Firefox version 2 or higher; with 128 bit encryption).

#### **Access ID and password**

When at the sign-in, you will see the *Email/Access ID* and *Password* fields.



You will need to choose either **Register** under the sign-in page or **Register Now** in the sign-in help box.




### Step 1 – My information

Enter your date of birth and postal code, select which product you have, enter the contract/policy information **100602**, member ID **Your MRU Employee ID number on your campus card**, and select next.


**Sun Life Financial**  
Welcome!


If you have any information from us, your employer or advisor, you'll want to have that handy.


▼ Finding your file...


Date of birth (DD/MM/YYYY) 


Country of residence  
 Canada  United States  Other

Postal code 

Select a product that you have  
 Employer investments and savings  
 Health/dental benefits   
 Products purchased through an advisor

Contract/policy number Where can I find this? 

Member ID Where can I find this? 



▶ An extra step for security.

**Life's brighter under the sun** [Legal](#) | [Privacy](#) | [Security](#)  
© Sun Life Assurance Company of Canada. All rights reserved. Mobile site **SLF**

## Step 2 – Access ID & password

For security reasons, your registration code can either be emailed to you or mailed to your home address within two weeks. Once you receive your registration code, you can sign on to the my Sun Life website.


**Sun Life Financial**  
Welcome!

If you have any information from us, your employer or advisor, you'll want to have that handy.

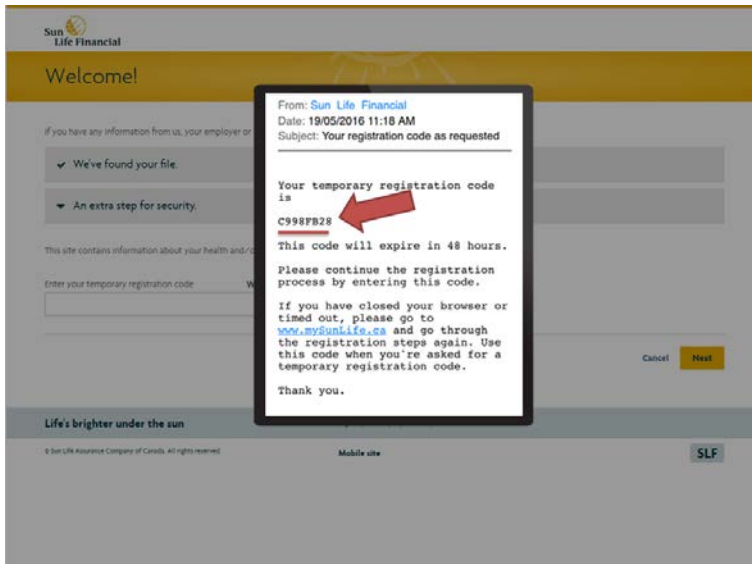
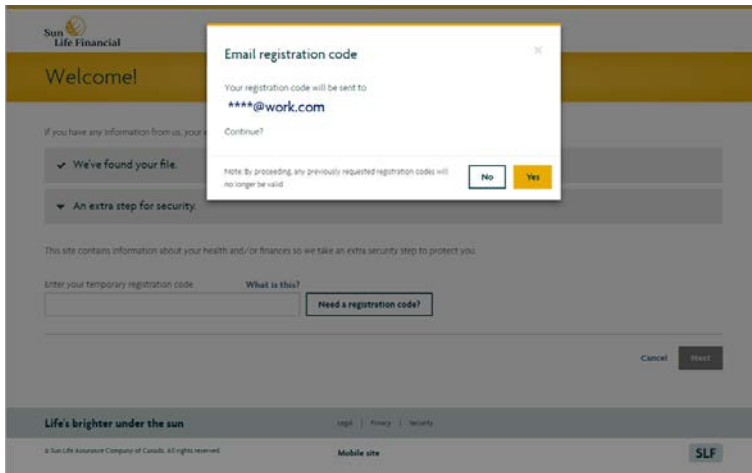
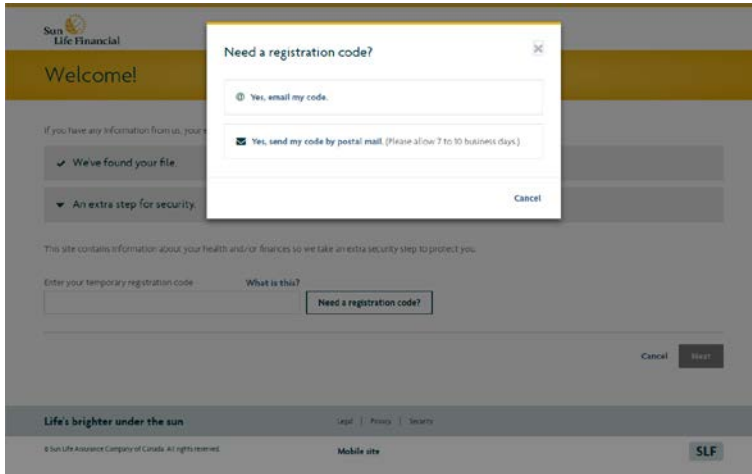
✓ We've found your file.


▼ An extra step for security.

This site contains information about your health and/or finances so we take an extra security step to protect you.

Enter your temporary registration code What is this? 

**Life's brighter under the sun** [Legal](#) | [Privacy](#) | [Security](#)  
© Sun Life Assurance Company of Canada. All rights reserved. Mobile site **SLF**





## Welcome!

If you have any information from us, your employer or advisor, you'll want to have that handy.

- ✓ We've found your file.
- ▼ An extra step for security.


This site contains information about your health and/or finances so we take an extra security step to protect you.

Enter your temporary registration code What is this?

**Life's brighter under the sun** Legal | Privacy | Security

© Sun Life Assurance Company of Canada. All rights reserved. **Mobile site** SLF

At this point you must provide your email address, create a password, and select a verification question - these are mandatory fields to complete your registration and receive your Access ID.



## Sign in and preferences

▼ Sign-in information

Email

Use this email to sign in ?

Use Access ID to sign in ?

Password


Confirm password

- 8 to 10 characters
- 1 number (minimum)
- 1 letter (minimum)
- ✓ no spaces
- ✓ no special characters
- Passwords match

Select verification question ?

Enter your answer ?

We'll use your email in accordance with our [privacy policy](#) including for messages like account and password help, claim notifications and some statement notifications. You can update your contact preferences after you sign in.



## Sign in and preferences

▼ Sign-in information

Email:  Work Personal Remove

Use this email to sign in ⓘ

Use this email for messages ⓘ

Email:  Work Personal Remove

Use this email to sign in ⓘ

Use this email for messages ⓘ

Use Access ID to sign in ⓘ

Password:

Confirm password:

- ✓ 8 to 10 characters
- ✓ 1 number (minimum)
- ✓ 1 letter (minimum)
- ✓ No spaces
- ✓ No special characters
- ✓ Passwords match


Select verification question ⓘ

Mother's maiden name? ▼

Enter your answer ⓘ


Cancel Next

If all is done in one sitting, you will automatically be logged on and will not have to enter your Access ID and PIN again after clicking on the continue button.




## You're all set!

You can use this information to sign in:

📧 Email: jane@home.com 

or

👤 Access ID: 123456789 

Continue Exit

**Life's brighter under the sun**      [Legal](#) | [Privacy](#) | [Security](#)

© Sun Life Assurance Company of Canada. All rights reserved. SLF

If you forget your Access ID, you can retrieve it online. You do not have to call the Call Centre unless we cannot authenticate you online.

### SIGN-IN HELP


Is your Sign-in/Access ID suspended?

I forgot my Sign-in/Access ID.

I forgot my password.

New member? [Register now.](#)

## Forgot your ID? We can help!

 **TIP:** You might have set your email address as your ID. If that doesn't work, we can help, we just need a couple of details to get started.

Date of birth (DD/MM/YYYY)

Select a product that you have

- Employer investments and savings
- Health/dental benefits
- Products purchased through an advisor

Contract/policy number **Where can I find this?**

Member ID **Where can I find this?**

[Cancel](#) [Next](#)

## Forgot your ID? We can help!

### You're all set!

You can use this information to sign in

 Email: [evan.collins@sunlife.com](mailto:evan.collins@sunlife.com) or

 Access ID: 2671 1605 2715

[Sign In](#)

[Forgot password](#)

**Note:** Please print and retain your Access ID as you will still need to use your numerical Access ID when you call our Customer Care Centre or use our automated telephone system.

You can use the same Access ID (or friendly email address) and password for both your Group Benefits and Group Retirement Services accounts if both are with Sun Life Financial.

If you are a member of a Sun Life Financial Group Benefits plan and also have individual financial products with Clarica, you can use your Clarica Access ID and password to access Plan Member Services.



If you've **forgotten your Access ID** please call our Customer Care Centre at 1-800-361-6212. You'll need to have your group contract number and member ID number available. One of our customer care representatives will ask you to answer some questions to verify your identity; you will then be given your ID.

If you've **forgotten your password** or haven't logged on in the last 12 months, use the online "Forgot your password" feature to request a new password. You will be asked to answer some questions to verify your identity. If you answer the questions correctly and we have your e-mail address on file, a temporary password will be e-mailed to you right away.

If we don't have an e-mail address on file for you, you will be directed to call our Customer Care Centre for assistance.

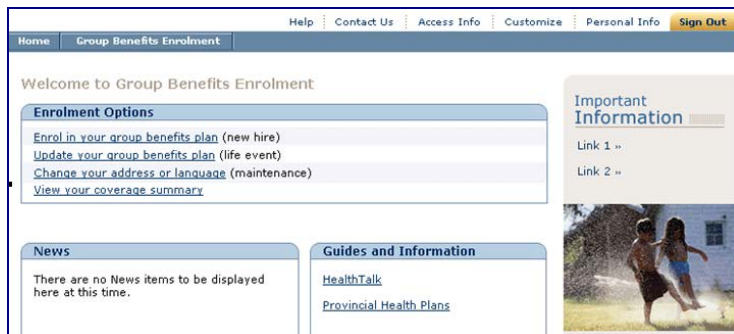
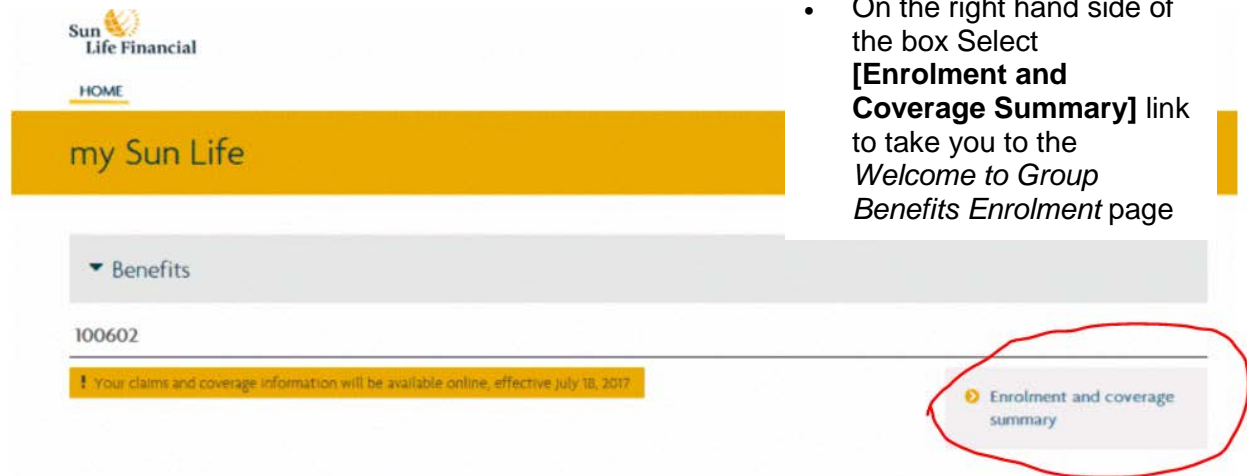
To protect the security of your information, we don't provide an Access ID and password at the same time.

*Now you can follow the easy step-by-step process to select your group benefits for the upcoming benefit year as long as you do so within your assigned enrolment period.*

## Using the online Group Benefits Enrolment tool

### Once you have a Access ID and password

- Visit my Sun Life ([www.mysunlife.ca](http://www.mysunlife.ca)) and enter your Access ID and password
- Select **[submit]**



- Select **[Enrol in your group benefits plan]**

You will be asked to authorize Sun Life Financial to use your information to administer your plan. You must select **[I agree]** in order to continue.



## Step 1 - Confirm your personal information

You should review your personal information and your family information to ensure it's correct. You can update your dependent information directly online. You can view your address, salary information and date of birth, but you won't be able to edit this information. Please contact your benefits administrator if your address, salary or birth date is incorrect. (This will not prevent you from continuing with the enrolment process.)

**Personal Information**

**Step 1 of 3**

Please check or update the information about you and your family. For changes that cannot be updated online contact your benefits administrator.

**Personal Information**

Member ID: 123456789

First Name:  Last Name:

Street:

Apt:

City:  Province/State:

Postal Code:  Work In:

Salary/Pay	Salary Type	Frequency
\$93600	Actual Earnings	Annually
\$93600	Benefit Earnings	Annually

Language:  Gender: Male Date of Birth: (yyyy-mm-dd) 1964-08-08

To update beneficiary information, complete the beneficiary nomination form and return it to your Benefits Administrator. The form can be obtained by selecting the Get Form link found above the Beneficiary Nomination section on your Coverage Summary page.

**Beneficiary Information**

Our records indicate the following Beneficiary information:  
Eva Christin Doe, spouse, 100%

**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

**Tip:** In the event a Life insurance benefit became payable, it would be paid to a designated beneficiary. If you do not name a beneficiary, your Life insurance would be paid to your estate. To name a beneficiary, or update your existing nomination please complete a Beneficiary Form and send the original signed copy to Mount Royal University HR Benefits (Room E222).

Select **[continue]** to go to Dependent Information or to Step 2.

**Dependent Information**

**Step 1 of 3 (continued)**

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

First Name	Last Name	Date of Birth (yyyy-mm-dd)	Relationship	Gender	Overage Dependent Student
Eva Christin	Doe	1965-04-01	Spouse	Female	<input type="checkbox"/>
		Effective Date (yyyy-mm-dd): 2000-06-08	Termination Date: <input type="text"/>		
Andreia	Doe	1982-01-10	Child	Female	<input checked="" type="checkbox"/>
		Effective Date (yyyy-mm-dd): 2000-06-08	Termination Date: <input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Effective Date (yyyy-mm-dd):	Termination Date: <input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Effective Date (yyyy-mm-dd):	Termination Date: <input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Effective Date (yyyy-mm-dd):	Termination Date: <input type="text"/>		

## Step 2 - Make your benefit selections

From here, you should select the level of coverage you want for each benefit. A monthly and annual cost will appear beside each benefit choice you select.

When you've made your choices select **[calculate costs now]**.

**Select Benefits**

Step 2 of 3 calculate costs now

Select your benefits from the list below, then click **continue**. Click **calculate costs now** at any time to refresh the costs on this page.

<b>Medical</b>		Monthly Cost	Annual Cost
<input checked="" type="radio"/> Bronze	<input type="radio"/> Single	\$7.00	\$84.00
	<input checked="" type="radio"/> Family		
<input type="radio"/> Silver			
<input type="radio"/> Gold			
<input type="radio"/> Refused			

<b>Dental</b>		Monthly Cost	Annual Cost
<input checked="" type="radio"/> Bronze	<input type="radio"/> Single	\$8.00	\$96.00
	<input checked="" type="radio"/> Family		
<input type="radio"/> Silver			
<input type="radio"/> Refused			

---

<b>Employee Life</b>		Monthly Cost	Annual Cost
<input checked="" type="radio"/> 1 x Annual Earnings		\$8.00	\$96.00
<input type="radio"/> 2 x Annual Earnings			
<input type="radio"/> 3 x Annual Earnings			

<b>Optional Employee Life</b>		Monthly Cost	Annual Cost
<input checked="" type="radio"/> Units of 10,000 # of units <input type="text" value="10"/>		\$8.00	\$96.00
<input type="radio"/> Refused			

<b>Optional Spousal Life</b>		Monthly Cost	Annual Cost
<input checked="" type="radio"/> Units of 10,000 # of units <input type="text" value="10"/>		\$8.00	\$96.00
<input type="radio"/> Refused			

---

**Smoking Status**

Have you smoked in the past 12 months?  Yes  No

Has your spouse smoked in the past 12 months?  Yes  No

[Back to Top](#)

back submit calculate costs now

Check that all your entries are correct and select **[submit]** at the bottom of the page.

## Step 3 - Review your Coverage Summary

**Coverage Summary**

for **Randy Doe** as of August 17, 2006.

Please review your coverage summary and print a copy for your records.  
All date formats are yyyy-mm-dd.

**Personal Information**

Member ID: 123456789	Location: 001 - Ontario
Hire Date: 2000-06-08	Gender: Male
Birth Date: 1964-08-11	Dependent Status: Family
Language: English	
Smoker Status: Non-smoker	

---

Address: 124 Main Street  
Toronto, Ontario  
Canada  
A1A 1A1

Works in: Ontario

Salary/Pay	Salary Type	Frequency
\$93,600.00	Actual Earnings	Annually
\$93,600.00	Benefit Earnings	Annually

**Benefits**

Benefit Name	Option Name	Policy #	Requested Coverage	Employer Cost	Member Cost
Effective Date	Effective Date	Term Date	Actual Coverage		
<b>Medical</b> 2003-06-08	Bronze 2003-06-08	025104	Family Family	\$84.00	\$0.00
<b>Dental</b> 2003-06-08	Bronze 2003-06-08	025104	Single + 1 Single + 1	\$0.00	\$96.00
<b>Long Term Disability</b> 2003-06-08	60% 2003-06-08	056789	60% 60%	\$0.00	\$420.00
<b>Dependent Life</b> 2003-06-08	10,000/5,000 2003-06-08	056789	— —	\$120.00	\$0.00
<b>Employee Life</b> 2003-06-08	1x 2003-06-08	056789	\$94,000 \$94,000	\$96.00	\$0.00
<b>Optional Employee Life</b> 2003-06-08	units of 10,000 2003-06-08	056789	\$200,000 \$100,000 *	\$0.00	\$96.00
<b>Spousal Life</b> 2003-06-08	units of 10,000 2003-06-08	056789	\$100,000 <a href="#">Funding</a>	\$0.00	\$0.00
<b>Total Annual Cost</b>				\$960.00	\$708.00

\*\* Benefits that are neither insured nor administered by Sun Life but are provided by other providers

\*Some of the elections you have made are pending and require completion and approval of a Statement of Health before coverage can be effective.

- [Get Form](#)
- [More information about pending benefits](#)

**Dependents**

Name	Effective Date	Birthdate	Relationship	Gender	Overage Student	Smoker
Eva Christin Doe	2000-06-08	1964-05-01	Spouse	Female		Smoker
Andreia Doe	2000-06-08	1982-01-10	Child	Female	Student	

**Designated Dependents**

Eva Christin (1965-04-01) is the designated dependent for the Dental benefit.

To update beneficiary information, complete the beneficiary nomination form and return it to your Benefits Administrator.

- [Get Form](#)
- [More information about nominating beneficiaries](#)

**Beneficiary Nominations**

Eva Christin Doe, spouse, 100%

You will now see your Coverage Summary. To print this summary, select **[print view]** at the bottom of the page. A second window will open. Select **[Print]** then close the window to return to your Coverage Summary.

**To name a beneficiary or update your existing nomination** select **[Get Form]** to print a Beneficiary Nomination Form. Remember you must sign and date your form and return it to Mount Royal University – HR Benefits (room E208). You must submit the original signed document. Scanned or faxed copies are not acceptable.

**To complete your online enrolment**

Once you've made your final changes select **[sign out]** to end your enrolment session.

**Caring for your privacy**

At Sun Life Financial, protecting your privacy has always been important to us. We maintain confidential files in our offices containing personal information about all of our plan members for the purposes of administering your benefits and paying your claims. Access to your personal information is restricted to those employees and representatives who are responsible for administering your benefits, or any other person whom you authorize.

To find out about our Privacy Policy you can: visit our website at [www.mysunlife.ca](http://www.mysunlife.ca), call 1-800-361-6212, or send a written request by e-mail to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON. M5V 3C5.

**Need help?**

To get information about your Sun Life Financial group benefits or online enrolment, please contact [benefits@mtroyal.ca](mailto:benefits@mtroyal.ca) If you have difficulty with your Access ID or password, call our Customer Care Centre at 1-800-361-6212. Customer care representatives are available any business day between 8 a.m. and 8 p.m. (ET) to answer your questions.