



time to choose

Benefits just for you

John Sample  
Sample Company  
Wellesley  
Effective March 1, 2010



● We are pleased to present you with your benefits choices.

**What you'll find inside**

- Your Benefit Highlights
- Your Costs
- Your Personalized Enrollment form

**Put Your Plan Into Action!**

1. Review and complete your Enrollment Form in the back of this booklet.
2. Sign it, make a copy for yourself, and give the original to your Employer.
3. You're done!



welcome

## Time

John, you have a unique opportunity to fill the gaps in your financial plan by purchasing additional insurance. We're pleased to offer you the following benefits from Sun Life Financial that can help protect you from the enormous financial impact of unexpected events.

Here are your choices:

- Employee Optional Life Insurance
- Spouse Optional Life Insurance
- Child Optional Life Insurance
- Short Term Disability
- Long Term Disability
- Voluntary Dental Voluntary Dental/Vision
- Employee Voluntary AD&D Insurance
- Spouse Voluntary AD&D Insurance
- Child Voluntary AD&D Insurance

For cost information, please refer to the enrollment form at the back of this kit.

## To

Inside this kit, you will find everything you need to learn about the benefits above. You should also know that Sun Life Financial is one of the largest, most financially strong companies in the world. This means your plan will be there for you when you need it most. To learn more about Sun Life, go to: [www.sunlife-usa.com](http://www.sunlife-usa.com).

## Choose!

If you have any questions, please don't hesitate to ask our Enrollment Resource Center, 1-800-432-1102 ext. 7400. You have until February 15, 2010 to sign up for your benefits.

So here's your plan. Put it into action today!

# Group Life Insurance

When you buy **Life Insurance** from Sun Life Financial, know that:

- **You are taking care of your family.** When the time comes, life insurance will provide for your family financially when you can't.
- **You decide how much.** You choose the amount that works for you. Use the chart below to help you figure it out.
- **Paying is easy.** Your premium is automatically deducted from your paycheck.
- **You take it with you.** If you leave your current job you can take your life insurance with you. Simply ask your employer about the options available

- **We pay quickly.** Our goal is to pay your beneficiary within 10 business days (we usually do it sooner).

### How Much Should You Get?

Use the worksheet below to help you figure out how much coverage you can—and want—to buy. You can also use our online calculator by visiting [www.sunlife-usa.com/grouplife](http://www.sunlife-usa.com/grouplife).

### How Much Do I Need?

Yearly Financial Obligations: (enter amounts in gray box)	
Housing Costs	\$
Car Payments	\$
Credit Card Debt	\$
Personal Loans	\$
Medical Coverage	\$
Family Care Requirements	\$
Educational Needs	\$
Other Expenses	\$
<b>Total Financial Obligations:</b>	<b>\$</b>
How long will you need to cover these expenses?	years
<b>Total Need: (Total Financial Obligations x Number of years):</b>	<b>\$</b>
Other life insurance currently in place:	\$
<b>Amount of Optional Life insurance you might need (Total Need - Other life insurance):</b>	<b>\$</b>

# frequently asked questions

## Life Insurance

Even if you already have a group life insurance policy with your employer, it's important to ask yourself—does it provide enough protection to cover all of your financial responsibilities?

### **What is Group Life Insurance?**

Group Life Insurance is term insurance that covers you for as long as you remain an eligible employee and continue to pay your premium. Because this coverage is term life insurance, it does not build any cash value for you to borrow against or receive upon policy cancellation.

### **Why should you purchase Life Insurance?**

Life Insurance provides added financial protection at an affordable price. You can ensure your family's financial security in the event of an unexpected death. We have developed our plan to meet your needs through affordable features:

- You decide how much coverage you need.
- We offer the coverage amounts most individuals want.
- You may take advantage of group rates when enrolling through your employer.
- Accelerated benefits are available. If you are terminally ill with 12 months or less to live, you may qualify for an amount up to 75% of your total death benefit amount.

### **How do I determine how much Life Insurance I need?**

You'll want to think about your housing costs, car payments, credit card debt, personal loans, medical coverage and education needs. Because it gets complicated, we offer a Life Insurance calculator on our website. Go to: [www.sunlife-usa.com/grouplife](http://www.sunlife-usa.com/grouplife).

### **How much does it cost?**

The cost is determined by your age. Rates are grouped into five-year age brackets and change as you get older. To figure out your actual cost per month, refer to your personalized enrollment form included in this packet for more information.

### **Can I keep my coverage if I no longer work for this employer?**

Yes, you can convert your insurance to an individual policy without providing medical evidence of insurability. Your employer will tell you more about converting your coverage. Portability may also be available. If you are eligible, this feature allows you to continue your Life Insurance coverage—at Group rates—if your employment terminates. Please check with your employer for more information.

## Optional Life Insurance Benefits

Underwritten by Sun Life Assurance Company of Canada

### A Worldwide Presence

Sun Life Financial is an international financial services powerhouse. Our operations currently service millions of people in the United States, Canada, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

### Benefits

- **For you:**  
An amount between \$10,000 and \$500,000, in increments of \$10,000, not to exceed 5x basic annual earnings. Guaranteed Issue Amount is \$100,000 if under age 60, \$20,000 if age 60 or over. Benefits cease at retirement.
- **For your spouse:**  
An amount between \$10,000 and \$250,000, in increments of \$10,000. Guaranteed Issue Amount is \$50,000. Spouse Optional Life coverage may not exceed 100% of the employee's coverage. Coverage ends when your spouse turns 70.
- **For your dependent child(ren):**  
You can purchase an amount between \$2,500 and \$10,000, in increments of \$2,500, for each child up to age 19 years old (or 23 years if a full-time student). Child Optional Life Coverage may not exceed 100% of the employee's coverage.  
  
You must elect Optional Life coverage for yourself in order to cover your spouse and/or children.

### Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits. For more information, ask your employer for a copy of the flyer entitled "Optional Life Means Added Financial Security."

### How to Enroll

- Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms that may be required.

### About Evidence of Insurability

- Evidence of Insurability – also called "proof of good health" – is required if:
  - You decline coverage during your initial eligibility period and then want coverage at a later date; or
  - You apply for Optional Life in excess of the Guaranteed Issue Amount.
- All late entrants and increases require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves it.

# benefit highlights

continued

## Optional Life Rates

- Use the rate chart on the Optional Life enrollment form to calculate how much your coverage will cost.

## Age Reductions

- Amounts of Life Insurance are reduced at the following ages:

Age	Percentage
65	65%
70	50%

## For Complete Plan Details

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## Exclusions

Where allowed by law, if the Employee's cause of death is suicide:

- No amount of contributory Life or contributory Dependent Life Insurance is payable if the suicide occurs within 24 months after the Employee's Insurance is effective. If there was prior coverage in place, any period of time the Employee was insured for the same amount of Life Insurance under the previous insurer's group Life policy will count towards completion of the 24 months.
- No increased or additional amount of Life Insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Basic 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.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your Life booklet for complete information.

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This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

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SLPC 20850 09/09 (exp. 09/11)

## Short Term Disability Insurance

When you buy **Short Term Disability** (STD) from Sun Life Financial, know that:

- **Your salary is protected if you can't go to work.** You receive a percentage of your income when a covered disability prevents you from going to work.
- **We pay quickly.** Our goal is to process your payments within five business days (we usually do it sooner).
- **You get what you pay for.** Your benefit is a percentage of your salary, so you know exactly what you will receive every week.
- **Paying is easy.** Your premium is automatically deducted from your paycheck.
- **It may protect your savings.** By having a portion of your income coming in, you may avoid having to rely on your savings to cover expenses in case you become ill or get injured.

# frequently asked questions

## Short Term Disability

### **What will STD do for me?**

The way STD insurance works is simple: If you become totally disabled due to a sickness or injury and cannot perform your job, you can still receive a percentage of your income.

### **Why do I need Short Term Disability? This sort of thing happens to other people, not me.**

Statistics show that nearly a third of all Americans between the ages of 35 and 65 will suffer a disability that lasts at least 90 days.<sup>1</sup>

### **Couldn't I rely on my savings or Social Security?**

Financial advisors stress the importance of setting aside at least three months of your salary in an "emergency fund." While most Americans agree, saving money takes time and determination. Dipping in to your investment savings may also be unrealistic – especially when they are often your primary retirement plans. Early withdrawal from retirement plans generally triggers stiff penalties and can have tax implications.

Social Security is another source of income associated with disability. But, Social Security only pays benefits when an illness or injury is expected to last at least one year. To qualify, you must be unable to perform any productive work at all; and benefits begin only after five **continuous months**.

### **How do I submit a claim?**

It's easy. You can submit your claim:

- online at [www.sunlife-usa.com](http://www.sunlife-usa.com)
- fax us at 781-304-5599 (781-304-5519 for SunAdvisor)
- mail it to us in the address found in your STD claim packet available through your employer

### **Does my doctor need to be involved?**

As part of the claim process, you will need your physician to fill out an Attending Physician Statement (APS). You can also download this form from [www.sunlife-usa.com](http://www.sunlife-usa.com).

### **I submitted a claim. Now what?**

Once we receive your APS, a claims professional will evaluate and certify your length of disability. Your claim may be referred to a nurse consultant to gather more information, and we may also contact your supervisor to learn about your occupational requirements. Once our review is complete, we will send you a letter letting you know whether your claim is approved or denied. If we deny your claim, we will provide a detailed explanation. If we approve your claim, we will tell you how long you will receive the benefit, and when you can expect to receive payments from Sun Life Financial. You also can check your claim and payment status or see if there are messages posted about your claim at [www.sunlife-usa.com](http://www.sunlife-usa.com). You will need your claim number (which we'll send you) and your social security number to log in.

<sup>1</sup>[www.disabilitycanhappen.org](http://www.disabilitycanhappen.org)

## Group Short Term Disability Benefits

Underwritten by Sun Life Assurance Company of Canada

### Great service... guaranteed

We've guaranteed your employer that you'll receive great service.

We process most short term disability claims within 5 days.

### Benefits

- Coverage for all full-time employees working 30 hours or more per week.
- Covers accidents and sicknesses for up to 26 weeks.
- Weekly benefits are 60% of your weekly earnings.
- Maximum benefits are \$1000 per week.
- Benefits begin on the 8 day for accidents and on the 8 day for sickness.
- Coverage is entirely employee paid.

### Cost to You

- STD 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 monthly earnings by 10 and multiplying the result by the rate 0.36. Follow the example below to determine your monthly cost.

Example Weekly Benefit	Divided by 10	Multiplied by rate	Total cost	Example cost*
\$ 350	/ 10 = 35	x \$0.40	= \$14.00	\$ 14.00
Your Weekly Benefit	Divided by 10	Multiplied by rate	Total cost	Your cost*
\$ [ ]	/ 100 = [ ]	x \$[ ]	= \$[ ]	\$ [ ]

\*Contact your employer to confirm the portion of the cost for which you will be responsible.

### How to Enroll

- To enroll, fill out the STD enrollment form available from your employer. Please submit the form to your employer along with any Evidence of Insurability application that may be required.

### About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - You decline coverage during your initial eligibility period and then want coverage at a later date.
- All late entrants and increases require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves it.

### **For Complete Plan Details**

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group booklet containing complete plan details.

### **Limitations**

No STD benefit will be payable for any disability during any of the following periods:

- Any period the Employee is not under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition.
- Any period the Employee fails to submit to any medical examination requested by Sun Life.
- Any period the Employee engages in any occupation or employment for wage or profit, if Partial Disability is not included in the plan.
- Any period of Total Disability due to Mental Illness, unless the Employee is under the continuing care of a specialist in psychiatric care.
- Any period of Total Disability due to Drug and Alcohol Illness, unless the Employee is actively supervised by a Physician or Rehabilitation Counselor and is receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life.
- If a pre-existing condition limitation applies to the plan, then any period of Disability that occurs within the exclusionary period and is caused by, contributed to by, or resulting from a Pre-Existing Condition.

### **Exclusions**

No STD benefit will be payable for any Total Disability that is due to:

- Intentionally self-inflicted injury.
- 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 illegal act.
- Injury or Sickness for which the Employee is entitled to benefits under any Workers' Compensation, Occupational Disease or similar law, if coverage type is non-occupational.
- Injury or Sickness sustained while doing any act or thing pertaining to any occupation for wage or profit, if coverage type is non-occupational.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your STD booklet for complete information.

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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, 02P-STD TDB Policy-2006, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 06P-NYDBL, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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SLPC 20869 09/09 (exp. 09/11)

## Long Term Disability Insurance

When you buy **Long Term Disability** (LTD) Insurance from Sun Life Financial, know that:

- **You're making a smart financial decision.** If you become totally disabled and cannot go to work for more than three months, this coverage pays you a percentage of your salary.
- **You get personal service.** When you file a claim, you are assigned to a benefits expert who will guide you through the process and answer any questions.
- **You get a team of health experts for help.** If you become ill or injured, we want to help you get your life back. A certified rehabilitation counselor works with a team of health experts to create a return-to-work plan designed just for you.
- **It may protect your savings.** By having a portion of your income coming in, you may avoid having to rely on your savings to cover expenses should you become ill or get injured.
- **You get extra benefits if you become disabled and are hospitalized for 14 or more consecutive days.** Our Retro Disability Benefits<sup>SM</sup> gives you an extra lump sum payment should you face a catastrophic illness or injury requiring an immediate and prolonged hospital stay.<sup>1</sup>

<sup>1</sup>To qualify for Retro Disability Benefits<sup>TM</sup>, an employee must have been continuously hospitalized for 14 days or more at the onset of Total Disability.

# frequently asked questions

## Long Term Disability

### **Why do I need Long Term Disability? This sort of thing happens to other people, not me.**

Statistics show that the number of U.S. workers experiencing a long-term disability continues to grow at an alarming rate. The latest U.S. Census estimated that there are over 30 million disabled Americans between ages 21 and 64.<sup>1</sup> Unfortunately, disability is a real and growing risk and is widespread.

### **What services are provided under Long Term Disability?**

We understand that situations vary. Some disabled individuals require minimal job accommodations to return to work, while others may need retraining or a complete job change. Our specialists work with you and your employer to develop a case-specific plan that meets your needs. Some of our services may include:

- Adaptive equipment: do you need special equipment to do your job?
- Job site modification: can we help your employer change your work site to accommodate for your disability?
- Vocational interest testing: which new job would you be interested in?
- Aptitude testing: how well do your skills translate to a new position?
- Job research assistance: can we help you find a new job?
- Resume preparation: can we help you write a resume?

### **Can I still receive disability benefits if I return to work part time or at a lower salary?**

This depends on your employer's group policy. Our Customer Service Department would be happy to review your benefits with you. Call 1-800-247-6875 for more information.

### **Who will help me return to work?**

A Certified Rehabilitation Specialist will partner with you to examine your job responsibilities and medical situation and ultimately create a case-specific return-to-work plan.

### **What if I cannot physically return to my job?**

We will work with you to find a more suitable solution. This may involve locating another position with your employer or helping you find work with another employer.

### **Case Studies**

- **Luanne**, a 37-year-old financial analyst, suffered a stroke affecting the right side of her body. She could not write or use a computer properly. Sun Life Financial teamed up with her employer to create a part-time schedule for Luanne and paid for a special left-handed keyboard. Once Luanne adjusted to working with her left hand, she returned to work full-time.
- **Michael** injured his wrist so severely that he could never return to his job as an ore miner. A Sun Life Financial rehabilitation specialist worked with Michael and learned that he could still do the hobby he loved—building outdoor furniture. We provided Michael with the funds to purchase equipment to start his own business and Michael is now self-employed, earning more than he did as an ore miner.
- **Martha**, a 45-year-old packer at a manufacturing plant, was gradually losing her sight because of a degenerative eye disease. Martha's rehabilitation counselor referred her to a local chapter of Services for the Blind for support and training. Martha received job search counseling and eventually enrolled in a training program at a local supermarket. With our advice, the supermarket even enlarged the print on price labels.

<sup>1</sup>[www.disabilitycanhappen.org](http://www.disabilitycanhappen.org)

## Group Long Term Disability Benefits

Underwritten by Sun Life Assurance Company of Canada

### Disability Can Happen to Anyone.

Want to know more about your chances of becoming disabled?

Sun Life Financial is a founding member of the Council for Disability Awareness.

Visit

[www.disabilitycanhappen.org](http://www.disabilitycanhappen.org) and find out your Personal Disability Quotient.

### Benefits

- Available to all full time employees working 30 or more hours per week.
- Covers accidents and sicknesses.
- Benefits are 60 of monthly earnings up to a maximum of \$5,000 per month.
- Benefits may begin after 90 days of absences due to a covered accident or sickness.
- Coverage is entirely employee paid.

### Cost to You

- LTD 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 monthly earnings by 100 and multiplying the result by the rate .80. Follow the example below to determine your monthly cost.

Example Monthly Earnings	Divided by 100	Multiplied by rate	Total cost	Example cost*
\$ 3,500	/ 100 = 35	x \$0.40	= \$14.00	\$ 14.00

Your Monthly Earnings	Divided by	Multiplied by rate	Total cost	Your cost*
\$ [ ]	/ 100 = [ ]	x \$[ ]	= \$[ ]	\$ [ ]

\*Contact your employer to confirm the portion of the cost for which you will be responsible.

### How to Enroll

- Fill out the LTD enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer.

### About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - You decline coverage during your initial eligibility period and then want coverage at a later date; or
  -
- All late entrants and increases require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves it

### **For Complete Plan Details**

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- Your employer will provide you with the Sun Life Financial Group booklet containing complete plan details.

### **Limitations**

No LTD benefit will be payable for any Total or Partial Disability during any of the following periods:

- any period the Employee is not under the regular and continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with the disabling condition, unless the Employee has reached his maximum point of recovery and is still Totally or Partially Disabled.
- any period the Employee fails to submit to any medical examination or clinical assessment requested by Sun Life.
- any period the Employee is incarcerated.

### **Exclusions**

No LTD benefit will be payable for any Total or Partial Disability that is due to:

- intentionally self-inflicted injury.
- 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.
- the Employee's operation of any motorized vehicle while intoxicated.
- a Pre-Existing Condition.

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SLPC 20861 09/09 (exp. 09/11)

## Dental Insurance

When you buy **Dental** Insurance from Sun Life Financial, know that:

- **You protect your pearly whites.** Our plan covers the services you need to keep teeth healthy and strong.
- **You get outstanding customer service.** Our goal is to return all calls within one business day.
- **We pay quickly.** Our goal is to process claims within 15 business days of receiving all required information.
- **You get a great website.** You can find a dentist, browse educational materials to learn about dental care, estimate the cost of dental services, and submit dental health questions to a real dentist who responds within 24 hours—all through our secure member website.

# frequently asked questions

## Dental Insurance

### Do I need an ID card?

Your HR professional will give you your new Sun Life Financial Dental ID card. Present this card to your dentist at your next visit. On the back, you'll find your network (if applicable), Sun Life Financial's claims processing address, customer service phone number and website.

### Do I have to change dentists?

If you have our PPO or Maximum Allowable Charge plan, you have access to the Sun Life Financial network in your state. You receive greater out-of-pocket savings when you use a dentist that is in your network. Why? Because our networks negotiate discounted rates for nearly every dental procedure, and this savings is passed on to you.

### If my dentist is not in the network, can I refer them to the network?

If you have elected a PPO plan and find that your dentist is not listed, you can refer them to our Dental Network. We provide a Provider Nomination Form for you to complete on our website.

### What type of online resources does Sun Life Financial offer?

You can view explanation of benefits, e-mail questions to a dental professional, get the latest dental education materials, find providers in your area, plan dental procedures with our online cost estimator tool, and more! All in English and Spanish. You'll need your Social Security Number and your Group Account Number to log in. Ask HR for your Group Account Number.

### What if I have already started dental services, like a crown or root canal?

Many major treatments require multiple visits to complete. Your coverage with us and your prior plan policies may handle these procedures differently. Refer to the chart below for tips to ensure a smooth transition for work in progress:

Procedure	If...	Then...
Root Canal	Prior plan denies due to date of service after the term date.	Submit the claim to Sun Life Financial with the prior carrier denial.
Crown, Bridges, Inlays, Onlays (Prosthetic)	Prior plan denies, considering the seat date (completion), to be the date of service.	Submit the claim to Sun Life Financial with the prior carrier denial.
Full or Partial Dentures	Prior plan denies due to the date of completion.	Submit to Sun Life Financial with the prior carrier denial.
Replacing Missing Teeth with a bridge, partial, full denture or implant if elected	Tooth/teeth were extracted within 12 months of the Sun Life effective date.	Submit a copy of the prior carrier's explanation of benefits for the extraction of the tooth/teeth.
Orthodontics (braces)*	Orthodontic treatment was started while covered with this employer's previous carrier.	Submit treatment plan and the total amount paid by the prior carrier.

\*Child only, unless adult orthodontia has been elected. Treatment includes date bands placed, initial fee, monthly fee, total treatment fee, duration, and total amount paid by the prior carrier. Please note: Orthodontic coverage only applies if your plan offers it. See the Benefit Highlighter for plan specifics.

# frequently asked questions

## Dental Insurance

### **How can I find out whether an expensive dental procedure recommended by my dentist will be covered and how much will be covered?**

A pre-determination of benefits helps you and the dentist plan an appropriate course of dental treatment. Advising you of your share of the treatment costs will assist you in making the best use of the benefits available under the plan. The Sun Life dental plan does not require a predetermination of benefits. However, we strongly suggest that your dentist submit a pre-determination for any major treatment exceeding \$500. This would include procedures like crowns, bridges, dentures and root canals. Talk with your dentist on initiating this process.

### **How do I submit claims to Sun Life Financial?**

Claims can be submitted by you or your dentist using an American Dental Association (ADA) or Sun Life Financial dental claim form. Dentists also can send claims electronically through Emdeon, a third-party clearinghouse that most dentists are connected to in their office. Our electronic payorID is 67814. Claims and any supporting documents should be sent to:

Sun Life and Health Insurance Company (U.S.)  
Employee Benefits Group  
Group Dental Benefits  
P.O. Box 81633  
Wellesley Hills, MA 02481

### **What if my spouse has other insurance coverage?**

You need to provide the following information with your claim submission, including:

- Other carrier name,
- Effective date,
- Subscriber's name, date of birth and relationship to patient

We would require a copy of the explanation of benefits from the other carrier if it is determined they are the primary insurer. We follow the Birthday Rule when determining which plan is primary.\* If a medical plan covers a dental service, the claim should be submitted to the medical plan first. Include a copy of the medical plan benefit statement with the claim submission. Other dental coverage information should be submitted on every claim submission, and we require this on an annual basis.

\*applied to claims for dependent children, based on which parent's birthday comes first. In divorce situations, coverage would be determined by what is stipulated in the divorce decree.

### **If I have a question about a claim or coverage under my plan, who do I contact?**

Our Customer Service toll-free number, 1-800-451-2513, is available to you Monday through Friday from 8:00 am to 6:00 pm ET. Call Center Representatives can provide you and your dentist with claim status information and coverage information.

## Dental Insurance Benefits

001-2345-00

### Get to Know Us

Want to know more about Sun Life? Visit our interactive website at [GetToKnowSunLife.com](https://www.sunlife.com/GetToKnowSunLife.com).

### Eligibility

- Each full-time, non-union employee working 30 hours or more per week.

### Waiting Period

- First of the month following 90 days of employment.

### Claims Information

- Mailing Address:  
Sun Life Financial  
Employee Benefits Group  
P.O. Box 81633  
Wellesley Hills, MA 02481

Visit our website at <https://ebg.sunlife.com> and click on Plan Participants.

### Limitations and Exclusions

- This summary represents a general overview and is not a complete description of your plan. It is being provided preliminary to the issuance of the certificate. All of our dental policies include exclusions, limitations and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims submitted to us

### For Complete Plan Details

- This summary represents a general overview and is not a complete description of your plan. It is being provided preliminary to the issuance of the certificate. All of our dental policies include exclusions, limitations and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims submitted to us.
- This summary is intended to provide an overview of the benefits available from your employer, and is not intended to be a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group Dental certificate containing complete plan details.

# benefit highlights

continued

## PPO Network: Aetna Dental Access Network

### Calendar Year Deductible

**Types II and III Only** \$100 individual / \$300 family per calendar year

### Coinsurance – Plan pays the following percentage of procedures

	In-Network	Out-of-Network
<b>Type I Dental Expense</b>	100% of fee schedule	100% of Usual and Customary
- Oral Exams		
- Cleanings		
- Sealants (under age 15)		
<b>Type II Dental Expense</b>	90% of fee schedule	80% of Usual and Customary
- Amalgam/Composite Restorations		
- Simple Extraction		
- Endodontics		
<b>Type III Dental Expense</b>	60% of fee schedule	50% of Usual and Customary
- Crowns		
- Dentures		
- Oral surgery		

### Calendar Year Maximum Benefit

**Types I, II, III** \$1000 per person Family 3 x per person amount

### Late Entrants

<b>Type I</b>	No Limitation
<b>Type II</b>	Available after 12 months of coverage.
<b>Type III</b>	Available after 12 months of coverage.

The Sun Life Financial group of companies operates under the "Sun Life Financial" name. 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 holding company for the Sun Life Financial group of companies, is a public company. It is not an insurance company and does not offer insurance products for sale in the United States or elsewhere, and does not guarantee the obligations of its insurance company subsidiaries.

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

Group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states under Policy Form Series GP-A and GP-D. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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## Dental Insurance Benefits

001-2345-01

### Get to Know Us

Want to know more  
about Sun Life?  
Visit our interactive  
website at  
[GetToKnowSunLife.com](https://www.sunlife.com).

### Eligibility

- Each full-time, non-union employee working 30 hours or more per week.

### Waiting Period

- First of the month following 90 days of employment.

### Claims Information

- Mailing Address:  
Sun Life Financial  
Employee Benefits Group  
P.O. Box 81633  
Wellesley Hills, MA 02481

Visit our website at <https://ebg.sunlife.com> and click on Plan Participants.

### Limitations and Exclusions

- This summary represents a general overview and is not a complete description of your plan. It is being provided preliminary to the issuance of the certificate. All of our dental policies include exclusions, limitations and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims submitted to us

### For Complete Plan Details

- This summary represents a general overview and is not a complete description of your plan. It is being provided preliminary to the issuance of the certificate. All of our dental policies include exclusions, limitations and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims submitted to us.
- This summary is intended to provide an overview of the benefits available from your employer, and is not intended to be a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group Dental certificate containing complete plan details.

# benefit highlights

continued

## PPO Network: Aetna Dental Access Network

Calendar Year Deductible	
<b>Types II and III Only</b>	\$50 individual / \$150 family per calendar year
<b>Type IV</b>	No Orthodontia Deductible
<b>Vision</b>	No Deductible

Coinsurance – Plan pays the following percentage of procedures		
	In-Network	Out-of-Network
<b>Type I Dental Expense</b>	100% of fee schedule	100% of Usual and Customary
- Oral Exams		
- Cleanings		
- Sealants (under age 15)		
<b>Type II Dental Expense</b>	90% of fee schedule	80% of Usual and Customary
- Amalgam/Composite Restorations		
- Simple Extraction		
- Endodontics		
<b>Type III Dental Expense</b>	60% of fee schedule	50% of Usual and Customary
- Crowns		
- Dentures		
- Oral surgery		
<b>Type IV Orthodontic Expenses</b>	60% of fee schedule	50% of Usual and Customary
Under age 19 only		
<b>Vision</b>	Not Applicable	100% of the Schedule Amount
- One routine eye exam		
- One pair of lenses or contact lens order		

Note: You may not be covered for certain expense types until a later date. You may not be covered for a course of treatment started prior to the effective date of this policy. Consult your dental certificate for details.

Calendar Year Maximum Benefit	
<b>Types I, II, III</b>	\$1000 per person Family 3 x per person amount
<b>Type IV</b>	\$1000 Lifetime
<b>Vision</b>	No Plan Maximum. Coverage is limited to one routine eye exam and one pair of lenses or contact lens order up to the scheduled amount.

## Late Entrants

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<b>Type I</b>	No Limitation
<b>Type II</b>	Available after 12 months of coverage.
<b>Type III</b>	Available after 12 months of coverage.
<b>Type IV</b>	Available after 24 months of coverage.
<b>Vision</b>	No limitation however a person must be covered under a Dental Plan to be eligible for Vision coverage.

The Sun Life Financial group of companies operates under the "Sun Life Financial" name. 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 holding company for the Sun Life Financial group of companies, is a public company. It is not an insurance company and does not offer insurance products for sale in the United States or elsewhere, and does not guarantee the obligations of its insurance company subsidiaries.

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

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notes

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## Voluntary Accidental Death & Dismemberment

When you buy **Voluntary Accidental Death & Dismemberment** Insurance from Sun Life Financial, know that:

- **You're prepared for the unexpected.** Should something happen—such as a covered injury or death—your family will receive a check to help with expenses.
- **You can cover yourself and more.** Once you purchase Voluntary AD&D for yourself, you have the option to buy it for your spouse, or just your children, or simply cover your entire family! It's up to you.
- **Paying is easy.** Your premium is automatically deducted from your paycheck.
- **We pay quickly.** Our goal is to pay your beneficiary within 10 business days (we usually do it sooner).



# frequently asked questions

## Voluntary Accidental Death & Dismemberment (AD&D) Insurance

### **What is AD&D Insurance?**

You buy AD&D insurance in case you should get into an unexpected, fatal accident, or if you are seriously injured. Either way, Voluntary AD&D allows you to help your family financially in case you are not there to provide for them, or in case you can no longer work.

### **Why do I need it?**

Accidents happen all the time and they can occur anywhere. At work. At home. While traveling. In fact, accidents are the number one cause of death for people under the age of 35, and the fifth most common cause of death for all U.S. residents.<sup>1</sup>

Accidental death or serious injury can jeopardize your family's ability to buy a house, send children to college and plan for a comfortable retirement.

### **How does it work?**

You and/or your designated beneficiary will receive the benefit as long as the event is deemed an accident (i.e., not natural causes) and meets the requirements of the policy.

### **What is the difference between Basic and Voluntary AD&D?**

Your employer pays for your Basic AD&D insurance. You pay for the Voluntary. If you need to use your insurance, you will get the combined benefit amount. For example, if you have \$25,000 of Basic AD&D, and have \$25,000 of Voluntary AD&D, you will receive \$50,000 of AD&D if your covered loss is due to an accident.

### **Do I have to meet any special requirements, or can anyone purchase this insurance?**

No. You have to meet the eligibility requirements for your employer (i.e., be a full-time employee) and enroll during the assigned enrollment period. If you choose to cover your dependents (i.e., spouse or child), you need to have elected coverage for yourself.

<sup>1</sup>National Center for Health Statistics, Data on Injuries, June 2008

## Accidental Death & Dismemberment Insurance

Underwritten by Sun Life Assurance Company of Canada

### A Long History of Serving our Customers.

Sun Life Financial has been doing business in the U.S. for 144 years and now provides employee benefits to more than 9 million people.

#### Benefits

- **For you:**  
An amount between \$10,000 and \$500,000, in increments of \$10,000, not to exceed 5x basic annual earnings. Benefits cease at retirement.
- **For your spouse:**  
An amount between \$10,000 and \$250,000, in increments of \$10,000. Coverage ends when your spouse turns 70.
- **For your dependent child(ren):**  
You can purchase an amount between \$2,500 and \$10,000, in increments of \$2,500, for each child up to age 19 years old (or 23 years if a full-time student).

#### Features of the Plan

- Accidental Death and Dismemberment (AD&D) insurance pays a benefit – in addition to your Basic/Optional Life benefit – in case you die in an accident or suffer loss of a limb or paralysis. Also, AD&D pays a benefit for accidents resulting in loss of sight, speech, hearing and thumb/index finger.
- Easy enrollment at work. Affordable group rates conveniently deducted from your paycheck.
- Guaranteed coverage up to a predetermined amount. No medical exam required.
- 24-hour protection at home or work.

#### How to Enroll

- Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Voluntary AD&D enrollment form. **Coverage for your spouse and child(ren) is only available if you elect coverage.** Please submit the form to your employer.

#### AD&D rates

- Use the rate chart on the Voluntary AD&D enrollment form to calculate how much your coverage will cost.

#### For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group booklet containing complete plan details.

# benefit highlights

continued

## Exclusions

No Voluntary Accidental Death or Accidental Dismemberment payment will be made for a loss which is due to or results from:

- Suicide while sane or insane, or intentionally self-inflicted injuries.
- Bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound.
- Committing or attempting to commit an assault, felony or other illegal act.
- Active participation in a war (declared or undeclared) or active duty in any armed service during a time of war.
- Active participation in a riot, rebellion, or insurrection.
- Injury sustained from any aviation activities, other than riding as a fare-paying passenger, if the pilot exclusion applies to the plan.
- The Insured Person's 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.
- The Insured Person's operation of any motorized vehicle while intoxicated. Intoxicated means the minimum blood level alcohol required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purpose of this Exclusion, "Motorized Vehicle" includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

The Sun Life Financial group of companies operates under the "Sun Life Financial" name. 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 holding company for the Sun Life Financial group of companies, is a public company. It is not an insurance company and does not offer insurance products for sale in the United States or elsewhere, and does not guarantee the obligations of its insurance company subsidiaries.

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under 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, 02P-STD TDB Policy-2006, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 06P-NYDBL, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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# Evidence of Insurability, or Proof of Good Health

If you're reading this, it's because you may need to submit Evidence of Insurability (EOI) to Sun Life Financial. This could be for any of the reasons below:

- You're applying for an amount of Life Insurance coverage that is higher than the Guaranteed Issue amount. (This is indicated on your enrollment form included in this packet.)
- You currently have Life and/or Disability Insurance and are increasing your coverage.
- You declined Group Life or Disability coverage during your initial eligibility period and are now applying for coverage at a later date.

## Submit Your Medical Information Online

It's the quick, easy and smart way to submit Evidence of Insurability (EOI). And it's completely secure and confidential:

1. Have the following information ready:
  - Your group policy number and the amount of coverage.
  - Height, weight and recent medical history for you and any dependents included on your application.
2. Go to <http://www.sunlife-usa.com/planmembers>
  - Click on Evidence of Insurability Application, 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. If you are approved, you may receive an e-mail that same day.

## Submit Your Medical Information Via Paper

Printable EOI applications are available at [www.sunlife-usa.com](http://www.sunlife-usa.com) > Get a form > Employee benefits forms. After Sun Life receives and processes your EOI application, you will receive either an approval or pending notification. If your application is pending, a member of Sun Life Financial's Life Insurance team may contact you to arrange for you to take a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life contacts your employer for verification and you meet all other eligibility requirements.

## 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 and are never shown 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 Socket Layers (SSL) technology.

notes

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# Group Enrollment Form

For use by: Sun Life Assurance Company of Canada and Sun Life and Health Insurance Company (U.S.) outside of New York



**Sample Company** - Policy Number: 012345 Account Number: 001-2345-00, 001-2345-01

**1. Employee Information** (Please complete the blank fields below. If any of the printed information in this section is incorrect, please notify your human resources representative as it may impact options and costs.)

<b>Employee's Name</b> John Sample		<b>Gender</b> Male	<b>Date of Birth</b> 1/1/1969	<b>Social Security No.</b>	<b>Employee ID</b>	<b>Marital Status</b>
<b>Date of Hire</b> 1/7/1990	<b>Job Title</b> Sample		<b>Location</b> Wellesley		<b>Basic Annual Earnings</b> \$70,000.00	<b>Pay Frequency</b> Bi-weekly
<b>Street Address</b> 7 Main St			<b>City</b> Boston	<b>State</b> MA	<b>Zip Code</b> 12351	

**2. Benefit Elections**

**Employee Optional Life Insurance; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA) (check one)**

Amount Elected	Minimum								Maximum	Other Amount
Employee Life Amount	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$100,000	\$350,000**	\$
Cost Per Pay Period	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.02	\$14.31	\$50.08	\$

If the amount of Employee Optional Life Insurance you wish to purchase is not one of the options listed above but is available from the design of the plan, use the "Other Amount" box above and refer to the rate table for your cost per pay period.

**\*\*Note:** If you apply for coverage in excess of \$100,000 you will need to complete Evidence of Insurability, See Section 4.

I decline coverage being offered to myself and my family at this time. I understand that if I decline coverage now and request coverage in the future I and/or my family member will have to provide satisfactory evidence of insurability. See Section 4.

**You must elect Employee Optional Life Insurance coverage for yourself in order to cover your spouse and/or children.**

**Spouse Optional Life Insurance (check one)**

Amount Elected	Minimum <input type="checkbox"/>	<input type="checkbox"/>	Maximum <input type="checkbox"/>	Other Amount						
Spouse Life Amount	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000**	\$70,000**	\$80,000**	\$250,000**	\$
Cost Per Pay Period										\$

Refer to the rate table for your cost per pay period.

If the amount of Spouse Optional Life Insurance you wish to purchase is not one of the options listed above but is available from the design of the plan, use the "Other Amount" box above and refer to the rate table for your cost per pay period.

\*\*Amounts over \$50,000 require Evidence of Insurability. See Section 4.

You cannot elect more than 100% of your amount of Employee Optional Life Insurance for your spouse than you have elected for yourself.

I decline coverage being offered to myself and my family at this time. I understand that if I decline coverage now and request coverage in the future I and/or my family member will have to provide satisfactory evidence of insurability. See Section 4.

**Child Optional Life Insurance (check one)**

The cost per pay period is the same regardless of the number of children insured.

Child Age	Birth to 15 Days	15 Days to 6 Months	Age 6 months or older	Cost Per Pay Period
<input type="checkbox"/> Option 1	No Coverage	\$250	\$2,500	\$0.23
<input type="checkbox"/> Option 2	No Coverage	\$250	\$5,000	\$0.46
<input type="checkbox"/> Option 3	No Coverage	\$250	\$7,500	\$0.69
<input type="checkbox"/> Option 4	No Coverage	\$250	\$10,000	\$0.92

I decline coverage being offered to my child(ren) at this time. I understand that if I decline coverage now and request coverage in the future I and/or my family member will have to provide satisfactory evidence of insurability. See Section 4.

You cannot elect more than 100% of your amount of Employee Optional Life Insurance for your child(ren) than you have elected for yourself.

**Dependent Information**

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full Legal Name (First, MI, Last)	Gender	Social Security No.	Date of Birth	Check if elected		
					Dep Life	Dep Dental	Dep Vol AD&D
Spouse/Partner			XXX-XX-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children			XXX-XX-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			XXX-XX-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			XXX-XX-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee Voluntary AD&D Insurance; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)**  
(Check one)

Amount Elected	Minimum <input type="checkbox"/>	Maximum <input type="checkbox"/>	Other Amount							
Employee Voluntary AD&D Amount	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$350,000	\$
Cost Per Pay Period	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$4.85	\$

If the amount of Employee Voluntary AD&D Insurance you wish to purchase is not one of the options listed above but is available from the design of the plan, use the "Other Amount" box above and use the write in box below to calculate your cost.

I decline coverage being offered to myself and my family at this time. I understand that if I decline coverage now and request coverage in the future I and/or my family member will have to provide satisfactory evidence of insurability. See Section 4.

Amount of Coverage \$	X	0.03 (your rate)	÷	1000 (per unit)	X	12 (months)	÷	26 (deductions)	=	Cost Per Pay Period
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**Spouse Voluntary AD&D Insurance; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)**

(Check one)

Amount Elected	Minimum								Maximum	Other Amount
	<input type="checkbox"/>									
Spouse Voluntary AD&D Amount	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$250,000	\$
Cost Per Pay Period	\$0.14	\$0.28	\$0.42	\$0.55	\$0.69	\$0.83	\$0.97	\$1.11	\$3.46	\$

If the amount of Spouse Voluntary AD&D Insurance you wish to purchase is not one of the options listed above but is available from the design of the plan, use the "Other Amount" box above and use the write in box below to calculate your cost.

You cannot elect more than 100% of your amount of Employee Voluntary AD&D Insurance for your spouse than you have elected for yourself.

I decline coverage being offered for my spouse at this time. I understand that if I decline coverage now and request coverage in the future I and/or my family member will have to provide satisfactory evidence of insurability. See Section 4.

Amount of Coverage \$	X	0.03 (your rate)	÷	1000 (per unit)	X	12 (months)	÷	26 (deductions)	=	Cost Per Pay Period
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**Child Voluntary AD&D Insurance; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA) (check one)**

Amount of Coverage

Cost Per Pay Period

<input type="checkbox"/> Option 1	\$2,500	\$0.03
<input type="checkbox"/> Option 2	\$5,000	\$0.07
<input type="checkbox"/> Option 3	\$7,500	\$0.10
<input type="checkbox"/> Option 4	\$10,000	\$0.14
<input type="checkbox"/> I Decline Coverage		

You cannot elect more than 50% of your amount of Employee Voluntary AD&D Insurance for your child(ren) than you have elected for yourself.

**Disability Insurance; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA) Sun Life Assurance Company of Canada (Wellesley, MA)**

Short Term Disability (check one)	Your Weekly Benefit	Cost Per Pay Period
<input type="checkbox"/> 60% of weekly salary - Maximum \$1,000	\$807.69	\$13.42

I decline coverage being offered to me at this time. I understand that if I decline coverage now and request coverage in the future I will have to provide satisfactory evidence of insurability. See Section 4.

Long Term Disability (check one)	Your Monthly Benefit	Cost Per Pay Period
<input type="checkbox"/> 60% of monthly salary - Maximum \$5,000	\$3,500.00	\$21.54
<input type="checkbox"/> I decline coverage being offered to me at this time. I understand that if I decline coverage now and request coverage in the future I will have to provide satisfactory evidence of insurability. See Section 4.		

**Voluntary Dental and Voluntary Dental/Vision; underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley, MA)**

Voluntary Dental AND/OR Voluntary Dental/Vision- Please select one of the following (check one)	Cost Per Pay Period Basic	Cost Per Pay Period Enhanced
<input type="checkbox"/> Option 1 - Employee Only	<input type="checkbox"/> \$16.34	<input type="checkbox"/> \$18.87
<input type="checkbox"/> Option 2 - Employee and Spouse	<input type="checkbox"/> \$34.28	<input type="checkbox"/> \$39.34
<input type="checkbox"/> Option 3 - Employee and Child (ren)	<input type="checkbox"/> \$34.52	<input type="checkbox"/> \$39.75
<input type="checkbox"/> Option 4 - Family (Employee, Spouse, Children)	<input type="checkbox"/> \$53.81	<input type="checkbox"/> \$60.08
<input type="checkbox"/> I decline coverage for Voluntary Dental Benefits		
<b>Note:</b> If you decline benefits for yourself, you automatically decline benefits for your dependents. If you decline benefits now and later request to add the benefit, your coverage will be limited as outlined in the plan certificate of coverage.		

**3. Beneficiary Designation - For Life Insurance** (if you need more space, attach another page to this form)

**Primary Beneficiary Designation**

**Employee Optional Life Insurance** - On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance to your insurance coverage.

Name of Primary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1			XXX-XX-	%
2			XXX-XX-	%

**Secondary Beneficiary Designation**

**Employee Optional Life Insurance** - On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Name of Primary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1			XXX-XX-	%
2			XXX-XX-	%

### Primary Beneficiary Designation

**Employee Voluntary AD&D Insurance** - On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance to your insurance coverage.

Name of Primary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1			XXX-XX-	%
2			XXX-XX-	%

### Secondary Beneficiary Designation

**Employee Voluntary AD&D Insurance** - On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Name of Primary Beneficiary(ies) (First, M.I., Last)	Relationship to employee	Address	Social Security Number	Percent share of proceeds*
1			XXX-XX-	%
2			XXX-XX-	%

\*The total within each class (Primary and Secondary) must equal 100%. If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

## 4. Evidence of Insurability

A medical Evidence of Insurability ("EOI") application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- apply for higher coverage than the Maximum Guaranteed Issue amount.
- want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Assurance Company of Canada, Sun Life and Health Insurance Company (U.S.) or a prior insurance carrier.
- decline coverage and then want it at a later date.

Coverage subject to evidence of insurability will not go into effect until Sun Life Assurance Company of Canada, Sun Life and Health Insurance Company (U.S.) approves it.

## 5. Fraud Warning

Please read the fraud warning below before signing the Enrollment Form. State law requires that we notify you of the following:

**General Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim 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 and subjects that person to criminal and civil penalties.

## 6. Acknowledgement and Signature (Important: You must sign for coverage)

I have read and personally responded to each of the preceding questions and have confirmed that the information is correct. I request insurance under the group coverage issued to my employer by Sun Life Assurance Company of Canada or Sun Life and Health Insurance Company (U.S.).

I authorize deductions from my earnings of any required contributions for any insurance for which I am or may later become eligible.

I designate the beneficiary(ies) shown to receive all sums which may become due under this group coverage.

I certify that:

- I am employed by the employer listed on page one, and I am working the minimum required hours as defined in my group contract for this employer at the regular place of business; and
- I understand that any incorrect statements may result in my coverage or my dependents' coverage being terminated, rescinded and or a claim(s) not being paid;
- I understand that any incorrect statements may result in my coverage or my dependents' coverage being terminated, rescinded and or a claim(s) not being paid;
- I understand if I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life Assurance Company of Canada or Sun Life and Health Insurance Company (U.S.).
- I have read the Evidence of Insurability notice.
- I have read the Fraud Warning above.
- When required by the coverage, I understand if I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- I understand if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am verifying that the information I have provided is true and correct to the best of my knowledge and belief.

Signature of employee X	Date signed
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**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

# Rate Sheet

Employee - Coverage and **Bi-weekly** Cost for Employee Optional Life Insurance  
 Rates are effective as of March 1, 2010

Coverage amounts	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.28	0.32	0.51	0.88	1.43	2.31	4.06	6.69	10.89	11.82	13.34
\$20,000	0.55	0.65	1.02	1.75	2.86	4.62	8.12	13.38	21.78	23.63	26.68
\$30,000	0.83	0.97	1.52	2.63	4.29	6.92	12.18	20.08	32.68	35.45	40.02
\$40,000	1.11	1.29	2.03	3.51	5.72	9.23	16.25	26.77	43.57	47.26	53.35
\$50,000	1.38	1.62	2.54	4.38	7.15	11.54	20.31	33.46	54.46	59.08	66.69
\$60,000	1.66	1.94	3.05	5.26	8.58	13.85	24.37	40.15	65.35	70.89	80.03
\$70,000	1.94	2.26	3.55	6.14	10.02	16.15	28.43	46.85	76.25	82.71	93.37
\$80,000	2.22	2.58	4.06	7.02	11.45	18.46	32.49	53.54	87.14	94.52	106.71
\$90,000	2.49	2.91	4.57	7.89	12.88	20.77	36.55	60.23	98.03	106.34	120.05
\$100,000	2.77	3.23	5.08	8.77	14.31	23.08	40.62	66.92	108.92	118.15	133.38
\$110,000	3.05	3.55	5.58	9.65	15.74	25.38	44.68	73.62	119.82	129.97	146.72
\$120,000	3.32	3.88	6.09	10.52	17.17	27.69	48.74	80.31	130.71	141.78	160.06
\$130,000	3.60	4.20	6.60	11.40	18.60	30.00	52.80	87.00	141.60	153.60	173.40
\$140,000	3.88	4.52	7.11	12.28	20.03	32.31	56.86	93.69	152.49	165.42	186.74
\$150,000	4.15	4.85	7.62	13.15	21.46	34.62	60.92	100.38	163.38	177.23	200.08
\$160,000	4.43	5.17	8.12	14.03	22.89	36.92	64.98	107.08	174.28	189.05	213.42
\$170,000	4.71	5.49	8.63	14.91	24.32	39.23	69.05	113.77	185.17	200.86	226.75
\$180,000	4.98	5.82	9.14	15.78	25.75	41.54	73.11	120.46	196.06	212.68	240.09
\$190,000	5.26	6.14	9.65	16.66	27.18	43.85	77.17	127.15	206.95	224.49	253.43
\$200,000	5.54	6.46	10.15	17.54	28.62	46.15	81.23	133.85	217.85	236.31	266.77
\$210,000	5.82	6.78	10.66	18.42	30.05	48.46	85.29	140.54	228.74	248.12	280.11
\$220,000	6.09	7.11	11.17	19.29	31.48	50.77	89.35	147.23	239.63	259.94	293.45
\$230,000	6.37	7.43	11.68	20.17	32.91	53.08	93.42	153.92	250.52	271.75	306.78
\$240,000	6.65	7.75	12.18	21.05	34.34	55.38	97.48	160.62	261.42	283.57	320.12
\$250,000	6.92	8.08	12.69	21.92	35.77	57.69	101.54	167.31	272.31	295.38	333.46
\$260,000	7.20	8.40	13.20	22.80	37.20	60.00	105.60	174.00	283.20	307.20	346.80
\$270,000	7.48	8.72	13.71	23.68	38.63	62.31	109.66	180.69	294.09	319.02	360.14
\$280,000	7.75	9.05	14.22	24.55	40.06	64.62	113.72	187.38	304.98	330.83	373.48
\$290,000	8.03	9.37	14.72	25.43	41.49	66.92	117.78	194.08	315.88	342.65	386.82
\$300,000	8.31	9.69	15.23	26.31	42.92	69.23	121.85	200.77	326.77	354.46	400.15
\$310,000	8.58	10.02	15.74	27.18	44.35	71.54	125.91	207.46	337.66	366.28	413.49
\$320,000	8.86	10.34	16.25	28.06	45.78	73.85	129.97	214.15	348.55	378.09	426.83
\$330,000	9.14	10.66	16.75	28.94	47.22	76.15	134.03	220.85	359.45	389.91	440.17
\$340,000	9.42	10.98	17.26	29.82	48.65	78.46	138.09	227.54	370.34	401.72	453.51
\$350,000	9.69	11.31	17.77	30.69	50.08	80.77	142.15	234.23	381.23	413.54	466.85
\$360,000	9.97	11.63	18.28	31.57	51.51	83.08	146.22	240.92	392.12	425.35	480.18
\$370,000	10.25	11.95	18.78	32.45	52.94	85.38	150.28	247.62	403.02	437.17	493.52
\$380,000	10.52	12.28	19.29	33.32	54.37	87.69	154.34	254.31	413.91	448.98	506.86
\$390,000	10.80	12.60	19.80	34.20	55.80	90.00	158.40	261.00	424.80	460.80	520.20
\$400,000	11.08	12.92	20.31	35.08	57.23	92.31	162.46	267.69	435.69	472.62	533.54
\$410,000	11.35	13.25	20.82	35.95	58.66	94.62	166.52	274.38	446.58	484.43	546.88
\$420,000	11.63	13.57	21.32	36.83	60.09	96.92	170.58	281.08	457.48	496.25	560.22
\$430,000	11.91	13.89	21.83	37.71	61.52	99.23	174.65	287.77	468.37	508.06	573.55
\$440,000	12.18	14.22	22.34	38.58	62.95	101.54	178.71	294.46	479.26	519.88	586.89
\$450,000	12.46	14.54	22.85	39.46	64.38	103.85	182.77	301.15	490.15	531.69	600.23
\$460,000	12.74	14.86	23.35	40.34	65.82	106.15	186.83	307.85	501.05	543.51	613.57
\$470,000	13.02	15.18	23.86	41.22	67.25	108.46	190.89	314.54	511.94	555.32	626.91
\$480,000	13.29	15.51	24.37	42.09	68.68	110.77	194.95	321.23	522.83	567.14	640.25
\$490,000	13.57	15.83	24.88	42.97	70.11	113.08	199.02	327.92	533.72	578.95	653.58
\$500,000	13.85	16.15	25.38	43.85	71.54	115.38	203.08	334.62	544.62	590.77	666.92

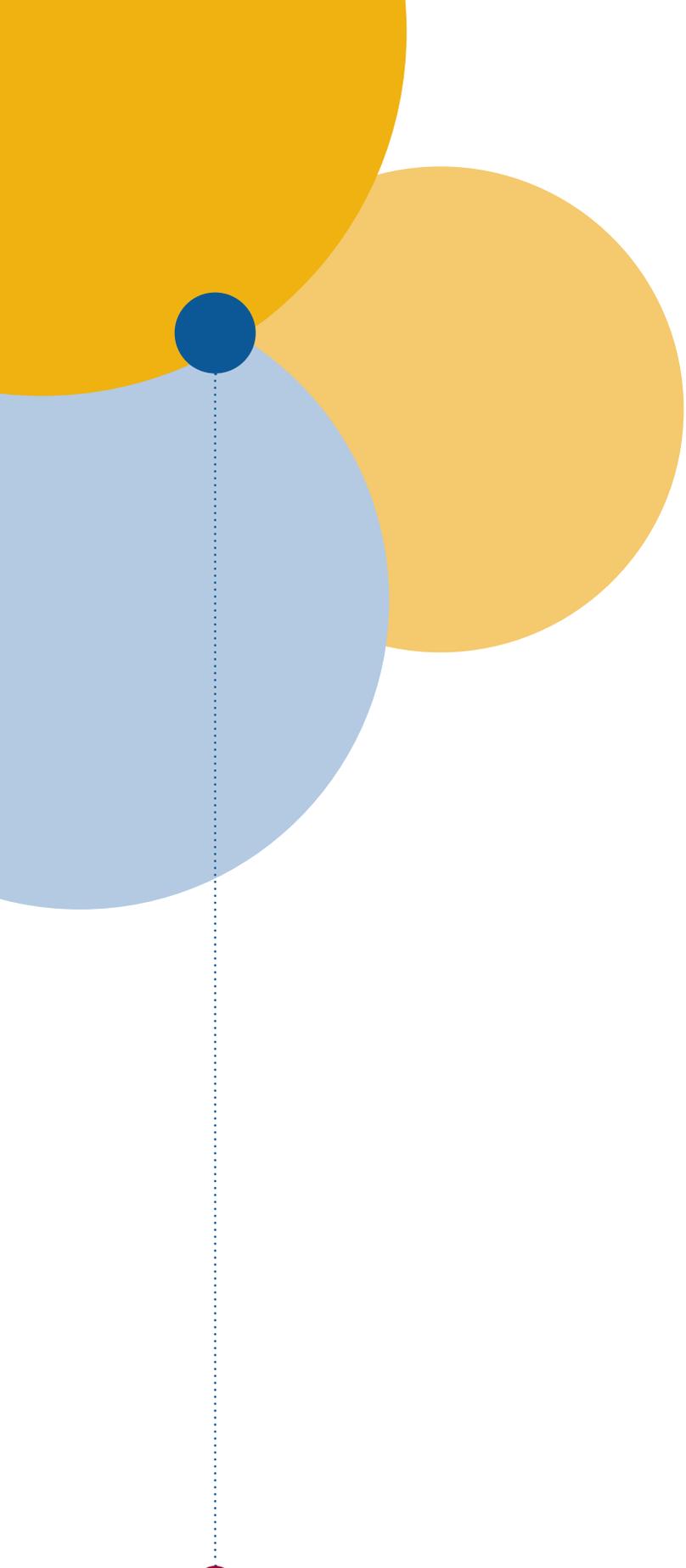
# Rate Sheet

Spouse - Coverage and **Bi-weekly** Cost for Spouse Optional Life Insurance  
 Rates are effective as of March 1, 2010

Coverage amounts	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	0.28	0.32	0.51	0.88	1.43	2.31	4.06	6.69	10.89	11.82
\$20,000	0.55	0.65	1.02	1.75	2.86	4.62	8.12	13.38	21.78	23.63
\$30,000	0.83	0.97	1.52	2.63	4.29	6.92	12.18	20.08	32.68	35.45
\$40,000	1.11	1.29	2.03	3.51	5.72	9.23	16.25	26.77	43.57	47.26
\$50,000	1.38	1.62	2.54	4.38	7.15	11.54	20.31	33.46	54.46	59.08
\$60,000	1.66	1.94	3.05	5.26	8.58	13.85	24.37	40.15	65.35	70.89
\$70,000	1.94	2.26	3.55	6.14	10.02	16.15	28.43	46.85	76.25	82.71
\$80,000	2.22	2.58	4.06	7.02	11.45	18.46	32.49	53.54	87.14	94.52
\$90,000	2.49	2.91	4.57	7.89	12.88	20.77	36.55	60.23	98.03	106.34
\$100,000	2.77	3.23	5.08	8.77	14.31	23.08	40.62	66.92	108.92	118.15
\$110,000	3.05	3.55	5.58	9.65	15.74	25.38	44.68	73.62	119.82	129.97
\$120,000	3.32	3.88	6.09	10.52	17.17	27.69	48.74	80.31	130.71	141.78
\$130,000	3.60	4.20	6.60	11.40	18.60	30.00	52.80	87.00	141.60	153.60
\$140,000	3.88	4.52	7.11	12.28	20.03	32.31	56.86	93.69	152.49	165.42
\$150,000	4.15	4.85	7.62	13.15	21.46	34.62	60.92	100.38	163.38	177.23
\$160,000	4.43	5.17	8.12	14.03	22.89	36.92	64.98	107.08	174.28	189.05
\$170,000	4.71	5.49	8.63	14.91	24.32	39.23	69.05	113.77	185.17	200.86
\$180,000	4.98	5.82	9.14	15.78	25.75	41.54	73.11	120.46	196.06	212.68
\$190,000	5.26	6.14	9.65	16.66	27.18	43.85	77.17	127.15	206.95	224.49
\$200,000	5.54	6.46	10.15	17.54	28.62	46.15	81.23	133.85	217.85	236.31
\$210,000	5.82	6.78	10.66	18.42	30.05	48.46	85.29	140.54	228.74	248.12
\$220,000	6.09	7.11	11.17	19.29	31.48	50.77	89.35	147.23	239.63	259.94
\$230,000	6.37	7.43	11.68	20.17	32.91	53.08	93.42	153.92	250.52	271.75
\$240,000	6.65	7.75	12.18	21.05	34.34	55.38	97.48	160.62	261.42	283.57
\$250,000	6.92	8.08	12.69	21.92	35.77	57.69	101.54	167.31	272.31	295.38

Child - Coverage and **Bi-weekly** Cost for Child Optional Life Insurance  
 Rates are effective as of March 1, 2010

Amount	child cost
\$2,500	0.23
\$5,000	0.46
\$7,500	0.69
\$10,000	0.92

A decorative graphic on the left side of the page consists of three overlapping circles: a large yellow one at the top, a medium orange one in the middle, and a large light blue one at the bottom. A vertical dotted line extends from the intersection of the yellow and blue circles down to a small red circle at the bottom left. 

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SLPC 20921 9/09 (exp. 9/11)