

Shelby County Public Schools



SUN LIFE EMPLOYEE BENEFITS

Protect what you love
about your life





Welcome

It's time to enroll in your benefits!

We are pleased to offer you coverage from Sun Life Financial as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

Sun Life can help you protect what you love no matter your age or where you are in life:

- Out on your own and working hard to build your career and independence
- Living life your way - saving money and dreaming about what's yet to come
- Advancing your career, perhaps buying a home, or even starting a family
- Enjoying the benefits of all of your hard work or even planning for retirement

Gallatin County School District is offering you the opportunity to enroll in the following:

Employee Voluntary Life Insurance
Spouse Voluntary Life Insurance
Child Voluntary Life Insurance
Employee Critical Illness and Cancer Insurance
Spouse Critical Illness and Cancer Insurance
Child Critical Illness and Cancer Insurance
Short Term Disability Insurance
Long Term Disability Insurance
Accident Insurance

In this booklet, you will find information that will help you understand your choices and how much coverage costs. Want to learn more about how Sun Life's benefits can help you? Visit www.SunLifeKnowsBenefits.com.

If you have questions about your benefits plan, ask your benefits administrator.

Notes

Life insurance benefits

Protect the life you love by securing it for the people most important to you.

Take comfort in knowing that life insurance can provide the people you love with financial support when you can't be there—and they need it most. Consider life insurance if your income is needed to cover household or day-to-day expenses or if you share responsibility for a significant debt with someone else.

In four easy steps, estimate how much life insurance coverage you may need.¹

1. Identify your MONTHLY EXPENSES

| | |
|---|-----------------|
| Mortgage/rent | \$ _____ |
| Car or transit payments | \$ _____ |
| Health insurance and out-of-pocket expenses | \$ _____ |
| Credit card debt | \$ _____ |
| Family care (e.g., education and childcare costs) | \$ _____ |
| Groceries | \$ _____ |
| Utilities | \$ _____ |
| Other expenses | \$ _____ |
| Total monthly expenses | \$ _____ |

2. Identify your TOTAL ASSETS

| | |
|----------------------|-----------------|
| 401(k) | \$ _____ |
| Retirement funds | \$ _____ |
| Other life insurance | \$ _____ |
| Other assets | \$ _____ |
| Total assets | \$ _____ |

3. CALCULATE the future funds you need to cover your monthly expenses

| | | | | | | |
|------------------------|---|----|---|-----------------|---|---------------------------|
| \$ _____ | X | 12 | X | _____ | = | \$ _____ |
| Total monthly expenses | | | | Number of years | | Total future funds needed |

4. ESTIMATE your life insurance needs

| | | | | |
|---------------------------|---|--------------|---|--|
| \$ _____ | - | \$ _____ | = | \$ _____ |
| Total future funds needed | | Total assets | | Amount of additional coverage you may need |

1. This worksheet is provided for informational purposes only. It should not be relied on as financial advice or solicitation of insurance. You may wish to consult an independent financial professional for advice.

Life insurance benefits

More about Life insurance

- If you enroll when you are first eligible, you do not have to provide proof of good health.²
- You are covered for a year at a time, so you can adjust your coverage as your needs change (e.g., you get married or have a baby).²
- Apply to take your coverage with you if you retire or change employers.³
- Apply to receive a portion of your death benefit to help cover medical and living expenses if you become terminally ill.

The benefit highlights describe the Life insurance plan.

Frequently asked questions

How is my benefit claim filed and paid?

Your beneficiary(ies) and your employer will complete a Death Benefits Claim Packet and submit it to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account at Sun Life—in this case, the life insurance benefits accumulate interest, and funds can be withdrawn at any time. State restrictions apply. Options may vary by state.

Does the coverage have exclusions?

Subject to state variations, life insurance benefits may be excluded for suicide. See the benefit highlights for more information.

How can I get more information about my coverage?

After the effective date of your coverage, you can contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

2. If the amount you apply for exceeds the Guaranteed Issue amount or if you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.
3. Subject to policy terms, conversion is available when life insurance coverage terminates or reduces, and portability is available when employment terminates. Coverage is subject to state variations. If portability is not available in your state, continuation may be available. Refer to your Certificate for specific conditions.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-AC-C-01, 13-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, 12-ACPort-C-01, 13-SDPort-C-01, TDBPOLICY-2006, and TDI-POLICY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Life insurance

For all eligible employees of Shelby County Public Schools, policy # 232668

Protect the life you love by securing it for the people most important to you.

Available coverage amounts

- Choose the benefit amounts that best meet your needs and your budget:

| For you | For your spouse | For your child(ren) |
|---|--|---|
| You can elect \$50,000 to \$200,000—in \$25,000 increments not to exceed five times your basic annual earnings. ¹ | If you elect coverage for yourself, you can sign up for a \$20,000. ¹ (Not to exceed 50% of your elected amount.) | If you elect coverage for yourself, you can choose a \$10,000 benefit amount. |
| Benefits are reduced to 65% at age 65 and to 50% at age 70. Coverage is discontinued at termination of employment or retirement. | Benefits are reduced to 65% at age 65 and to 50% at age 70. | A full benefit is payable for a dependent child who is 6 months to 19 years old or to 26 years old if a full-time student. A reduced benefit is payable for a child from 14 days to 6 months. |

- The cost for Sun Life's Life insurance depends on the benefit amount you choose and your age.

More about Sun Life's Life insurance

Take comfort in knowing that Life insurance can provide the people you love with financial support when you can't be there—and they need it most.

- Consider Life insurance if your income is needed to cover household or day-to-day expenses, or if you share responsibility for a significant debt with someone else.
- Enroll when you are first eligible, and you do not have to provide proof of good health.¹
- Adjust your coverage as your needs change (e.g., you get married or have a baby), since you are covered for a year at a time.¹
- Apply to take your coverage with you if you retire or change employers.²
- Apply to receive a portion of your death benefit to help cover medical and living expenses if you become terminally ill.

How Sun Life's Life insurance can help

Life insurance may provide additional financial support by:

- covering household expenses,
- relieving debt (e.g., mortgage or student loans) you might leave behind,
- allowing your family members to hire someone if they need help when you are gone,
- leaving an inheritance for your loved ones or even for an organization you are passionate about, and
- assisting your family with the cost of your funeral or medical bills.

Limitations and exclusions

If the employee's cause of death is suicide:*

- No amount of Life or Dependent Life insurance is payable if the suicide occurs within 24 months after the employee's insurance is effective.
- No increased or additional amount of Life insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Life insurance is effective.
- No amount of Life insurance in excess of the Guaranteed Issue amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue amount is effective.

*Subject to state law variations.

1. If the amount you apply for exceeds the Guaranteed Issue amount or if you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.
2. Subject to policy terms, conversion is available when coverage terminates or reduces or when an employee retires, and portability is available when employment terminates. Coverage is subject to state variations. If portability is not available in your state, continuation may be available. Refer to your Certificate for specific conditions.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, 12-GP-01, 13-ADD-C-01, 12-GPPort-P-01, and 13-ADDPort-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 13-LTD-C-01, 12-GPPort-01, 13-LFPort-C-01, and 13-ADDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Critical Illness insurance¹ benefits

Focus on your health—not your wallet—if you're diagnosed with a serious illness.

If you are diagnosed with a serious medical condition, critical illness insurance helps reduce daily stress about money, so you can focus on getting better.

- It pays a lump sum benefit (up to a maximum)—after your claim is approved—for a variety of covered conditions such as heart attack, stroke, and cancer.
- Use the benefit however you see fit—to help cover out-of-pocket medical expenses (e.g., co-pays or deductibles) or everyday expenses (e.g., childcare or groceries).
- It pays a wellness screening benefit each year once you provide proof of an eligible health screening (such as a prostate cancer screening, mammogram, electrocardiogram, or a lipid panel to test cholesterol). We'll pay for a spouse screening too.²
- Get answers from medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options.³

The benefit highlights describe the Critical Illness insurance plan.

Frequently asked questions

What happens if I get one of the conditions?

If you are diagnosed with a covered condition and your claim is approved, you will receive a lump sum payment. We will also pay for subsequent diagnoses or occurrences within a category as long as they are not the same covered condition as any previous diagnosis for which we previously paid a benefit.

Do I need critical illness insurance if I have major medical insurance?

You may consider electing critical illness insurance if you would benefit from not having to dip into your savings to pay for expenses not covered by your major medical insurance plan (e.g., out-of-pocket medical expenses, childcare, rent, or transportation).

How does critical illness insurance compare with disability insurance?

Disability insurance replaces a portion of your income—after your claim is approved—when a covered disability prevents you from working. Critical illness insurance can complement your disability insurance by providing you with a lump sum payment if you are diagnosed with one of several covered critical illnesses.

What if I had one of the covered illnesses or conditions in the past?

It may be considered a pre-existing condition, and exclusions may apply. Please read the exclusions and limitations section of the benefit highlights for more information.

Are there exclusions and limitations?

Yes, there are exclusions and limitations. Exclusions and limitations may vary by state. For more information, please read the benefit highlights or ask your benefits administrator.

Critical Illness insurance benefits

How do I file a claim?

To file your claim, we need to receive information from you and your doctor. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

| What we need from you | What we need from your doctor |
|---|--|
| <p>Employee statement: This form provides us with information about your doctor, your income, and your condition.</p> <p>Employee Authorization form: This allows for the release and disclosure of information about you that we will need to evaluate your claim; for example, it allows us to obtain your medical records if we need them.</p> | <p>Attending Physician's Statement (APS): This form provides us with specific medical information about your condition and expected recovery.</p> |

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

"Critical Illness Insurance" is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. This overview is preliminary to the issuance of the policy and certificate. The policy, certificate, and rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Note to employees covered or considering coverage under a Health Savings Account (HSA) established in connection with a High Deductible Health Plan (HDHP):

Based on the limited available regulatory guidance, Sun Life believes its "Critical Illness insurance" is appropriate for use with an HSA and may be purchased when the employee and/or family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that you consult your own legal or tax advisor before purchasing this insurance.

1. In some states, "Critical Illness" is referred to as "Specified Disease."
2. If permitted by the Employer's employee benefit plan and not prohibited by state law the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Value-added services are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. HealthChampion® (a health care support service) is not insurance and is provided by ComPsych®. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 13-SD-C-01, and 13-SDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Critical Illness insurance¹

For employees of Shelby County Public Schools, policy # 232668

Focus on your health—not your wallet—
if you're diagnosed with a serious illness

Available benefit amounts

| For you | For your spouse | For your child(ren) |
|---|--|---|
| You can elect \$10,000 or \$25,000 of coverage. | If you elect coverage for yourself, you may elect \$5,000 or \$12,500. | If you elect coverage for yourself, you may elect \$5,000 of coverage for each eligible child. An eligible child is defined as a child from birth to 26 years old. |

- The cost for Sun Life's Critical Illness insurance depends on the benefit amount you choose, your age, and whether or not you smoke.

More about Sun Life's Critical Illness insurance

If you are diagnosed with a serious illness, Critical Illness insurance helps reduce daily stress about money, so you can focus on getting better.

- Receive a lump sum cash benefit, up to a maximum—paid directly to you after your claim is approved—for a variety of covered conditions. For a complete list of covered conditions, please refer to the certificate.

| Circulatory | Cancer | Other | Childhood |
|--------------------------|------------------------------|---------------------|----------------------------------|
| Heart Attack | Cancer | Benign brain tumor | Cerebral palsy |
| End-Stage Heart Failure | Non-life threatening cancer* | Coma | Complex congenital heart disease |
| Stroke | | Major organ failure | Cystic fibrosis |
| Coronary Artery Disease* | | Paralysis | Type 1 diabetes mellitus |
| | | Severe burns | Muscular dystrophy |

* Partial benefits payable at 25% of elected coverage amount. In California, "Non-Life Threatening Cancer is referred to as "Reduced Benefit Cancer."

- Use the benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., co-pays or deductibles) or everyday expenses (e.g., childcare or groceries).
- Pays a \$75 wellness screening benefit each year once you provide proof of an eligible health screening (such as a prostate cancer screening, mammogram, electrocardiogram, or a lipid panel to test cholesterol). We'll pay for a spouse screening too.²
- Apply to take your coverage with you if you retire or change employers.³
- Get answers from medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options, along with guidance on claims and billing issues, by using health care support services.⁴

How Sun Life's Critical Illness insurance can help

John was in his mid-50s when he suffered a stroke, which left John unable to work and with additional medical expenses.

Fortunately, John took advantage of the opportunity to sign up for Critical Illness insurance through work. After John was diagnosed with a stroke, he submitted a claim. John received a cash benefit after his claim was approved. He used the lump sum benefit to help:

- replace income while he was unable to work,
- pay for travel expenses for medical and physical therapy appointments, and
- cover other out-of-pocket medical costs (e.g., co-pays or deductibles).

Having critical illness insurance allowed John to focus on his recovery and not his additional expenses.

Jane was in her mid-50s when she was diagnosed with breast cancer, which left Jane unable to work and with additional medical expenses.

Fortunately, Jane took advantage of the opportunity to sign up for Critical Illness insurance through work. After Jane was diagnosed with a breast cancer, she submitted a claim. Jane received a cash benefit after her claim was approved. She used the lump sum benefit to help:

- replace income while she was unable to work,
- pay for travel expenses for medical and physical therapy appointments, and
- cover other out-of-pocket medical costs (e.g., co-pays or deductibles).

Having critical illness insurance allowed Jane to focus on her recovery and not her additional expenses.

Limitations and exclusions

For the first 12 months following the effective date of your insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition is if, during the 6 months prior to your effective date of coverage or the effective date of the increase of coverage, you:

- received medical treatment, consultation, care, or services (including diagnostic measures) for the condition, or
- took prescribed drugs or medicines for the condition.

For a complete list of limitations and exclusions, please refer to the certificate.

1. In some states, "Critical Illness" is referred to as "Specified Disease."
2. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Subject to policy terms, portability or continuation may be available when employment terminates. Coverage is subject to state variations. Refer to your certificate for specific conditions.
4. Value-added services are offered only on specific lines of coverage, and they carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. HealthChampion® (a health care support service) is not insurance and is provided by ComPsych®. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time.

"Critical Illness insurance" is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. This overview is preliminary to the issuance of the policy and certificate. The policy, certificate, and rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Note to employees covered or considering coverage under Health Savings Accounts (HSAs) established in connection with a High Deductible Health Plan (HDHP): Based on the limited available regulatory guidance, Sun Life believes its "Critical Illness insurance" is appropriate for use with an HSA and may be purchased when the employee and/or his or her family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that you consult your own legal or tax advisor before purchasing this insurance.

Exclusions

In addition to the exclusions stated in the covered conditions section of the certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any critical illness condition diagnosed outside the United States or Canada without confirmation of the diagnosis by the type of specialist physician specified for each of the covered conditions in the certificate who practices in the United States or Canada.

We will not pay a benefit for any Critical Illness that is due to or results from: intentionally self-inflicted injuries; elective plastic or cosmetic surgery; active military duty; participation in war, declared or undeclared, or any act of war; active participation in a riot, rebellion, or insurrection; committing or attempting to commit an assault, felony, or other criminal act; engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician and taken as prescribed; or improper or illegal use of inhalants, or huffing.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

Limitations

In addition to the limitations stated in the Covered Conditions section of the certificate, we will not pay any benefit for any Critical Illness that is diagnosed in the first exclusionary period following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

When newborn children, newly placed foster children, or newly adopted children are added to Dependent Children insurance within a certain number of days (as noted in the certificate) of birth, placement, or adoption, the Pre-Existing Condition limitation does not apply.

Group critical illness insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-SD-C-01, and 13-SDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Critical Illness insurance¹

For employees of Shelby County Public Schools, policy # 232668

Focus on your health—not your wallet—
if you're diagnosed with a serious illness

Receive a payment if you are diagnosed with one of the below covered conditions and your claim is approved.

| Covered conditions | The plan pays | Benefit Waiting Period |
|----------------------------------|---------------|------------------------|
| Circulatory Conditions | | |
| Heart Attack | 100% | None |
| Stroke | 100% | None |
| End-Stage Heart Failure | 100% | None |
| Coronary Artery Disease* | 25% | None |
| Cancer Conditions | | |
| Cancer | 100% | 30 days |
| Non-Life Threatening Cancer* | 25% | 30 days |
| Other Conditions | | |
| Benign Brain Tumor | 100% | 30 days |
| Coma | 100% | None |
| Major Organ Failure | 100% | None |
| Severe Burns | 100% | None |
| Paralysis | 100% | None |
| Childhood Conditions** | | |
| Cerebral Palsy | 100% | 30 days |
| Complex Congenital Heart Disease | 100% | 30 days |
| Cystic Fibrosis | 100% | 30 days |
| Muscular Dystrophy | 100% | 30 days |
| Type 1 Diabetes Mellitus | 100% | 30 days |

*Partial benefits (payable at 25%) may allow other covered conditions to be paid within the same category, up to the maximum for the category. In California, "Non-Life Threatening Cancer" is referred to as "Reduced Benefit Cancer."

**Dependent children are covered for each category/condition listed. Childhood conditions apply only if Dependent Child coverage is elected.

What is an eligibility waiting period?

It is the length of time that you must wait before you are protected under the policy for a covered condition.

What is the maximum benefit amount?

A benefit is payable once for each covered condition, up to 100% payable for all covered conditions in the same category, not to exceed 200% of the total benefit payable for all covered conditions in all categories.

What if I have a pre-existing condition?

For the first 12 months following the effective date of your insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition is if, during the 6 months prior to your effective date of coverage or the effective date of the increase of coverage, you:

- received medical treatment, consultation, care, or services (including diagnostic measures) for the condition, or
- took prescribed drugs or medicines for the condition.

1. In some states, "Critical Illness" is referred to as "Specified Disease."

"Critical Illness insurance" is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. This overview is preliminary to the issuance of the policy and certificate. The policy, certificate, and rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

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Exclusions

In addition to the exclusions stated in the covered conditions section of the certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any critical illness condition diagnosed outside the United States or Canada without confirmation of the diagnosis by the type of specialist physician specified for each of the covered conditions in the certificate who practices in the United States or Canada. We will not pay a benefit for any Critical Illness that is due to or results from: intentionally self-inflicted injuries; elective plastic or cosmetic surgery; active military duty; participation in war, declared or undeclared, or any act of war; active participation in a riot, rebellion, or insurrection; committing or attempting to commit an assault, felony, or other criminal act; engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a physician and taken as prescribed; or improper or illegal use of inhalants, or huffing.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

Limitations

In addition to the limitations stated in the Covered Conditions section of the certificate, we will not pay any benefit for any Critical Illness that is diagnosed in the first exclusionary period following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

When newborn children, newly placed foster children, or newly adopted children are added to Dependent Children insurance within a certain number of days (as noted in the certificate) of birth, placement, or adoption, the Pre-Existing Condition limitation does not apply.

Issued by Sun Life Assurance Company of Canada and Sun Life and Health Insurance Company (U.S.)

The Sun Life Financial group of companies operates under the "Sun Life Financial" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life Financial group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life Financial group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

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Disability insurance benefits

Keep your life, and your bills, on track while you recover from an illness or injury for months—or more.

Disability insurance helps you cover everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) by providing a cash benefit if you are unable to work due to a covered disabling injury or illness (e.g., a back injury, recovery from surgery, or even maternity leave).

Use this table to add up your monthly expenses and determine the amount of income you might need to replace if you were unable to work.

| | | | |
|--|----|---|----|
| Mortgage/rent | \$ | Family care (e.g., education and childcare costs) | \$ |
| Car or transit payments | \$ | Groceries | \$ |
| Health insurance or out-of-pocket expenses | \$ | Utilities | \$ |
| Loans | \$ | Other | \$ |
| Credit card debt | \$ | | \$ |
| | | TOTAL MONTHLY EXPENSES | \$ |

More about Disability insurance

- Get a check—after your claim is approved—that replaces a portion of your income while you recover from a covered disability.
- Begin receiving benefits after you wait a certain number of days (the *elimination period*) from the date you are unable to work due to a covered disability.
- Receive benefits up to the maximum period allowed by your plan, provided you are still eligible to receive benefits.
- Keep in mind that other sources of income could impact your benefit amount.

The benefit highlights describe the Disability insurance plan.

Frequently asked questions

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for disability insurance benefits.

Disability insurance benefits

How do I file a claim?

To file your claim, we need to receive information from you, your doctor, and your employer. Make sure that all forms are signed and completed by the appropriate individual, as missing information or signatures can delay your claim.

| What we need from you | What we need from your doctor | What we need from your employer |
|---|---|---|
| Employee statement: This form provides us with information about your doctor, your income, and the condition causing your disability. Employee Authorization form: This allows for the release and disclosure of information about you that we will need to evaluate your claim; for example, it allows us to obtain your medical records if we need them. | Attending Physician's Statement (APS): This form provides us with specific medical information about your condition and expected recovery. | Employer's statement: This form provides us with information on your employment, salary, benefits, other sources of income, and claim information. |

Does the coverage have any limitations or exclusions?

Yes. No disability benefit will be paid for an injury or illness resulting from a pre-existing condition or intentionally self-inflicted injury, or obtained while committing or attempting to commit an assault, felony, or other criminal act. Other exclusions may apply. See your benefit highlighter for more information on exclusions and limitations.

What is a pre-existing condition limitation?

- You have a "pre-existing condition" if, during the number of months outlined in the policy prior to your effective date of coverage or the effective date of the increase of coverage, you:
 - received medical treatment, consultation, care, or services (including diagnostic measures) for the disabling condition, or
 - took prescribed drugs or medicines for the disabling condition.
- The pre-existing condition exclusion will not apply if your disability begins later than the number of months outlined in the policy after your effective date of coverage or increase in coverage.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-AC-C-01, 13-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, 12-ACPort-C-01, 13-SDPort-C-01, TDBPOLICY-2006, and TDI-POLICY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Short-Term Disability insurance

For all eligible employees of Shelby County Public Schools, policy #232668

Make sure your paycheck is protected during a short-term disability.

Coverage amount

- Get a weekly check—after your claim is approved—that replaces 60% of your income, up to \$1,500.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and weekly earnings.

More about Sun Life's Short-Term Disability insurance¹

Short-Term Disability insurance provides you with a weekly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if you are unable to work for a short time due to a covered disability (e.g., back injuries, recovery from surgery, or even maternity leave).

- Begin receiving benefits—after your claim is approved—in as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness (these durations are referred to as “elimination periods”).
- Receive a weekly check (after your claim is approved) for up to 11 weeks—as long as you are still unable to work due to a covered disability.

How Sun Life's Short-Term Disability insurance can help

Daniel was in his early-30s when he started experiencing a sharp pain in his knee—which left him unable to work for a month in order to have surgery and recover.

Fortunately, Daniel took advantage of the opportunity to sign up for Short-Term Disability insurance through work. When Daniel found out he would need surgery, he initiated a claim. Once Daniel's paperwork was completed and processed, his claim was approved. He started receiving a weekly benefit after he satisfied the elimination period defined by his policy. Daniel used the benefit to help:

- replace a portion of his income while he was unable to work,
- pay for everyday expenses (e.g., rent or groceries), and
- cover other out-of-pocket medical costs (e.g., co-pays or prescriptions).

Having short-term disability insurance allowed Daniel to focus on his recovery and not his finances.

What are the exclusions?

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- an Accident or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease, or similar law; or
- an Accident or Sickness sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.

What are the limitations?

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us.

1. In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

This policy contains limitations and exclusions that may affect benefits. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH and 12-STDPort-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01, 13-STD-C-01, and 13-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVSTDBH-EE-5154

SLPC 26579 03/16 (exp. 03/18)

Long-Term Disability insurance

For all eligible employees of Shelby County Public Schools, policy # 232668

Safeguard your finances so you can focus on your health during a long-term disability.

Coverage amount

- Get a monthly check—after your claim is approved—that replaces 60% of your income, up to \$6,000.
- Keep in mind that other sources of income could impact your benefit amount.
- Your cost depends on factors such as your age and monthly earnings.

More about Sun Life's Long-Term Disability insurance

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability (e.g., back injuries and some chronic illnesses such as heart attack, cancer, or stroke) takes you away from work for an extended time.

- Begin receiving benefits—after your claim is approved—in as soon as 90 days (this duration is referred to as “elimination periods”).
- Receive a monthly benefit (after your claim is approved) for as long as you are still unable to work due to a covered disability—until you reach Social Security Normal Retirement age depending on the benefit amount you choose.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan that's right for you and that may include trial work days, partial disability benefits, or rehabilitation programs to help you get back to work and back on your feet.

How Sun Life's Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for long-term disability insurance through work. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having long-term disability insurance allowed Mark to focus on returning to work and not on his finances.

What are the exclusions?

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-Existing Condition, except:
 - if your Disability begins later than 12 months after your effective date or later than 12 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care, or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

What are the limitations?

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

This policy contains limitations and exclusions that may affect benefits. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01 and 13-LTD-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVLTDBH-EE-5155

SLPC 26577 03/16 (exp. 03/18)

Accident insurance benefits

Stay on stable financial ground, even when an accident has you off your feet.

Accident insurance can help minimize the financial impact if you, your spouse,¹ or your child experiences an accident.

- Receive a cash benefit for injuries (e.g., fractures or dislocations), treatments (e.g., emergency room visits, follow-up doctor appointments, or ambulance rides), and loss due to a covered accident.
- Use the benefit however you see fit—to help pay for everyday expenses (e.g., childcare or groceries) or out-of-pocket medical expenses (e.g., co-pays or deductibles).

The benefit highlights describe the Accident insurance plan.

Frequently asked questions

What happens if I am injured?

Accident insurance pays you a benefit amount—after your claim is approved—if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive.

Do I need accident insurance if I have major medical insurance?

You may consider electing accident insurance if you would benefit from not having to dip into your savings to pay for expenses not covered by your major medical insurance plan (e.g., out-of-pocket medical expenses, childcare, rent, or transportation).

How do I file a claim?

To file your claim, we need to receive information from you and your doctor. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

| What we need from you | What we need from your doctor |
|--|--|
| <p>Employee statement: This form provides us with information about your doctor, your income, and your accident.</p> <p>Employee Authorization form: This allows for the release and disclosure of information about you that we will need to evaluate your claim; for example, it allows us to obtain your medical records if we need them.</p> | <p>Attending Physician's Statement (APS): This form provides us with specific medical information about your condition and expected recovery.</p> |

Accident insurance benefits

Are there exclusions?

Yes, there are exclusions. For more information, please read the benefit highlights or ask your benefits administrator. Exclusions may vary by state.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

1. If permitted by the Employer's employee benefit plan and not prohibited by state law, or if the group's situs state is Oregon, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

Accident Insurance is a limited benefit policy. It provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a tax penalty.

The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in all states.

For New York consumers: The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums that the Company expects to return as benefits, when averaged over all people with the policy.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-AC-C-01, 13-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, 12-ACPort-C-01, 13-SDPort-C-01, TDBPOLICY-2006, and TDI-POLICY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Accident insurance

For employees of Shelby County Public Schools, policy # 232668

Stay on stable financial ground, even when an accident has you off your feet.

Coverage options

- You can elect coverage for:
 - You
 - You and your spouse
 - You and your children
 - You and your family

An eligible child is defined as a child from birth to 26 years old.

- Your cost depends on which coverage option you choose.

More about Sun Life's Accident insurance

Accident insurance can help minimize the financial impact if you, your spouse,¹ or your child experiences an accident.

- Receive a cash benefit—after your claim is approved—for injuries (e.g., fractures or dislocations), treatments (e.g., emergency room visits, follow-up doctor appointments, or ambulance rides), and loss due to a covered accident.
- Use the benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., co-pays or deductibles) or everyday expenses (e.g., childcare or groceries).

How Sun Life's Accident insurance can help

Junior was in high school when he broke his leg playing varsity basketball. His family has at least a \$2,500 medical deductible.

Fortunately, Junior's mother took advantage of the opportunity to sign up for Accident insurance through work. After Junior broke his leg, his family submitted a claim. After the claim was approved, the family received a cash benefit for:

| Covered benefits | The plan pays |
|---|----------------|
| Ambulance ride to hospital | \$200 |
| Emergency Room or Urgent Care visit | \$100 |
| X-ray | \$30 |
| Diagnosis of open reduction fracture | \$2,000 |
| Medical device (crutches) | \$100 |
| Follow-up visit (2 visits) | \$100 |
| Physical therapy (6 visits) | \$150 |
| Total payments received from Accident insurance policy | \$2,680 |

Illustration is for hypothetical use only. Covered benefits shown represent hypothetical payments from the Accident insurance plan only. They do not represent payments from a health insurance plan.

Having Accident insurance, Junior's family received \$2,680 to help pay for his out-of-pocket medical expenses, so they could focus on his recovery and not on his additional expenses.

Exclusions

The following exclusions may vary by plan and by state laws and regulations. No benefits will be payable for any loss or Period of Disability that is the result of a Covered Accident that is due to or results from:

- war or any act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test, or while Intoxicated;
- operating, learning to operate, serving as a crew member of, or jumping or falling from any aircraft, including those that are not motor-driven. This does not include:
 - flying as a fare-paying passenger in a scheduled or chartered flight operated by a commercial airline; or
 - flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, or any similar activities;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- committing or attempting to commit an assault, felony, or other criminal act;
- committing or attempting to commit suicide or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants, or huffing; or
- a sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

1. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

Accident insurance is a limited benefit policy. It provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a tax penalty.

The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in all states.

For New York consumers: The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums that the Company expects to return as benefits, when averaged over all people with the policy.

Group accident insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 12-GPPort-01, and 12-ACPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations. In New York, group accident insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 12-GP-01, 12-AC-C-01, 12-GPPort-01, and 12-ACPort-C-01.

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Accident insurance

For employees of Shelby County Public Schools, policy # 232668

Stay on stable financial ground, even when an accident has you off your feet.

Receive a payment if you experience any of the following injuries, care, or losses due to a covered accident. Benefits for injuries are payable once for each covered accident, and benefits for hospital stays and related care are payable up to a specific number of days or visits for each covered accident.

Injuries

| Covered benefits | The plan pays |
|---|---------------|
| | Mid |
| Dislocations¹ | |
| Hip | \$6,000 |
| Knee, ankle, bones of the foot | \$3,000 |
| Elbow or wrist | \$800 |
| Shoulder | \$800 |
| Collarbone or bones of the hand | \$800 |
| Finger(s) or toe(s) | \$200 |
| Lower jaw | \$800 |
| Fractures¹ | |
| Hip or thigh | \$4,000 |
| Skull—depressed | \$6,000 |
| Skull—simple; vertebral processes; or bones of face or nose | \$1,000 |
| Leg | \$2,000 |
| Vertebrae | \$2,000 |
| Pelvis | \$2,400 |
| Upper jaw or upper arm | \$1,000 |
| Lower jaw, knee cap, ankle, foot, collarbone, shoulder, forearm, hand, or wrist | \$900 |
| Rib, finger, toe, coccyx | \$300 |
| Multiple ribs | \$1,000 |
| Additional injuries | |
| Eye injury | \$250 |
| Gunshot wound | \$500 |
| Paralysis—monoplegia, uniplegia | \$1,000 |
| Paralysis—diplegia | \$2,500 |
| Paralysis—hemiplegia | \$2,500 |

| | |
|---|------------------------------------|
| Paralysis—paraplegia | \$2,500 |
| Paralysis—quadriplegia | \$7,500 |
| Coma | \$10,000 |
| Concussion | \$150 |
| Concussion Lifetime Maximum Benefit | \$1,500 |
| Lacerations | |
| 2" to 6" with sutures | \$300 |
| Greater than 6" with sutures | \$600 |
| Burns | |
| Greater than 36% of body, 2nd degree | \$1,000 |
| 9 to 18 square inches, 3rd degree | \$2,000 |
| Over 18, up to 35 square inches, 3rd degree | \$4,000 |
| Over 35 square inches, 3rd degree | \$12,000 |
| Skin graft | 50% of the applicable Burn Benefit |

1. Benefits displayed reflect amounts payable for open reductions. Benefits payable for closed reductions are 50% of open reduction amount.

Care

| Covered benefits | The plan pays |
|--|---------------|
| | Mid |
| Medical services | |
| Diagnostic exam (one time per each Covered Accident): CT, CAT, EKG, EEG, or MRI | \$150 |
| X-ray | \$30 |
| Physician's follow-up treatment office visit (per visit, up to two times per Covered Accident) | \$50 |
| Physical therapy, occupational therapy (per visit, up to six visits per Covered Accident) | \$25 |
| Medical devices | \$100 |
| Epidural pain management (up to two injections per Covered Accident) | \$50 |
| Hospital | |
| Hospital admission | \$1,000 |
| Hospital confinement (per day up to 365 days per Covered Accident) | \$200 |
| Intensive Care Unit admission | \$1,500 |
| Intensive Care Unit confinement (per day up to 15 days) | \$300 |
| Ambulance (Ground) | \$200 |
| Ambulance (Air) | \$1,000 |
| Emergency Room admission or Urgent Care facility | \$100 |

| | |
|---|---------|
| Family lodging (per day, maximum lodging night stays: 30 days per Covered Accident) | \$125 |
| Transportation (100 or more miles up to three times per Covered Accident) | \$300 |
| Rehabilitation Unit (per day up to 30 days per Covered Accident) | \$125 |
| Blood, plasma, or platelet transfusion | \$200 |
| Surgery | |
| Open surgery (not otherwise listed) | \$1,500 |
| Exploratory surgery or debridement | \$150 |
| Laparoscopic surgery or hernia repair | \$150 |
| Prosthesis (one) | \$750 |
| Prosthesis (two) | \$1,500 |
| Tendon/ligament/rotator cuff tear | \$750 |
| Torn knee cartilage | \$750 |
| Ruptured/herniated disc | \$750 |
| Emergency dental | |
| Emergency dental extraction | \$75 |
| Emergency dental crown | \$300 |

Loss

| Covered benefits | The plan pays |
|---|---------------|
| | Mid |
| Life and Dismemberment Losses² | |
| Accidental Death | \$25,000 |
| Accidental Death Common Carrier ³ | \$50,000 |
| Catastrophic Loss ⁴ | \$50,000 |
| Accidental dismemberment: one hand, one foot, one leg, one arm, loss of sight of one eye or loss of one eye, or loss of hearing of one ear or loss of one ear | \$7,500 |
| Two or more fingers or toes | \$1,500 |
| One finger or one toe | \$750 |

2. Payable for life/death and dismemberment losses that are due to a Covered Accident or Accidental Injury as defined by the policy. Benefits displayed are payable for the employee only. Life and dismemberment benefits for the spouse are 100% of the benefit amount listed. Life and dismemberment benefits for dependent children are 50% of the benefit amount listed.
3. Accidental Death Common Carrier pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance.
4. Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, irrecoverable loss of hearing of both ears, irrecoverable loss of sight of both eyes, or irrecoverable loss of speech or ability to speak.

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your policy for details.

Accident insurance is a limited benefit policy. It provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a tax penalty.

The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in all states.

Exclusions

The following exclusions may vary by plan and by state laws and regulations. No benefits will be payable for any loss or Period of Disability that is the result of a Covered Accident that is due to or results from:

- war or any act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism); active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test, or while Intoxicated;
- operating, learning to operate, serving as a crew member of, or jumping or falling from any aircraft, including those that are not motor-driven. This does not include:
 - flying as a fare-paying passenger in a scheduled or chartered flight operated by a commercial airline; or
 - flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, or any similar activities;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- committing or attempting to commit an assault, felony, or other criminal act;
- committing or attempting to commit suicide or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants, or huffing; or
- a sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

For New York consumers: The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums that the Company expects to return as benefits, when averaged over all people with the policy.

Group accident insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 12-GPPort-01, and 12-ACPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations. In New York, group accident insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) under Policy Form Series 12-GP-01, 12-AC-C-01, 12-GPPort-01, and 12-ACPort-C-01.

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Evidence of Insurability

Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.mysunlifebenefits.com

- Click on *Apply for Evidence of Insurability Online*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life Financial has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.mysunlifebenefits.com.

- Click Download Paper Forms
- Click Employee Benefits
- Select Evidence of Insurability
- Select the EOI application for the state in which your company is headquartered

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

Evidence of Insurability

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life Financial's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form only apply to life and disability policies.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Rate Sheet

Employee - Coverage and **semi-monthly** cost for Employee Voluntary Life.

Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

| Coverage Amounts | Cost per pay period |
|---------------------|---------------------------|
| \$50,000 | 8.00 |
| \$75,000 | 12.00 |
| \$100,000 | 16.00 |
| \$125,000 | 20.00 |
| \$150,000 | 24.00 |
| \$175,000 | 28.00 |
| \$200,000 | 32.00 |

Notes

Rate Sheet

Spouse - Coverage and **semi-monthly** cost for Spouse Voluntary Life.

Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

| Coverage Amounts | Cost per pay period |
|---------------------|---------------------------|
| \$20,000 | 3.20 |

Notes

Rate Sheet

Child - Coverage and **semi-monthly** cost for Child Voluntary Life.

Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

| Coverage Amounts | Cost per pay period |
|---------------------|---------------------------|
| \$10,000 | 0.63 |

Notes

Rate Sheet

Employee - Coverage and **semi-monthly** cost for Employee Critical Illness and Cancer.

Smoker Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

| Age and Cost | | | | | | | | | | | | | |
|---------------------|------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| Coverage Amounts | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$15,000 | 4.58 | 4.58 | 6.45 | 6.45 | 13.58 | 13.58 | 31.88 | 31.88 | 72.53 | 72.53 | 114.98 | 135.98 | 146.63 |
| \$25,000 | 7.63 | 7.63 | 10.75 | 10.75 | 22.63 | 22.63 | 53.13 | 53.13 | 120.88 | 120.88 | 191.63 | 226.63 | 244.38 |

Rate Sheet

Employee - Coverage and **semi-monthly** cost for Employee Critical Illness and Cancer.

Non-Smoker Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

| Age and Cost | | | | | | | | | | | | | |
|---------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Coverage Amounts | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$15,000 | 4.43 | 4.43 | 5.85 | 5.85 | 9.98 | 9.98 | 18.45 | 18.45 | 35.33 | 35.33 | 56.03 | 73.20 | 82.88 |
| \$25,000 | 7.38 | 7.38 | 9.75 | 9.75 | 16.63 | 16.63 | 30.75 | 30.75 | 58.88 | 58.88 | 93.38 | 122.00 | 138.13 |

Rate Sheet

Spouse - Coverage and **semi-monthly** cost for Spouse Critical Illness and Cancer.

Smoker Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

| Age and Cost | | | | | | | | | | | | | |
|------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Coverage Amounts | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$5,000 | 1.53 | 1.53 | 2.15 | 2.15 | 4.53 | 4.53 | 10.63 | 10.63 | 24.18 | 24.18 | 38.33 | 45.33 | 48.88 |
| \$7,500 | 2.29 | 2.29 | 3.23 | 3.23 | 6.79 | 6.79 | 15.94 | 15.94 | 36.26 | 36.26 | 57.49 | 67.99 | 73.31 |
| \$10,000 | 3.05 | 3.05 | 4.30 | 4.30 | 9.05 | 9.05 | 21.25 | 21.25 | 48.35 | 48.35 | 76.65 | 90.65 | 97.75 |
| \$12,500 | 3.81 | 3.81 | 5.38 | 5.38 | 11.31 | 11.31 | 26.56 | 26.56 | 60.44 | 60.44 | 95.81 | 113.31 | 122.19 |

Rate Sheet

Spouse - Coverage and **semi-monthly** cost for Spouse Critical Illness and Cancer.

Non-Smoker Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

| Age and Cost | | | | | | | | | | | | | |
|------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Coverage Amounts | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$5,000 | 1.48 | 1.48 | 1.95 | 1.95 | 3.33 | 3.33 | 6.15 | 6.15 | 11.78 | 11.78 | 18.68 | 24.40 | 27.63 |
| \$7,500 | 2.21 | 2.21 | 2.93 | 2.93 | 4.99 | 4.99 | 9.23 | 9.23 | 17.66 | 17.66 | 28.01 | 36.60 | 41.44 |
| \$10,000 | 2.95 | 2.95 | 3.90 | 3.90 | 6.65 | 6.65 | 12.30 | 12.30 | 23.55 | 23.55 | 37.35 | 48.80 | 55.25 |
| \$12,500 | 3.69 | 3.69 | 4.88 | 4.88 | 8.31 | 8.31 | 15.38 | 15.38 | 29.44 | 29.44 | 46.69 | 61.00 | 69.06 |

Rate Sheet

Child - Coverage and **semi-monthly** cost for Child Critical Illness and Cancer.

Rates are effective as of January 01, 2017.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

| Coverage Amounts | Cost per pay period |
|---------------------|---------------------------|
| \$5,000 | 2.03 |

Notes

Coverage and **monthly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

| | Mid/24 hr |
|---------------------|-----------|
| Employee Only | \$18.02 |
| Employee & Spouse | \$28.42 |
| Employee & Children | \$31.78 |
| Employee & Family | \$49.80 |

Use the following example to estimate your cost per pay period.

| Monthly cost | X 12 months = | Annual Cost | # of pay periods per year (12, 24, 26, 52) | Your estimated cost per pay period* |
|--------------|---------------|-------------|--|-------------------------------------|
|--------------|---------------|-------------|--|-------------------------------------|

\$_____ X 12 months = \$_____ / _____ = \$_____

*The rate is in effect for **1/1/2017**. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

Employee - Coverage and **monthly** rates for Short Term Disability Insurance.

Short Term Disability coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate

\$0.470 Follow the example below to determine your monthly cost.

| Example Weekly Benefit (60% of earnings) | Divided by 10 | | Multiplied by rate | Example monthly cost* |
|---|---------------|--|-----------------------|--------------------------|
|---|---------------|--|-----------------------|--------------------------|

\$350 / 10 = 35 x \$0.470 \$16.45

| Your Weekly Benefit (60% of earnings) | Divided by 10 | | Multiplied by rate | Your monthly cost* |
|---|---------------|--|-----------------------|-----------------------|
|---|---------------|--|-----------------------|-----------------------|

\$_____ / 10 = _____ x \$_____ \$_____

| Your monthly cost | # of Months | | Annual cost | # of pay periods per year (12, 24, 26, 52, etc.) | Your estimated cost per pay period* |
|----------------------|-------------|--|-------------|--|---|
|----------------------|-------------|--|-------------|--|---|

\$_____ x 12 = \$_____ / _____ = \$_____

*The rate is in effect for **1/1/2017**. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

Employee - Coverage and **monthly** rate for Long Term Disability Insurance.

Long Term Disability coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your monthly cost by dividing your monthly covered earnings by 100 and multiplying the result by the rate

\$0.657 Follow the example below to determine your monthly cost.

| Example Monthly Earnings | Divided by 100 | | Multiplied by rate | Example monthly cost* |
|--------------------------------|----------------|--|-----------------------|--------------------------|
|--------------------------------|----------------|--|-----------------------|--------------------------|

$\$3,500 \quad / 100 = 35 \quad \times \quad \$0.657 \quad \$22.99$

| Your Monthly Earnings | Divided by 100 | | Multiplied by rate | Your monthly cost* |
|--------------------------|----------------|--|-----------------------|-----------------------|
|--------------------------|----------------|--|-----------------------|-----------------------|

$\$ \quad / 100 = \quad \times \quad \$ \quad \$$

| Your monthly cost | # of Months | | Annual cost | # of pay periods per year (12, 24, 26, 52, etc.) | Your estimated cost per pay period* |
|----------------------|-------------|--|-------------|--|---|
|----------------------|-------------|--|-------------|--|---|

$\$ \quad \times 12 \quad = \quad \$ \quad / \quad = \quad \$$

*The rate is in effect for **1/1/2017**. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

1 Employer instructions

Complete sections 2 and 3 and then give this page and the application to the employee. The employee and/or dependent requesting coverage subject to Evidence of Insurability ("EOI") must fill out the application and include this instructions page with his or her submission. Failure to include the completed instructions page will delay the EOI process.

2 Employee information (to be completed by employer)

| | | | |
|---|---------------------|-------------------------------|--------------|
| Employer name | Group policy number | Division/location | Billing code |
| Employee name (first, middle initial, last) | | Social Security number — — | |
| Please indicate the requested effective date of each coverage subject to EOI: | | | |

3 Coverage(s) subject to Evidence of Insurability (to be completed by employer)

Select coverage(s) for which EOI is required. Fill in all applicable fields. Disability Insurance is available to employees only. Need help determining EOI amount? Please see your **Group Policy** and the **Administrator's Guide**.

| | Current coverage amount in force (Include any Guaranteed Issue coverage if eligible and any coverage existing prior to this application. If "none," put "\$0" in the box.) | Total amount request (Enter the total coverage amount requested in dollars) |
|-------------------------|---|--|
| Employee Basic Life | \$ | \$ |
| Employee Optional Life | \$ | \$ |
| Employee Voluntary Life | \$ | \$ |
| Spouse Basic Life | \$ | \$ |
| Spouse Optional Life | \$ | \$ |
| Spouse Voluntary Life | \$ | \$ |
| Child Basic Life | \$ | \$ |
| Child Optional Life | \$ | \$ |
| Child Voluntary Life | \$ | \$ |

| | | |
|--|---|--|
| <input type="checkbox"/> Short-Term Disability | <input type="checkbox"/> Long-Term Disability | <input type="checkbox"/> Long-Term Disability Buy-Up |
| <input type="checkbox"/> Customized Disability | | |

| | | |
|--|--|------|
| Name of person completing the above sections (please print) | Signature of person completing the above sections X | Date |
|--|--|------|

4 Employee instructions

Complete, sign, and submit either the online EOI Application or the printable EOI Application, but not both.

- **Online EOI Application (available for Group policy numbers with six digits or less)**
 1. Go to www.mysunlifebenefits.com.
 2. Follow the instructions. Enter height, weight, date of birth and medical history for you and any dependents on this application.
- **Printable EOI Application**
 1. Complete pages 2 through 6 of the EOI Application. Please remember to sign and date the form.
 2. Mail or fax the EOI Application and this instructions page to:
 - MAIL TO:** Sun Life Financial, Group Medical Underwriting, P.O. Box 81344, Wellesley Hills, MA 02481; or
 - FAX TO:** 781-304-5137

You are required to notify, in writing, Group Medical Underwriting of any changes in your health to the best of your knowledge, between the date you sign the application and the date coverage is approved.



Sun Life Financial

Evidence of Insurability Application – Health Questionnaire



☐ Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

☐ Sun Life and Health Insurance Company (U.S.)
One Sun Life Executive Park
Wellesley Hills, MA 02481

- You are applying for coverage from one of the insurance companies above, outside of New York, which is referred to as "The Company" on this application. Please refer to your Plan Administrator for the correct underwriting company.
- Complete and return the entire application and the instructions page to Sun Life Financial.

1 Employee information (Please print clearly)

| | | | |
|---|----------------------|----------------------|--------------|
| Employer name | Group policy number | Division/location | Billing code |
| Employee name (first, middle initial, last) | | | |
| Employee street address | City | State | Zip code |
| Social Security number — — | Daytime phone number | Evening phone number | |
| E-mail address | Occupation | | |

2 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 (mm/dd/yyyy) | Height | Weight | Gender |
|--------------------|------------|-----------|---------------------|--------|--------|---|
| Employee | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Spouse/ partner | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child 1 | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child 2 | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Child 3 | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |

| | Employee | | Spouse/ partner | | Child(ren) | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| 1. Have you or any of your dependents (spouse/partner, child(ren)) ever been diagnosed, treated, or tested positive for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you or any of your dependents (spouse/partner, child(ren)) ever been diagnosed with any of these ailments, received medical advice or sought treatment for:

| | Employee | | Spouse/ partner | | Child(ren) | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| 2. Stroke, transient ischemic attack (TIA), high blood pressure, irregular heart beat, heart murmur, aneurysm, heart attack, angina, elevated cholesterol, or any blood, heart, or blood vessel disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cancer, leukemia, tumor, neoplasm, nodule or polyp (excluding nasal polyp), pre-cancerous condition, or dysplastic nevi? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disorder of the kidney, bladder (excluding healed bladder infections or urinary system, or reproductive organs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, cystic fibrosis or any lung or respiratory disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the last ten years have you or any of your dependents ever been diagnosed with any of these ailments, received medical advice or sought treatment for:

| | Employee | | Spouse/ partner | | Child(ren) | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| 9. Skin disorder that lasted for more than 6 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Anxiety, depression or any mood, emotional, mental, or nervous disorder; post-traumatic stress disorder; or schizophrenia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Disorder of the eyes or ears (excluding healed ear infections)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Blood, pus or sugar in the urine, chest pain, shortness of breath, enlarged glands or lymph nodes, night sweats or unintentional weight loss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the last ten years have you or any of your dependents:

| | Employee | | Spouse/ partner | | Child(ren) | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| 13. Consulted a medical professional for anything other than the conditions previously identified in this Health Questionnaire? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Been off work for more than five consecutive days due to an illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Had any screening or diagnostic tests for cancer or heart / circulatory disorders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you or one of your dependents currently pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 Health and personal history, continued

(Complete the following for all persons applying for coverage requiring underwriting)

| Have you or any of your dependents: | Employee | | Spouse/-partner | | Child(ren) | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | 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 similar sport or avocation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. In the last 12 months, used any tobacco products, including cigarettes, cigars, and chewing tobacco, or used nicotine gum or a nicotine patch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. In the last 3 years, have you been prescribed or advised to take any medication by a medical professional? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 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 and treatment | Physician name, address and phone number | Fully recovered? |
|-----------------|----------------|---|----------------------|-------------------------------------|--|---|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please provide physician information even if you answered “no” to all the questions.

Name and address of physician with your most up-to-date and comprehensive medical records:

| |
|--|
| |
|--|

4 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.

4 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 healthcare 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.

| | |
|---|-------------|
| Signature of employee X | Date signed |
| Signature of spouse/partner (If application is for spouse/partner) X | Date signed |

5 Fraud warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Contact us

**By mail**

Sun Life Financial
Group Medical Underwriting
P.O. Box 81344
Wellesley Hills, MA 02481

**By fax**

781-304-5137



www.sunlife.com/us



Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m, ET

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