

**CHEIBA Trust  
University of Northern Colorado**

**BENEFIT HIGHLIGHTS**

**Discover new  
ways to protect  
what you love**



**Sun Life**

Life's brighter under the sun



# Find your benefits here

CHEIBA Trust University of  
Northern Colorado  
POLICY # 935917

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- **Voluntary Life insurance** to protect your family if something happens to you.
- Accidental Death and Dismemberment insurance.
- **Long-Term Disability** to protect your savings – once your claim is approved – when you can't work for an extended time.
- **Accident insurance** that provides a range of benefits for covered accidental injuries.
- **Critical Illness insurance** for help if you are diagnosed with a covered illness.
- **Hospital Indemnity insurance** provides benefits when you have a covered hospital stay.



# Voluntary Life insurance

CHEIBA Trust University of Northern Colorado | All Eligible Employees | 935917

## Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

### Benefits

|                            |   |
|----------------------------|---|
| <b>For you</b>             | <p>You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000, <b>not to exceed 5 times</b> your basic annual earnings—with no medical questions asked <b>up to the Guaranteed Issue amount of \$200,000</b>.</p> <p>The benefit amount is reduced to 50% at age 70 and to 35% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>   |
| <b>For your spouse</b>     | <p>If you elect coverage for yourself, you can choose from <b>\$10,000 to \$300,000</b>—in increments of \$10,000—with no medical questions asked <b>up to the Guaranteed Issue amount of \$30,000</b>.</p> <p>(The amount you select for your spouse cannot exceed 100% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p> |
| <b>For your child(ren)</b> | <p>If you elect coverage for yourself, you can choose <b>\$5,000 to \$25,000</b>—in \$5,000 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 100% of your coverage amount.)</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child who is 6 months to 26 years old. A reduced benefit is payable for a child from 14 days to 6 months.</p>   |



## What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

*Since most people would have trouble paying living expenses after several months if their primary wage earner died,\* it may be worth asking, who depends on you?*

## Additional considerations

|                                     |   |
|-------------------------------------|---|
| <b>If I become terminally ill</b>   | You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs. |
| <b>If I become Totally Disabled</b> | If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.  |
| <b>If I leave my employer</b>       | Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.   |
| <b>If I've had a life change</b>    | You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.   |

## Life FAQ

### Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or 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 where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

**Read the important plan provisions section for more information including limitations and exclusions.**

\* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

# Rate Sheet

Rates are effective as of January 1, 2024.

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

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

## Employee - Coverage and Monthly cost for employee Voluntary Life

| 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   | 80-84   | 85+     |
| \$10,000         | 0.39  | 0.42  | 0.53  | 0.63  | 0.76  | 1.35  | 2.13   | 3.88   | 5.24   | 9.12   | 14.63  | 28.88   | 41.68   | 73.25   |
| \$20,000         | 0.78  | 0.84  | 1.06  | 1.26  | 1.52  | 2.70  | 4.26   | 7.76   | 10.48  | 18.24  | 29.26  | 57.76   | 83.36   | 146.50  |
| \$30,000         | 1.17  | 1.26  | 1.59  | 1.89  | 2.28  | 4.05  | 6.39   | 11.64  | 15.72  | 27.36  | 43.89  | 86.64   | 125.04  | 219.75  |
| \$40,000         | 1.56  | 1.68  | 2.12  | 2.52  | 3.04  | 5.40  | 8.52   | 15.52  | 20.96  | 36.48  | 58.52  | 115.52  | 166.72  | 293.00  |
| \$50,000         | 1.95  | 2.10  | 2.65  | 3.15  | 3.80  | 6.75  | 10.65  | 19.40  | 26.20  | 45.60  | 73.15  | 144.40  | 208.40  | 366.25  |
| \$60,000         | 2.34  | 2.52  | 3.18  | 3.78  | 4.56  | 8.10  | 12.78  | 23.28  | 31.44  | 54.72  | 87.78  | 173.28  | 250.08  | 439.50  |
| \$70,000         | 2.73  | 2.94  | 3.71  | 4.41  | 5.32  | 9.45  | 14.91  | 27.16  | 36.68  | 63.84  | 102.41 | 202.16  | 291.76  | 512.75  |
| \$80,000         | 3.12  | 3.36  | 4.24  | 5.04  | 6.08  | 10.80 | 17.04  | 31.04  | 41.92  | 72.96  | 117.04 | 231.04  | 333.44  | 586.00  |
| \$90,000         | 3.51  | 3.78  | 4.77  | 5.67  | 6.84  | 12.15 | 19.17  | 34.92  | 47.16  | 82.08  | 131.67 | 259.92  | 375.12  | 659.25  |
| \$100,000        | 3.90  | 4.20  | 5.30  | 6.30  | 7.60  | 13.50 | 21.30  | 38.80  | 52.40  | 91.20  | 146.30 | 288.80  | 416.80  | 732.50  |
| \$110,000        | 4.29  | 4.62  | 5.83  | 6.93  | 8.36  | 14.85 | 23.43  | 42.68  | 57.64  | 100.32 | 160.93 | 317.68  | 458.48  | 805.75  |
| \$120,000        | 4.68  | 5.04  | 6.36  | 7.56  | 9.12  | 16.20 | 25.56  | 46.56  | 62.88  | 109.44 | 175.56 | 346.56  | 500.16  | 879.00  |
| \$130,000        | 5.07  | 5.46  | 6.89  | 8.19  | 9.88  | 17.55 | 27.69  | 50.44  | 68.12  | 118.56 | 190.19 | 375.44  | 541.84  | 952.25  |
| \$140,000        | 5.46  | 5.88  | 7.42  | 8.82  | 10.64 | 18.90 | 29.82  | 54.32  | 73.36  | 127.68 | 204.82 | 404.32  | 583.52  | 1025.50 |
| \$150,000        | 5.85  | 6.30  | 7.95  | 9.45  | 11.40 | 20.25 | 31.95  | 58.20  | 78.60  | 136.80 | 219.45 | 433.20  | 625.20  | 1098.75 |
| \$160,000        | 6.24  | 6.72  | 8.48  | 10.08 | 12.16 | 21.60 | 34.08  | 62.08  | 83.84  | 145.92 | 234.08 | 462.08  | 666.88  | 1172.00 |
| \$170,000        | 6.63  | 7.14  | 9.01  | 10.71 | 12.92 | 22.95 | 36.21  | 65.96  | 89.08  | 155.04 | 248.71 | 490.96  | 708.56  | 1245.25 |
| \$180,000        | 7.02  | 7.56  | 9.54  | 11.34 | 13.68 | 24.30 | 38.34  | 69.84  | 94.32  | 164.16 | 263.34 | 519.84  | 750.24  | 1318.50 |
| \$190,000        | 7.41  | 7.98  | 10.07 | 11.97 | 14.44 | 25.65 | 40.47  | 73.72  | 99.56  | 173.28 | 277.97 | 548.72  | 791.92  | 1391.75 |
| \$200,000        | 7.80  | 8.40  | 10.60 | 12.60 | 15.20 | 27.00 | 42.60  | 77.60  | 104.80 | 182.40 | 292.60 | 577.60  | 833.60  | 1465.00 |
| \$210,000        | 8.19  | 8.82  | 11.13 | 13.23 | 15.96 | 28.35 | 44.73  | 81.48  | 110.04 | 191.52 | 307.23 | 606.48  | 875.28  | 1538.25 |
| \$220,000        | 8.58  | 9.24  | 11.66 | 13.86 | 16.72 | 29.70 | 46.86  | 85.36  | 115.28 | 200.64 | 321.86 | 635.36  | 916.96  | 1611.50 |
| \$230,000        | 8.97  | 9.66  | 12.19 | 14.49 | 17.48 | 31.05 | 48.99  | 89.24  | 120.52 | 209.76 | 336.49 | 664.24  | 958.64  | 1684.75 |
| \$240,000        | 9.36  | 10.08 | 12.72 | 15.12 | 18.24 | 32.40 | 51.12  | 93.12  | 125.76 | 218.88 | 351.12 | 693.12  | 1000.32 | 1758.00 |
| \$250,000        | 9.75  | 10.50 | 13.25 | 15.75 | 19.00 | 33.75 | 53.25  | 97.00  | 131.00 | 228.00 | 365.75 | 722.00  | 1042.00 | 1831.25 |
| \$260,000        | 10.14 | 10.92 | 13.78 | 16.38 | 19.76 | 35.10 | 55.38  | 100.88 | 136.24 | 237.12 | 380.38 | 750.88  | 1083.68 | 1904.50 |
| \$270,000        | 10.53 | 11.34 | 14.31 | 17.01 | 20.52 | 36.45 | 57.51  | 104.76 | 141.48 | 246.24 | 395.01 | 779.76  | 1125.36 | 1977.75 |
| \$280,000        | 10.92 | 11.76 | 14.84 | 17.64 | 21.28 | 37.80 | 59.64  | 108.64 | 146.72 | 255.36 | 409.64 | 808.64  | 1167.04 | 2051.00 |
| \$290,000        | 11.31 | 12.18 | 15.37 | 18.27 | 22.04 | 39.15 | 61.77  | 112.52 | 151.96 | 264.48 | 424.27 | 837.52  | 1208.72 | 2124.25 |
| \$300,000        | 11.70 | 12.60 | 15.90 | 18.90 | 22.80 | 40.50 | 63.90  | 116.40 | 157.20 | 273.60 | 438.90 | 866.40  | 1250.40 | 2197.50 |
| \$310,000        | 12.09 | 13.02 | 16.43 | 19.53 | 23.56 | 41.85 | 66.03  | 120.28 | 162.44 | 282.72 | 453.53 | 895.28  | 1292.08 | 2270.75 |
| \$320,000        | 12.48 | 13.44 | 16.96 | 20.16 | 24.32 | 43.20 | 68.16  | 124.16 | 167.68 | 291.84 | 468.16 | 924.16  | 1333.76 | 2344.00 |
| \$330,000        | 12.87 | 13.86 | 17.49 | 20.79 | 25.08 | 44.55 | 70.29  | 128.04 | 172.92 | 300.96 | 482.79 | 953.04  | 1375.44 | 2417.25 |
| \$340,000        | 13.26 | 14.28 | 18.02 | 21.42 | 25.84 | 45.90 | 72.42  | 131.92 | 178.16 | 310.08 | 497.42 | 981.92  | 1417.12 | 2490.50 |
| \$350,000        | 13.65 | 14.70 | 18.55 | 22.05 | 26.60 | 47.25 | 74.55  | 135.80 | 183.40 | 319.20 | 512.05 | 1010.80 | 1458.80 | 2563.75 |
| \$360,000        | 14.04 | 15.12 | 19.08 | 22.68 | 27.36 | 48.60 | 76.68  | 139.68 | 188.64 | 328.32 | 526.68 | 1039.68 | 1500.48 | 2637.00 |
| \$370,000        | 14.43 | 15.54 | 19.61 | 23.31 | 28.12 | 49.95 | 78.81  | 143.56 | 193.88 | 337.44 | 541.31 | 1068.56 | 1542.16 | 2710.25 |
| \$380,000        | 14.82 | 15.96 | 20.14 | 23.94 | 28.88 | 51.30 | 80.94  | 147.44 | 199.12 | 346.56 | 555.94 | 1097.44 | 1583.84 | 2783.50 |
| \$390,000        | 15.21 | 16.38 | 20.67 | 24.57 | 29.64 | 52.65 | 83.07  | 151.32 | 204.36 | 355.68 | 570.57 | 1126.32 | 1625.52 | 2856.75 |
| \$400,000        | 15.60 | 16.80 | 21.20 | 25.20 | 30.40 | 54.00 | 85.20  | 155.20 | 209.60 | 364.80 | 585.20 | 1155.20 | 1667.20 | 2930.00 |
| \$410,000        | 15.99 | 17.22 | 21.73 | 25.83 | 31.16 | 55.35 | 87.33  | 159.08 | 214.84 | 373.92 | 599.83 | 1184.08 | 1708.88 | 3003.25 |
| \$420,000        | 16.38 | 17.64 | 22.26 | 26.46 | 31.92 | 56.70 | 89.46  | 162.96 | 220.08 | 383.04 | 614.46 | 1212.96 | 1750.56 | 3076.50 |
| \$430,000        | 16.77 | 18.06 | 22.79 | 27.09 | 32.68 | 58.05 | 91.59  | 166.84 | 225.32 | 392.16 | 629.09 | 1241.84 | 1792.24 | 3149.75 |
| \$440,000        | 17.16 | 18.48 | 23.32 | 27.72 | 33.44 | 59.40 | 93.72  | 170.72 | 230.56 | 401.28 | 643.72 | 1270.72 | 1833.92 | 3223.00 |
| \$450,000        | 17.55 | 18.90 | 23.85 | 28.35 | 34.20 | 60.75 | 95.85  | 174.60 | 235.80 | 410.40 | 658.35 | 1299.60 | 1875.60 | 3296.25 |
| \$460,000        | 17.94 | 19.32 | 24.38 | 28.98 | 34.96 | 62.10 | 97.98  | 178.48 | 241.04 | 419.52 | 672.98 | 1328.48 | 1917.28 | 3369.50 |
| \$470,000        | 18.33 | 19.74 | 24.91 | 29.61 | 35.72 | 63.45 | 100.11 | 182.36 | 246.28 | 428.64 | 687.61 | 1357.36 | 1958.96 | 3442.75 |
| \$480,000        | 18.72 | 20.16 | 25.44 | 30.24 | 36.48 | 64.80 | 102.24 | 186.24 | 251.52 | 437.76 | 702.24 | 1386.24 | 2000.64 | 3516.00 |
| \$490,000        | 19.11 | 20.58 | 25.97 | 30.87 | 37.24 | 66.15 | 104.37 | 190.12 | 256.76 | 446.88 | 716.87 | 1415.12 | 2042.32 | 3589.25 |
| \$500,000        | 19.50 | 21.00 | 26.50 | 31.50 | 38.00 | 67.50 | 106.50 | 194.00 | 262.00 | 456.00 | 731.50 | 1444.00 | 2084.00 | 3662.50 |

**Spouse - Coverage and Monthly cost for spouse Voluntary Life**

| Age and Cost     |       |       |       |       |       |       |       |        |        |        |
|------------------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| Coverage Amounts | <25   | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59  | 60-64  | 65-69  |
| \$10,000         | 0.39  | 0.42  | 0.53  | 0.63  | 0.76  | 1.35  | 2.13  | 3.88   | 5.24   | 9.12   |
| \$20,000         | 0.78  | 0.84  | 1.06  | 1.26  | 1.52  | 2.70  | 4.26  | 7.76   | 10.48  | 18.24  |
| \$30,000         | 1.17  | 1.26  | 1.59  | 1.89  | 2.28  | 4.05  | 6.39  | 11.64  | 15.72  | 27.36  |
| \$40,000         | 1.56  | 1.68  | 2.12  | 2.52  | 3.04  | 5.40  | 8.52  | 15.52  | 20.96  | 36.48  |
| \$50,000         | 1.95  | 2.10  | 2.65  | 3.15  | 3.80  | 6.75  | 10.65 | 19.40  | 26.20  | 45.60  |
| \$60,000         | 2.34  | 2.52  | 3.18  | 3.78  | 4.56  | 8.10  | 12.78 | 23.28  | 31.44  | 54.72  |
| \$70,000         | 2.73  | 2.94  | 3.71  | 4.41  | 5.32  | 9.45  | 14.91 | 27.16  | 36.68  | 63.84  |
| \$80,000         | 3.12  | 3.36  | 4.24  | 5.04  | 6.08  | 10.80 | 17.04 | 31.04  | 41.92  | 72.96  |
| \$90,000         | 3.51  | 3.78  | 4.77  | 5.67  | 6.84  | 12.15 | 19.17 | 34.92  | 47.16  | 82.08  |
| \$100,000        | 3.90  | 4.20  | 5.30  | 6.30  | 7.60  | 13.50 | 21.30 | 38.80  | 52.40  | 91.20  |
| \$110,000        | 4.29  | 4.62  | 5.83  | 6.93  | 8.36  | 14.85 | 23.43 | 42.68  | 57.64  | 100.32 |
| \$120,000        | 4.68  | 5.04  | 6.36  | 7.56  | 9.12  | 16.20 | 25.56 | 46.56  | 62.88  | 109.44 |
| \$130,000        | 5.07  | 5.46  | 6.89  | 8.19  | 9.88  | 17.55 | 27.69 | 50.44  | 68.12  | 118.56 |
| \$140,000        | 5.46  | 5.88  | 7.42  | 8.82  | 10.64 | 18.90 | 29.82 | 54.32  | 73.36  | 127.68 |
| \$150,000        | 5.85  | 6.30  | 7.95  | 9.45  | 11.40 | 20.25 | 31.95 | 58.20  | 78.60  | 136.80 |
| \$160,000        | 6.24  | 6.72  | 8.48  | 10.08 | 12.16 | 21.60 | 34.08 | 62.08  | 83.84  | 145.92 |
| \$170,000        | 6.63  | 7.14  | 9.01  | 10.71 | 12.92 | 22.95 | 36.21 | 65.96  | 89.08  | 155.04 |
| \$180,000        | 7.02  | 7.56  | 9.54  | 11.34 | 13.68 | 24.30 | 38.34 | 69.84  | 94.32  | 164.16 |
| \$190,000        | 7.41  | 7.98  | 10.07 | 11.97 | 14.44 | 25.65 | 40.47 | 73.72  | 99.56  | 173.28 |
| \$200,000        | 7.80  | 8.40  | 10.60 | 12.60 | 15.20 | 27.00 | 42.60 | 77.60  | 104.80 | 182.40 |
| \$210,000        | 8.19  | 8.82  | 11.13 | 13.23 | 15.96 | 28.35 | 44.73 | 81.48  | 110.04 | 191.52 |
| \$220,000        | 8.58  | 9.24  | 11.66 | 13.86 | 16.72 | 29.70 | 46.86 | 85.36  | 115.28 | 200.64 |
| \$230,000        | 8.97  | 9.66  | 12.19 | 14.49 | 17.48 | 31.05 | 48.99 | 89.24  | 120.52 | 209.76 |
| \$240,000        | 9.36  | 10.08 | 12.72 | 15.12 | 18.24 | 32.40 | 51.12 | 93.12  | 125.76 | 218.88 |
| \$250,000        | 9.75  | 10.50 | 13.25 | 15.75 | 19.00 | 33.75 | 53.25 | 97.00  | 131.00 | 228.00 |
| \$260,000        | 10.14 | 10.92 | 13.78 | 16.38 | 19.76 | 35.10 | 55.38 | 100.88 | 136.24 | 237.12 |
| \$270,000        | 10.53 | 11.34 | 14.31 | 17.01 | 20.52 | 36.45 | 57.51 | 104.76 | 141.48 | 246.24 |
| \$280,000        | 10.92 | 11.76 | 14.84 | 17.64 | 21.28 | 37.80 | 59.64 | 108.64 | 146.72 | 255.36 |
| \$290,000        | 11.31 | 12.18 | 15.37 | 18.27 | 22.04 | 39.15 | 61.77 | 112.52 | 151.96 | 264.48 |
| \$300,000        | 11.70 | 12.60 | 15.90 | 18.90 | 22.80 | 40.50 | 63.90 | 116.40 | 157.20 | 273.60 |

Spouse rate based on spouse age

**Child - Coverage and Monthly cost**

| Coverage Amounts | Voluntary Life Cost |
|------------------|---------------------|
| \$5,000          | \$0.90              |
| \$10,000         | \$1.80              |
| \$15,000         | \$2.70              |
| \$20,000         | \$3.60              |
| \$25,000         | \$4.50              |



# Accidental Death and Dismemberment (AD&D) insurance

CHEIBA Trust University of Northern Colorado | All Eligible Employees | 935917

## Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate.

You are responsible for paying all or a portion of the cost.

### Benefits

|                            |  |
|----------------------------|--|
| <b>For you</b>             | You can choose from <b>\$10,000 to \$500,000</b> —in increments of \$10,000, <b>not to exceed 5 times</b> your basic annual earnings.<br>Benefits are reduced to 67% at age 70 and to 50% at age 75.<br>Coverage ends at termination of employment or retirement.  |
| <b>For your spouse</b>     | If you elect coverage for yourself, you can choose <b>\$5,000 to \$250,000</b> —in increments of <b>\$5,000</b> .<br>(Not to exceed 100% of your Elected amount.)<br>Coverage ends when your spouse turns age 70.<br>Benefit may be reduced when the employee benefit amount is reduced.                               |
| <b>For your child(ren)</b> | If you elect coverage for yourself, you can choose <b>\$1,000 to \$10,000</b> —in increments of <b>\$1,000</b> .<br>(Not to exceed 100% of your Elected amount.)<br>Benefit may be reduced when the employee benefit amount is reduced.<br>A full benefit is payable for a dependent child from birth to 26 years old. |



## Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

*You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.*



Sun Life Assurance Company of Canada  
sunlife.com  
(866-806-3619)

## Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

### Benefits

| Accidental injury                               | The plan pays |
|---|---------------|
| Accidental death                                | 100%          |
| Quadriplegia                                    | 100%          |
| Loss of sight of one eye                        | 50%           |
| Loss of speech only or hearing only             | 50%           |
| Loss of limb (arm or leg)                       | 50%           |
| Loss of thumb and index finger on the same hand | 25%           |

## Accidental Death and Dismemberment FAQ

### If I do not elect coverage now, can I elect it in the future?

If you do not elect coverage when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or 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 where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

**Read the important plan provisions section for more information including limitations and exclusions.**

# Rate Sheet

**Employee** - Coverage and **monthly** cost for employee Voluntary AD&D.

Rates are effective as of January 1, 2024.

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

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$10,000         | 0.14                        |
| \$20,000         | 0.28                        |
| \$30,000         | 0.42                        |
| \$40,000         | 0.56                        |
| \$50,000         | 0.70                        |
| \$60,000         | 0.84                        |
| \$70,000         | 0.98                        |
| \$80,000         | 1.12                        |
| \$90,000         | 1.26                        |
| \$100,000        | 1.40                        |
| \$110,000        | 1.54                        |
| \$120,000        | 1.68                        |
| \$130,000        | 1.82                        |
| \$140,000        | 1.96                        |
| \$150,000        | 2.10                        |
| \$160,000        | 2.24                        |
| \$170,000        | 2.38                        |
| \$180,000        | 2.52                        |
| \$190,000        | 2.66                        |
| \$200,000        | 2.80                        |
| \$210,000        | 2.94                        |
| \$220,000        | 3.08                        |
| \$230,000        | 3.22                        |
| \$240,000        | 3.36                        |
| \$250,000        | 3.50                        |
| \$260,000        | 3.64                        |
| \$270,000        | 3.78                        |
| \$280,000        | 3.92                        |
| \$290,000        | 4.06                        |
| \$300,000        | 4.20                        |
| \$310,000        | 4.34                        |
| \$320,000        | 4.48                        |
| \$330,000        | 4.62                        |
| \$340,000        | 4.76                        |
| \$350,000        | 4.90                        |
| \$360,000        | 5.04                        |
| \$370,000        | 5.18                        |
| \$380,000        | 5.32                        |
| \$390,000        | 5.46                        |
| \$400,000        | 5.60                        |
| \$410,000        | 5.74                        |
| \$420,000        | 5.88                        |
| \$430,000        | 6.02                        |
| \$440,000        | 6.16                        |
| \$450,000        | 6.30                        |
| \$460,000        | 6.44                        |
| \$470,000        | 6.58                        |
| \$480,000        | 6.72                        |
| \$490,000        | 6.86                        |
| \$500,000        | 7.00                        |

# Rate Sheet

**Spouse** - Coverage and **monthly** cost for spouse Voluntary AD&D.

Rates are effective as of January 1, 2024.

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

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$5,000          | 0.09                        |
| \$10,000         | 0.18                        |
| \$15,000         | 0.27                        |
| \$20,000         | 0.36                        |
| \$25,000         | 0.45                        |
| \$30,000         | 0.54                        |
| \$35,000         | 0.63                        |
| \$40,000         | 0.72                        |
| \$45,000         | 0.81                        |
| \$50,000         | 0.90                        |
| \$55,000         | 0.99                        |
| \$60,000         | 1.08                        |
| \$65,000         | 1.17                        |
| \$70,000         | 1.26                        |
| \$75,000         | 1.35                        |
| \$80,000         | 1.44                        |
| \$85,000         | 1.53                        |
| \$90,000         | 1.62                        |
| \$95,000         | 1.71                        |
| \$100,000        | 1.80                        |
| \$105,000        | 1.89                        |
| \$110,000        | 1.98                        |
| \$115,000        | 2.07                        |
| \$120,000        | 2.16                        |
| \$125,000        | 2.25                        |
| \$130,000        | 2.34                        |
| \$135,000        | 2.43                        |
| \$140,000        | 2.52                        |
| \$145,000        | 2.61                        |
| \$150,000        | 2.70                        |
| \$155,000        | 2.79                        |
| \$160,000        | 2.88                        |
| \$165,000        | 2.97                        |
| \$170,000        | 3.06                        |
| \$175,000        | 3.15                        |
| \$180,000        | 3.24                        |
| \$185,000        | 3.33                        |
| \$190,000        | 3.42                        |
| \$195,000        | 3.51                        |
| \$200,000        | 3.60                        |
| \$205,000        | 3.69                        |
| \$210,000        | 3.78                        |
| \$215,000        | 3.87                        |
| \$220,000        | 3.96                        |
| \$225,000        | 4.05                        |
| \$230,000        | 4.14                        |
| \$235,000        | 4.23                        |
| \$240,000        | 4.32                        |
| \$245,000        | 4.41                        |
| \$250,000        | 4.50                        |

# Rate Sheet

**Child(ren)** - Coverage and **monthly** cost for child Voluntary AD&D.

Rates are effective as of January 1, 2024.

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

| Coverage Amounts | Cost per Monthly pay period |
|------------------|-----------------------------|
| \$1,000          | 0.02                        |
| \$2,000          | 0.05                        |
| \$3,000          | 0.07                        |
| \$4,000          | 0.10                        |
| \$5,000          | 0.12                        |
| \$6,000          | 0.14                        |
| \$7,000          | 0.17                        |
| \$8,000          | 0.19                        |
| \$9,000          | 0.22                        |
| \$10,000         | 0.24                        |

# Long-Term Disability Insurance

CHEIBA Trust University of Northern Colorado | All Eligible Employees | 935917

## Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

### Benefits

|   |  |
|---|--|
| <b>Monthly benefit after your claim is approved</b> | You will receive a check for your benefits on a monthly basis. It will cover <b>66.67%</b> of your Total Monthly Earnings, up to <b>\$7,000</b> each month.  |
| <b>When benefits begin</b>                          | Benefits begin as soon as <b>90 days</b>   |
| <b>Benefits may be paid for</b>                     | Until you reach the <b>Social Security Normal Retirement Age</b> —as long as you are still unable to work due to a covered disability.   |
| <b>Additional plan information</b>                  | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.<br>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more. |

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.\**



## What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

## Top 5

### Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

*Sun Life claims data, July 2018*

Sun Life Assurance Company of Canada  
sunlife.com  
(866-806-3619)

## Additional considerations

|                                     |  |
|-------------------------------------|--|
| <b>If I have other income</b>       | Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings. |
| <b>If I can work while disabled</b> | Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.   |

## Long-term disability FAQs

### What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

**Read the important plan provisions section for more information including limitations and exclusions.**

\*Realitycheckup.org. Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

# Rate Sheet

**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 **\$0.240**. Follow the example below to determine your monthly cost.

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

\$3,500 / 100 = 35 x \$0.24 = \$8.39

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

\$\_\_\_\_\_ / 100 = \_\_\_\_\_ 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 **1/1/2024**. Contact your employer to confirm the portion of the cost for which you will be responsible.



# Accident Insurance

CHEIBA Trust University of Northern Colorado | All Eligible Employees | 935917

## Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

The benefit schedule on the following pages lists what the plan pays for covered accidents.

### You can elect coverage for:

|                       |                     |
|-----------------------|---------------------|
| You                   | You and your spouse |
| You and your children | You and your family |

### Additional features

- **This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too.** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



## What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

*Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages.\**



Sun Life Assurance Company of Canada  
sunlife.com  
(866-806-3619)

## Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here. Choose the plan that best meet your needs and your budget.

| Benefit   | Benefit  |
|---|----------|
| <i>Life and Dismemberment Losses (shown for employee only*)</i>   |          |
| Accidental Death  | \$15,000 |
| Accidental Death Common Carrier   | \$30,000 |
| Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes | \$7,500  |
| Loss of one hand, foot, leg, or arm   | \$3,750  |
| Loss of sight of one eye or loss of one eye   | \$3,750  |
| Loss of hearing of one ear or loss of one ear   | \$3,750  |
| Two or more fingers or toes   | \$750    |
| One finger or one toe   | \$375    |

| Dislocations                   | Open (surgery) | Closed (no surgery) |
|--------------------------------|----------------|---------------------|
| Hip                            | \$2,000        | \$1,000             |
| Knee, ankle, bones of the foot | \$1,000        | \$500               |
| Elbow or wrist                 | \$400          | \$200               |
| Shoulder                       | \$500          | \$250               |
| Collarbone, bones of the hand  | \$800          | \$400               |
| Finger(s) or toe(s)            | \$100          | \$50                |
| Lower jaw                      | \$400          | \$200               |

| Fractures              | Open (surgery) | Closed (no surgery) |
|------------------------|----------------|---------------------|
| Hip or thigh           | \$2,000        | \$1,000             |
| Skull-depressed        | \$3,000        | \$1,500             |
| Skull-simple           | \$1,500        | \$750               |
| Vertebral process      | \$350          | \$175               |
| Bones of the face      | \$350          | \$175               |
| Bones of the nose      | \$350          | \$175               |
| Leg                    | \$1,000        | \$500               |
| Vertebrae, Sternum     | \$800          | \$400               |
| Pelvis                 | \$800          | \$400               |
| Upper jaw or upper arm | \$375          | \$190               |
| Lower jaw              | \$325          | \$170               |
| Collarbone             | \$325          | \$170               |
| Shoulder               | \$325          | \$170               |
| Forearm                | \$325          | \$170               |
| Hand or wrist          | \$325          | \$170               |
| Foot                   | \$325          | \$170               |
| Ankle                  | \$325          | \$170               |
| Kneecap                | \$325          | \$170               |
| Elbow                  | \$325          | \$170               |
| Heel                   | \$325          | \$170               |
| Rib                    | \$175          | \$90                |
| Finger                 | \$175          | \$90                |
| Toe                    | \$175          | \$90                |
| Coccyx                 | \$175          | \$90                |
| Multiple ribs          | \$500          | \$250               |

|   |                                    |                              |
|---|------------------------------------|------------------------------|
| <b>Additional Injuries</b>  |                                    |                              |
| Eye injury – Surgery  |                                    | \$125                        |
| Eye Injury – Object remove  |                                    | \$125                        |
| Gunshot wound   |                                    | \$250                        |
| Paralysis – paraplegia  |                                    | \$12,500                     |
| Paralysis – quadriplegia  |                                    | \$25,000                     |
| Coma  |                                    | \$5,000                      |
| Concussion  |                                    | \$50                         |
| <b>Lacerations</b>  |                                    |                              |
| No sutures treated by doctor  |                                    | \$20                         |
| Single laceration under 5 cm with sutures   |                                    | \$35                         |
| 5 to 15 cm with sutures (total of all lacerations)                                  |                                    | \$125                        |
| Greater than 15 cm with sutures (total of all lacerations)                          |                                    | \$250                        |
| <b>Burns</b>  | <b>2<sup>nd</sup> degree</b>       | <b>3<sup>rd</sup> degree</b> |
| 21 to 40 square centimeters   | \$200                              | \$500                        |
| 41-65 sq cm   | \$400                              | \$1,000                      |
| 66-160 sq cm  | \$600                              | \$3,000                      |
| 161-225 sq cm   | \$800                              | \$7,000                      |
| More than 225 sq cm   | \$1,000                            | \$10,000                     |
| Skin graft  | 50% of the applicable Burn Benefit |                              |
| <b>Medical Services</b>   |                                    |                              |
| Diagnostic Exam: CT, CAT, MRI, EEG, EKG   |                                    | \$100                        |
| X-ray (1 time per covered accident)   |                                    | \$25                         |
| Emergency treatment in a non-emergency room   |                                    | \$25                         |
| Physician's follow-up office visit (per visit, up to 6 visits per Covered Accident) |                                    | \$25                         |
| Physical Therapy per visit (up to 10 visits per Covered Accident)                   |                                    | \$25                         |
| Medical Devices   |                                    | \$100                        |
| Epidural (up to 2 injections per Covered Accident)                                  |                                    | \$25                         |
| Prescription Drug   |                                    | \$15                         |
| Prosthesis – one  |                                    | \$250                        |
| Prosthesis – two  |                                    | \$500                        |
| Blood, Plasma or Platelet Transfusion   |                                    | \$100                        |
| <b>Hospital</b>   |                                    |                              |
| Hospital Admission  |                                    | \$500                        |
| Hospital Confinement per day (up to 365 days per Covered Accident)                  |                                    | \$150                        |
| ICU Admission   |                                    | \$750                        |
| ICU per day (up to 15 days per covered accident)                                    |                                    | \$300                        |
| Ambulance Ground  |                                    | \$100                        |
| Ambulance Air   |                                    | \$750                        |
| Emergency Room Admission  |                                    | \$100                        |
| Rehab per day (per day, up to 30 days per Covered Accident)                         |                                    | \$50                         |
| <b>Surgery</b>  |                                    |                              |
| Miscellaneous surgery   |                                    | \$150                        |
| Open surgery  |                                    | \$625                        |
| Exploratory surgery or debridement  |                                    | \$125                        |
| Tendon/ligament/rotator cuff tear single  |                                    | \$300                        |
| Ruptured / herniated disc   |                                    | \$300                        |
| Torn knee cartilage   |                                    | \$300                        |
| <b>Emergency Dental</b>   |                                    |                              |
| Emergency dental extraction   |                                    | \$30                         |
| Emergency dental crown  |                                    | \$100                        |
| <b>Wellness</b>   |                                    |                              |
| Wellness Screening (1 per year)   |                                    | \$50                         |

\*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

## Accident FAQs

### What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount 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. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

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 certificate for details.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### How do I file a claim?

We will ask for information from you and your doctor about the specific accident and the treatment provided. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

**Accident insurance is a limited benefit policy. The certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.**

**Read the important plan provisions section for more information including limitations and exclusions.**

\*Health, United States, 2016," US Department of Health and Human Services, Table 75.

# Rate Sheet

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.

| Coverage              | Monthly Cost* |
|-----------------------|---------------|
| Employee              | \$5.60        |
| Employee + Spouse     | \$9.29        |
| Employee + Child(ren) | \$10.20       |
| Employee + Family     | \$13.89       |

\*The rate is in effect for January 1, 2024. Contact your employer to confirm the portion of the cost for which you will be responsible.

# Critical Illness insurance

CHEIBA Trust University of Northern Colorado | All Eligible Employees | 935917

## Protect your savings in case of a serious illness

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

### Benefits

|                            |   |
|----------------------------|---|
| <b>For you</b>             | You can choose from <b>\$5,000 to \$30,000</b> of coverage—in increments of \$5,000—with no medical questions asked.<br><br>Your benefit amount is reduced to 50% at age 70.  |
| <b>For your spouse**</b>   | If you elect coverage for yourself, you can choose from <b>\$2,500 to \$15,000</b> of coverage—in increments of \$2,500—with no medical questions asked.<br>(Not to exceed 50% of your coverage amount.)<br><i>The benefit may be reduced when the employee benefit amount is reduced</i>   |
| <b>For your child(ren)</b> | If you elect coverage for yourself, you can choose (for each eligible child) between <b>\$2,500 and \$5,000</b> of coverage—with no medical questions asked.<br><br>The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.)<br><br>An eligible child is defined as your child from birth to age 26. |



## What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

1. Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
2. Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
3. The insurance allowed Denise to focus on her recovery, and less on her bank account

*High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP\*:*

- *Nearly 1 in 5 people, aged 35-44*
- *1 in 3 people, aged 45-54*
- *More than half of people aged 55-64*



Sun Life Assurance Company of Canada  
sunlife.com  
(866-806-3619)

## Covered Conditions

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance's effective date. The full list of conditions is listed here.

### Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise

| Core Conditions   |  |
|---|--|
| Heart Attack <sup>R</sup><br>End-Stage Kidney Disease <sup>R</sup><br>Occupational HIV/Hepatitis B, C, or D<br>Major Organ Failure <sup>R</sup>             | Stroke <sup>R</sup><br>Coronary Artery Bypass Graft <sup>R</sup> (Plan pays 25%)<br>Angioplasty <sup>R</sup> (Plan pays 5%)<br><sup>R</sup> = Recurrence Benefit available |
| Cancer Conditions   |  |
| Invasive Cancer<br>Non-Invasive Cancer (Plan pays 25%)<br>Skin Cancer (Plan pays 5%)  |  |
| Other Conditions  |  |
| Complete Blindness<br>Complete Loss of Hearing<br>Loss of Speech<br>Benign Brain Tumor<br>Coma  | Paralysis<br>Severe Burns<br>Advanced ALS/Lou Gehrig's Disease<br>Advanced Parkinson's Disease (Plan pays 25%)<br>Advanced Alzheimer's Disease (Plan pays 25%)             |
| Childhood Conditions – <i>Applies to dependent children only</i>  |  |
| Down Syndrome<br>Type 1 Diabetes Mellitus<br>Complex Congenital Heart Disease<br>Cerebral Palsy   | Cleft Lip/Palate<br>Muscular Dystrophy<br>Spina Bifida   |
| <b>Wellness screening benefit</b><br>Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening. | Employee \$50<br>Spouse \$50<br>Child \$50   |

### Additional plan features

- Wellness screening benefit:** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (List may vary by state.)
- Health Care Support Services:** You can talk with medical and claims experts about your medical coverage, benefits, diagnosis, and treatment options. They can also help you with claims and billing issues.
- Recurrence Benefit:** We will pay you a second time for the same condition, for certain covered conditions as noted in the table by an (R). At least 12 consecutive months must pass between the initial and second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.



# Critical Illness FAQs

## How do I file a claim?

If you have a diagnosis after the effective date of coverage, you may file a claim with us. We will ask for information from you and your doctor about your medical condition. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

## Can I receive benefits for more than one critical illness?

Yes; however, there must be at least 6 consecutive months between the diagnosis dates. You can only claim benefits once for each covered condition unless a recurrence benefit is payable (see Additional Plan Features).

## What if I have a pre-existing condition?

If you submit a claim within 6 months of your insurance taking effect, or 6 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes

anything you have sought or received treatment for in the 6 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

## Is my benefit taxable?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please consult with a tax advisor or your employer if you have any questions.

## Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

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

**"Critical Illness insurance" is a limited benefit policy. 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.**

**Read the important plan provisions section for more information including limitations and exclusions.**

\* Heart disease and stroke statistics, 2015 update. [http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_470707.pdf](http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf)

\*\*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.



# Rate Sheet

Rates are effective as of January 1, 2024.

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

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

| Employee Critical Illness<br>Uni-Smoker Rates<br>Age and Cost - Monthly Premium |       |         |         |         |         |         |         |         |         |         |         |        |
|---|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| Coverage Amounts  | <25   | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75+    |
| \$5,000   | 2.50  | 2.75    | 3.45    | 4.65    | 6.55    | 9.20    | 12.70   | 16.15   | 19.50   | 24.05   | 33.00   | 44.25  |
| \$10,000  | 5.00  | 5.50    | 6.90    | 9.30    | 13.10   | 18.40   | 25.40   | 32.30   | 39.00   | 48.10   | 66.00   | 88.50  |
| \$15,000  | 7.50  | 8.25    | 10.35   | 13.95   | 19.65   | 27.60   | 38.10   | 48.45   | 58.50   | 72.15   | 99.00   | 132.75 |
| \$20,000  | 10.00 | 11.00   | 13.80   | 18.60   | 26.20   | 36.80   | 50.80   | 64.60   | 78.00   | 96.20   | 132.00  | 177.00 |
| \$25,000  | 12.50 | 13.75   | 17.25   | 23.25   | 32.75   | 46.00   | 63.50   | 80.75   | 97.50   | 120.25  | 165.00  | 221.25 |
| \$30,000  | 15.00 | 16.50   | 20.70   | 27.90   | 39.30   | 55.20   | 76.20   | 96.90   | 117.00  | 144.30  | 198.00  | 265.50 |

| Spouse Critical Illness<br>Uni-Smoker Rates<br>Age and Cost - Monthly Premium |      |         |         |         |         |         |         |         |         |         |         |        |
|---|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| Coverage Amounts  | <25  | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75+    |
| \$2,500   | 1.25 | 1.38    | 1.73    | 2.33    | 3.28    | 4.60    | 6.35    | 8.08    | 9.75    | 12.03   | 16.50   | 22.13  |
| \$5,000   | 2.50 | 2.75    | 3.45    | 4.65    | 6.55    | 9.20    | 12.70   | 16.15   | 19.50   | 24.05   | 33.00   | 44.25  |
| \$7,500   | 3.75 | 4.13    | 5.18    | 6.98    | 9.83    | 13.80   | 19.05   | 24.23   | 29.25   | 36.08   | 49.50   | 66.38  |
| \$10,000  | 5.00 | 5.50    | 6.90    | 9.30    | 13.10   | 18.40   | 25.40   | 32.30   | 39.00   | 48.10   | 66.00   | 88.50  |
| \$12,500  | 6.25 | 6.88    | 8.63    | 11.63   | 16.38   | 23.00   | 31.75   | 40.38   | 48.75   | 60.13   | 82.50   | 110.63 |
| \$15,000  | 7.50 | 8.25    | 10.35   | 13.95   | 19.65   | 27.60   | 38.10   | 48.45   | 58.50   | 72.15   | 99.00   | 132.75 |

| Child Critical Illness |                                |
|------------------------|--------------------------------|
| Coverage Amounts       | Age and Cost - Monthly Premium |
| \$2,500                | 0.25                           |
| \$5,000                | 0.50                           |

# Hospital Indemnity Insurance

## ▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

## ▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

## ▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

*You can purchase this coverage for you and your family. Child coverage is available to age 26.*

## BENEFITS

**Benefits are payable for hospital stays due to:**

- Sickness
- Accidents\*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

**Additional reasons to sign up:**

- No medical questions to answer - guaranteed issue coverage
- Benefits add up - many of your benefits can all be payable on the same day

\*Confinements due to an accident must be within 365 days of the accident.

# What's covered

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

## BENEFIT SCHEDULE

|   |  |
|---|--|
| <b>FIRST DAY BENEFITS</b><br>Payable per benefit year   | <b>CHOICE 1</b>                                    |
| <b>First day hospital confinement –</b><br>This benefit pays the first day you stay in a regular hospital bed.  | \$1,000 per day<br>1 day                           |
| <b>CONFINEMENT BENEFITS</b><br>Payable per benefit year   | <b>CHOICE 1</b>                                    |
| <b>Hospital confinement –</b><br>This benefit pays for a hospital stay in a standard room.<br>Payable with:<br>• <i>First day hospital confinement benefit</i>  | \$100 per day<br>Up to 30 days                     |
| <b>Intensive Care Unit (ICU) confinement –</b><br>This benefit pays for a hospital ICU stay.<br>Payable with:<br>• <i>First day hospital confinement benefit</i><br>• <i>Hospital confinement benefit</i> | \$100 per day<br>Up to 10 days                     |
| <b>ADDITIONAL AND ENHANCED BENEFITS</b><br>Payable per benefit year   | <b>CHOICE 1</b>                                    |
| <b>Extended hospitalization benefit –</b><br>This additional benefit pays after 10 total days in a row of confinement beginning with your first day in:<br>• a regular hospital room<br>• the ICU         | \$100 per day                                      |
| <b>Wellness screening benefit –</b><br>This benefit pays for a covered wellness test or exam even without a hospital stay.  | \$50 per day<br>1 day per insured per benefit year |

## Frequently asked questions

### **What benefits will I receive for my newborn child?**

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are not covered.

### **How do I file a Hospital Indemnity claim?**

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

### **Do I need to file my claim within a certain timeframe?**

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

### **How do I get the Wellness Screening Benefit?**

You can receive payment if you or a family member have a covered screening test or exam. This benefit is payable each year for specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can be downloaded from our website.

### **Is my benefit taxable?**

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your option.

Please read the *Important information* section of this document.

## Helpful definitions

**Benefit year** means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

**Confinement** means resident inpatient stay in a hospital for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

Hours spent in an observation unit are not eligible for the *First day hospital confinement* benefit. An observation unit stay of 20 hours or more will be covered under the Hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

**Covered Accident** means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

**Covered Sickness** means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

**Hospital** means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

**Intensive Care Unit (ICU)** means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

**Inpatient or Inpatient Treatment** means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

**Observation Unit** means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

**Rehabilitation Unit** means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.

# Rates

Coverage and **monthly** cost for Hospital Indemnity.

Rates are effective as of January 1, 2024.

Hospital Indemnity coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

| Coverage              | Cost per pay period* |
|-----------------------|----------------------|
| Employee              | \$14.75              |
| Employee + Spouse     | \$31.11              |
| Employee + Child(ren) | \$24.96              |
| Employee + Family     | \$41.32              |

\*Contact your employer to confirm your part of the cost.

## Important plan information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

In some states, your employer’s group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

#### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

#### Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

#### Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

#### Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self-inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic,

unless taken on the advice of a physician and taken as prescribed.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

### Hospital Indemnity

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. 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. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (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 driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active participation in a riot, rebellion or Insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; pregnancy or childbirth, except complications of pregnancy; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; treatment, supplies or services provided by, through or, behalf of any government agency or program for which there is not normally any charge; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

### Information about services offered

Value-added services are not insurance, 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. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. HealthChampion<sup>SM</sup> (a health care support service) is not insurance and is provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

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, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

© 2021 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVBH-EE-8384

SLPC 29579



# 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.sunlife.com/account](http://www.sunlife.com/account)

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life 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.sunlife.com/account](http://www.sunlife.com/account).

- Click *Where can I find a form?*
- From list of forms, select EOI Application

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.

## 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'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 apply only 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.

© 2020 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).



▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



One Sun Life Executive Park • Wellesley Hills, MA 02481 • [sunlife.com/us/](http://sunlife.com/us/)

The Sun Life group of companies operates under the "Sun Life" 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 group that are insurance companies. Sun Life Financial, Inc., the publicly traded holding company for the Sun Life 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.

© 2019 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVBH-EE-8384e

SLPC 29579