

Allies, Inc.

BENEFIT HIGHLIGHTS

Discover new
ways to protect
what you love



Sun Life

Life's brighter under the sun

Find your benefits here.



ALLIES, INC.

POLICY # 917772

POLICY # 925594

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:

- ▶ **Basic and Voluntary Life insurance** to protect your family if something happens to you.
- ▶ **Long-Term Disability insurance** 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.

Basic Life Insurance

Even among people who have life insurance, about **1 in 5** say they don't have enough.¹

▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you *

2 times your Basic Annual Earnings, up to a **maximum of \$650,000**. No medical questions asked.

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

***This coverage includes Accidental Death and Dismemberment insurance.**

Frequently asked questions

What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

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.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

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.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If 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.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Voluntary Life Insurance

▶ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)

For you*

You can choose from **\$5,000 to \$500,00**—in increments of \$5,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$150,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

For your spouse*

If you elect coverage for yourself, you can choose from **\$5,000 to \$250,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

For your child(ren)*

If you elect coverage for yourself, you can choose **\$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

A full benefit is payable for a dependent child who is 6 months to 19 or to 26 years old if a full-time student. A reduced benefit of \$1,000 is payable for a child from birth to 6 months.

***You may choose Accidental Death and Dismemberment insurance.**

Frequently asked questions

What is my AD&D benefit?

If you elect AD&D coverage, we will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

Do I need to answer any health questions to enroll?

Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see 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.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

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.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If 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.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Employee - Coverage and bi-weekly cost for Employee Voluntary Life.

Rates are effective as of November 01, 2020.

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

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

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.18	0.15	0.18	0.25	0.36	0.57	0.90	1.37	1.95	3.33	5.93	11.90
\$10,000	0.36	0.30	0.35	0.49	0.72	1.14	1.80	2.73	3.90	6.66	11.86	23.81
\$15,000	0.53	0.46	0.53	0.74	1.08	1.71	2.69	4.10	5.86	9.98	17.79	35.71
\$20,000	0.71	0.61	0.70	0.99	1.44	2.28	3.59	5.46	7.81	13.31	23.71	47.61
\$25,000	0.89	0.76	0.88	1.23	1.80	2.85	4.49	6.83	9.76	16.64	29.64	59.52
\$30,000	1.07	0.91	1.05	1.48	2.16	3.42	5.39	8.20	11.71	19.97	35.57	71.42
\$35,000	1.24	1.07	1.23	1.73	2.52	3.99	6.28	9.56	13.67	23.29	41.50	83.32
\$40,000	1.42	1.22	1.40	1.98	2.88	4.56	7.18	10.93	15.62	26.62	47.43	95.22
\$45,000	1.60	1.37	1.58	2.22	3.24	5.13	8.08	12.30	17.57	29.95	53.36	107.13
\$50,000	1.78	1.52	1.75	2.47	3.60	5.70	8.98	13.66	19.52	33.28	59.28	119.03
\$55,000	1.95	1.68	1.93	2.72	3.96	6.27	9.87	15.03	21.48	36.60	65.21	130.93
\$60,000	2.13	1.83	2.10	2.96	4.32	6.84	10.77	16.39	23.43	39.93	71.14	142.84
\$65,000	2.31	1.98	2.28	3.21	4.68	7.41	11.67	17.76	25.38	43.26	77.07	154.74
\$70,000	2.49	2.13	2.46	3.46	5.04	7.98	12.57	19.13	27.33	46.59	83.00	166.64
\$75,000	2.67	2.28	2.63	3.70	5.40	8.55	13.47	20.49	29.28	49.92	88.93	178.55
\$80,000	2.84	2.44	2.81	3.95	5.76	9.12	14.36	21.86	31.24	53.24	94.86	190.45
\$85,000	3.02	2.59	2.98	4.20	6.12	9.69	15.26	23.22	33.19	56.57	100.78	202.35
\$90,000	3.20	2.74	3.16	4.44	6.48	10.26	16.16	24.59	35.14	59.90	106.71	214.26
\$95,000	3.38	2.89	3.33	4.69	6.84	10.83	17.06	25.96	37.09	63.23	112.64	226.16
\$100,000	3.55	3.05	3.51	4.94	7.20	11.40	17.95	27.32	39.05	66.55	118.57	238.06
\$105,000	3.73	3.20	3.68	5.19	7.56	11.97	18.85	28.69	41.00	69.88	124.50	249.96
\$110,000	3.91	3.35	3.86	5.43	7.92	12.54	19.75	30.06	42.95	73.21	130.43	261.87
\$115,000	4.09	3.50	4.03	5.68	8.28	13.11	20.65	31.42	44.90	76.54	136.35	273.77
\$120,000	4.26	3.66	4.21	5.93	8.64	13.68	21.54	32.79	46.86	79.86	142.28	285.67
\$125,000	4.44	3.81	4.38	6.17	9.00	14.25	22.44	34.15	48.81	83.19	148.21	297.58
\$130,000	4.62	3.96	4.56	6.42	9.36	14.82	23.34	35.52	50.76	86.52	154.14	309.48
\$135,000	4.80	4.11	4.74	6.67	9.72	15.39	24.24	36.89	52.71	89.85	160.07	321.38
\$140,000	4.98	4.26	4.91	6.91	10.08	15.96	25.14	38.25	54.66	93.18	166.00	333.29
\$145,000	5.15	4.42	5.09	7.16	10.44	16.53	26.03	39.62	56.62	96.50	171.93	345.19
\$150,000	5.33	4.57	5.26	7.41	10.80	17.10	26.93	40.98	58.57	99.83	177.85	357.09
\$155,000	5.51	4.72	5.44	7.65	11.16	17.67	27.83	42.35	60.52	103.16	183.78	369.00
\$160,000	5.69	4.87	5.61	7.90	11.52	18.24	28.73	43.72	62.47	106.49	189.71	380.90
\$165,000	5.86	5.03	5.79	8.15	11.88	18.81	29.62	45.08	64.43	109.81	195.64	392.80
\$170,000	6.04	5.18	5.96	8.40	12.24	19.38	30.52	46.45	66.38	113.14	201.57	404.70
\$175,000	6.22	5.33	6.14	8.64	12.60	19.95	31.42	47.82	68.33	116.47	207.50	416.61
\$180,000	6.40	5.48	6.31	8.89	12.96	20.52	32.32	49.18	70.28	119.80	213.42	428.51
\$185,000	6.57	5.64	6.49	9.14	13.32	21.09	33.21	50.55	72.24	123.12	219.35	440.41
\$190,000	6.75	5.79	6.66	9.38	13.68	21.66	34.11	51.91	74.19	126.45	225.28	452.32
\$195,000	6.93	5.94	6.84	9.63	14.04	22.23	35.01	53.28	76.14	129.78	231.21	464.22
\$200,000	7.11	6.09	7.02	9.88	14.40	22.80	35.91	54.65	78.09	133.11	237.14	476.12
\$205,000	7.29	6.24	7.19	10.12	14.76	23.37	36.81	56.01	80.04	136.44	243.07	488.03
\$210,000	7.46	6.40	7.37	10.37	15.12	23.94	37.70	57.38	82.00	139.76	249.00	499.93
\$215,000	7.64	6.55	7.54	10.62	15.48	24.51	38.60	58.74	83.95	143.09	254.92	511.83
\$220,000	7.82	6.70	7.72	10.86	15.84	25.08	39.50	60.11	85.90	146.42	260.85	523.74

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$225,000	8.00	6.85	7.89	11.11	16.20	25.65	40.40	61.48	87.85	149.75	266.78	535.64
\$230,000	8.17	7.01	8.07	11.36	16.56	26.22	41.29	62.84	89.81	153.07	272.71	547.54
\$235,000	8.35	7.16	8.24	11.61	16.92	26.79	42.19	64.21	91.76	156.40	278.64	559.44
\$240,000	8.53	7.31	8.42	11.85	17.28	27.36	43.09	65.58	93.71	159.73	284.57	571.35
\$245,000	8.71	7.46	8.59	12.10	17.64	27.93	43.99	66.94	95.66	163.06	290.49	583.25
\$250,000	8.88	7.62	8.77	12.35	18.00	28.50	44.88	68.31	97.62	166.38	296.42	595.15
\$255,000	9.06	7.77	8.94	12.59	18.36	29.07	45.78	69.67	99.57	169.71	302.35	607.06
\$260,000	9.24	7.92	9.12	12.84	18.72	29.64	46.68	71.04	101.52	173.04	308.28	618.96
\$265,000	9.42	8.07	9.30	13.09	19.08	30.21	47.58	72.41	103.47	176.37	314.21	630.86
\$270,000	9.60	8.22	9.47	13.33	19.44	30.78	48.48	73.77	105.42	179.70	320.14	642.77
\$275,000	9.77	8.38	9.65	13.58	19.80	31.35	49.37	75.14	107.38	183.02	326.07	654.67
\$280,000	9.95	8.53	9.82	13.83	20.16	31.92	50.27	76.50	109.33	186.35	331.99	666.57
\$285,000	10.13	8.68	10.00	14.07	20.52	32.49	51.17	77.87	111.28	189.68	337.92	678.48
\$290,000	10.31	8.83	10.17	14.32	20.88	33.06	52.07	79.24	113.23	193.01	343.85	690.38
\$295,000	10.48	8.99	10.35	14.57	21.24	33.63	52.96	80.60	115.19	196.33	349.78	702.28
\$300,000	10.66	9.14	10.52	14.82	21.60	34.20	53.86	81.97	117.14	199.66	355.71	714.18
\$305,000	10.84	9.29	10.70	15.06	21.96	34.77	54.76	83.34	119.09	202.99	361.64	726.09
\$310,000	11.02	9.44	10.87	15.31	22.32	35.34	55.66	84.70	121.04	206.32	367.56	737.99
\$315,000	11.19	9.60	11.05	15.56	22.68	35.91	56.55	86.07	123.00	209.64	373.49	749.89
\$320,000	11.37	9.75	11.22	15.80	23.04	36.48	57.45	87.43	124.95	212.97	379.42	761.80
\$325,000	11.55	9.90	11.40	16.05	23.40	37.05	58.35	88.80	126.90	216.30	385.35	773.70
\$330,000	11.73	10.05	11.58	16.30	23.76	37.62	59.25	90.17	128.85	219.63	391.28	785.60
\$335,000	11.91	10.20	11.75	16.54	24.12	38.19	60.15	91.53	130.80	222.96	397.21	797.51
\$340,000	12.08	10.36	11.93	16.79	24.48	38.76	61.04	92.90	132.76	226.28	403.14	809.41
\$345,000	12.26	10.51	12.10	17.04	24.84	39.33	61.94	94.26	134.71	229.61	409.06	821.31
\$350,000	12.44	10.66	12.28	17.28	25.20	39.90	62.84	95.63	136.66	232.94	414.99	833.22
\$355,000	12.62	10.81	12.45	17.53	25.56	40.47	63.74	97.00	138.61	236.27	420.92	845.12
\$360,000	12.79	10.97	12.63	17.78	25.92	41.04	64.63	98.36	140.57	239.59	426.85	857.02
\$365,000	12.97	11.12	12.80	18.03	26.28	41.61	65.53	99.73	142.52	242.92	432.78	868.92
\$370,000	13.15	11.27	12.98	18.27	26.64	42.18	66.43	101.10	144.47	246.25	438.71	880.83
\$375,000	13.33	11.42	13.15	18.52	27.00	42.75	67.33	102.46	146.42	249.58	444.63	892.73
\$380,000	13.50	11.58	13.33	18.77	27.36	43.32	68.22	103.83	148.38	252.90	450.56	904.63
\$385,000	13.68	11.73	13.50	19.01	27.72	43.89	69.12	105.19	150.33	256.23	456.49	916.54
\$390,000	13.86	11.88	13.68	19.26	28.08	44.46	70.02	106.56	152.28	259.56	462.42	928.44
\$395,000	14.04	12.03	13.86	19.51	28.44	45.03	70.92	107.93	154.23	262.89	468.35	940.34
\$400,000	14.22	12.18	14.03	19.75	28.80	45.60	71.82	109.29	156.18	266.22	474.28	952.25
\$405,000	14.39	12.34	14.21	20.00	29.16	46.17	72.71	110.66	158.14	269.54	480.21	964.15
\$410,000	14.57	12.49	14.38	20.25	29.52	46.74	73.61	112.02	160.09	272.87	486.13	976.05
\$415,000	14.75	12.64	14.56	20.49	29.88	47.31	74.51	113.39	162.04	276.20	492.06	987.96
\$420,000	14.93	12.79	14.73	20.74	30.24	47.88	75.41	114.76	163.99	279.53	497.99	999.86
\$425,000	15.10	12.95	14.91	20.99	30.60	48.45	76.30	116.12	165.95	282.85	503.92	1011.76
\$430,000	15.28	13.10	15.08	21.24	30.96	49.02	77.20	117.49	167.90	286.18	509.85	1023.66
\$435,000	15.46	13.25	15.26	21.48	31.32	49.59	78.10	118.86	169.85	289.51	515.78	1035.57
\$440,000	15.64	13.40	15.43	21.73	31.68	50.16	79.00	120.22	171.80	292.84	521.70	1047.47
\$445,000	15.81	13.56	15.61	21.98	32.04	50.73	79.89	121.59	173.76	296.16	527.63	1059.37
\$450,000	15.99	13.71	15.78	22.22	32.40	51.30	80.79	122.95	175.71	299.49	533.56	1071.28
\$455,000	16.17	13.86	15.96	22.47	32.76	51.87	81.69	124.32	177.66	302.82	539.49	1083.18
\$460,000	16.35	14.01	16.14	22.72	33.12	52.44	82.59	125.69	179.61	306.15	545.42	1095.08
\$465,000	16.53	14.16	16.31	22.96	33.48	53.01	83.49	127.05	181.56	309.48	551.35	1106.99
\$470,000	16.70	14.32	16.49	23.21	33.84	53.58	84.38	128.42	183.52	312.80	557.28	1118.89

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$475,000	16.88	14.47	16.66	23.46	34.20	54.15	85.28	129.78	185.47	316.13	563.20	1130.79
\$480,000	17.06	14.62	16.84	23.70	34.56	54.72	86.18	131.15	187.42	319.46	569.13	1142.70
\$485,000	17.24	14.77	17.01	23.95	34.92	55.29	87.08	132.52	189.37	322.79	575.06	1154.60
\$490,000	17.41	14.93	17.19	24.20	35.28	55.86	87.97	133.88	191.33	326.11	580.99	1166.50
\$495,000	17.59	15.08	17.36	24.45	35.64	56.43	88.87	135.25	193.28	329.44	586.92	1178.40
\$500,000	17.77	15.23	17.54	24.69	36.00	57.00	89.77	136.62	195.23	332.77	592.85	1190.31

Rates

Employee - Coverage and **bi-weekly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of November 01, 2020.

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

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

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.23	0.21	0.23	0.30	0.41	0.62	0.95	1.42	2.01	3.38	5.98	11.96
\$10,000	0.46	0.41	0.46	0.60	0.83	1.25	1.90	2.84	4.01	6.76	11.96	23.91
\$15,000	0.69	0.62	0.69	0.90	1.24	1.87	2.85	4.26	6.02	10.14	17.94	35.87
\$20,000	0.92	0.82	0.91	1.20	1.65	2.49	3.80	5.68	8.02	13.52	23.93	47.82
\$25,000	1.15	1.03	1.14	1.50	2.07	3.12	4.75	7.10	10.03	16.90	29.91	59.78
\$30,000	1.38	1.23	1.37	1.80	2.48	3.74	5.70	8.52	12.03	20.28	35.89	71.74
\$35,000	1.62	1.44	1.60	2.10	2.89	4.36	6.66	9.93	14.04	23.67	41.87	83.69
\$40,000	1.85	1.64	1.83	2.40	3.30	4.98	7.61	11.35	16.04	27.05	47.85	95.65
\$45,000	2.08	1.85	2.06	2.70	3.72	5.61	8.56	12.77	18.05	30.43	53.83	107.61
\$50,000	2.31	2.05	2.28	3.00	4.13	6.23	9.51	14.19	20.05	33.81	59.82	119.56
\$55,000	2.54	2.26	2.51	3.30	4.54	6.85	10.46	15.61	22.06	37.19	65.80	131.52
\$60,000	2.77	2.46	2.74	3.60	4.96	7.48	11.41	17.03	24.06	40.57	71.78	143.47
\$65,000	3.00	2.67	2.97	3.90	5.37	8.10	12.36	18.45	26.07	43.95	77.76	155.43
\$70,000	3.23	2.88	3.20	4.20	5.78	8.72	13.31	19.87	28.08	47.33	83.74	167.39
\$75,000	3.46	3.08	3.43	4.50	6.20	9.35	14.26	21.29	30.08	50.71	89.72	179.34
\$80,000	3.69	3.29	3.66	4.80	6.61	9.97	15.21	22.71	32.09	54.09	95.70	191.30
\$85,000	3.92	3.49	3.88	5.10	7.02	10.59	16.16	24.13	34.09	57.47	101.69	203.25
\$90,000	4.15	3.70	4.11	5.40	7.44	11.22	17.11	25.55	36.10	60.85	107.67	215.21
\$95,000	4.38	3.90	4.34	5.70	7.85	11.84	18.06	26.97	38.10	64.23	113.65	227.17
\$100,000	4.62	4.11	4.57	6.00	8.26	12.46	19.02	28.38	40.11	67.62	119.63	239.12
\$105,000	4.85	4.31	4.80	6.30	8.67	13.08	19.97	29.80	42.11	71.00	125.61	251.08
\$110,000	5.08	4.52	5.03	6.60	9.09	13.71	20.92	31.22	44.12	74.38	131.59	263.04
\$115,000	5.31	4.72	5.25	6.90	9.50	14.33	21.87	32.64	46.12	77.76	137.58	274.99
\$120,000	5.54	4.93	5.48	7.20	9.91	14.95	22.82	34.06	48.13	81.14	143.56	286.95
\$125,000	5.77	5.13	5.71	7.50	10.33	15.58	23.77	35.48	50.13	84.52	149.54	298.90
\$130,000	6.00	5.34	5.94	7.80	10.74	16.20	24.72	36.90	52.14	87.90	155.52	310.86
\$135,000	6.23	5.55	6.17	8.10	11.15	16.82	25.67	38.32	54.15	91.28	161.50	322.82
\$140,000	6.46	5.75	6.40	8.40	11.57	17.45	26.62	39.74	56.15	94.66	167.48	334.77
\$145,000	6.69	5.96	6.63	8.70	11.98	18.07	27.57	41.16	58.16	98.04	173.46	346.73
\$150,000	6.92	6.16	6.85	9.00	12.39	18.69	28.52	42.58	60.16	101.42	179.45	358.68
\$155,000	7.15	6.37	7.08	9.30	12.81	19.32	29.47	44.00	62.17	104.80	185.43	370.64
\$160,000	7.38	6.57	7.31	9.60	13.22	19.94	30.42	45.42	64.17	108.18	191.41	382.60
\$165,000	7.62	6.78	7.54	9.90	13.63	20.56	31.38	46.83	66.18	111.57	197.39	394.55
\$170,000	7.85	6.98	7.77	10.20	14.04	21.18	32.33	48.25	68.18	114.95	203.37	406.51
\$175,000	8.08	7.19	8.00	10.50	14.46	21.81	33.28	49.67	70.19	118.33	209.35	418.47
\$180,000	8.31	7.39	8.22	10.80	14.87	22.43	34.23	51.09	72.19	121.71	215.34	430.42
\$185,000	8.54	7.60	8.45	11.10	15.28	23.05	35.18	52.51	74.20	125.09	221.32	442.38
\$190,000	8.77	7.80	8.68	11.40	15.70	23.68	36.13	53.93	76.20	128.47	227.30	454.33
\$195,000	9.00	8.01	8.91	11.70	16.11	24.30	37.08	55.35	78.21	131.85	233.28	466.29
\$200,000	9.23	8.22	9.14	12.00	16.52	24.92	38.03	56.77	80.22	135.23	239.26	478.25
\$205,000	9.46	8.42	9.37	12.30	16.94	25.55	38.98	58.19	82.22	138.61	245.24	490.20
\$210,000	9.69	8.63	9.60	12.60	17.35	26.17	39.93	59.61	84.23	141.99	251.22	502.16
\$215,000	9.92	8.83	9.82	12.90	17.76	26.79	40.88	61.03	86.23	145.37	257.21	514.11
\$220,000	10.15	9.04	10.05	13.20	18.18	27.42	41.83	62.45	88.24	148.75	263.19	526.07

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$225,000	10.38	9.24	10.28	13.50	18.59	28.04	42.78	63.87	90.24	152.13	269.17	538.03
\$230,000	10.62	9.45	10.51	13.80	19.00	28.66	43.74	65.28	92.25	155.52	275.15	549.98
\$235,000	10.85	9.65	10.74	14.10	19.41	29.28	44.69	66.70	94.25	158.90	281.13	561.94
\$240,000	11.08	9.86	10.97	14.40	19.83	29.91	45.64	68.12	96.26	162.28	287.11	573.90
\$245,000	11.31	10.06	11.19	14.70	20.24	30.53	46.59	69.54	98.26	165.66	293.10	585.85
\$250,000	11.54	10.27	11.42	15.00	20.65	31.15	47.54	70.96	100.27	169.04	299.08	597.81
\$255,000	11.77	10.47	11.65	15.30	21.07	31.78	48.49	72.38	102.27	172.42	305.06	609.76
\$260,000	12.00	10.68	11.88	15.60	21.48	32.40	49.44	73.80	104.28	175.80	311.04	621.72
\$265,000	12.23	10.89	12.11	15.90	21.89	33.02	50.39	75.22	106.29	179.18	317.02	633.68
\$270,000	12.46	11.09	12.34	16.20	22.31	33.65	51.34	76.64	108.29	182.56	323.00	645.63
\$275,000	12.69	11.30	12.57	16.50	22.72	34.27	52.29	78.06	110.30	185.94	328.98	657.59
\$280,000	12.92	11.50	12.79	16.80	23.13	34.89	53.24	79.48	112.30	189.32	334.97	669.54
\$285,000	13.15	11.71	13.02	17.10	23.55	35.52	54.19	80.90	114.31	192.70	340.95	681.50
\$290,000	13.38	11.91	13.25	17.40	23.96	36.14	55.14	82.32	116.31	196.08	346.93	693.46
\$295,000	13.62	12.12	13.48	17.70	24.37	36.76	56.10	83.73	118.32	199.47	352.91	705.41
\$300,000	13.85	12.32	13.71	18.00	24.78	37.38	57.05	85.15	120.32	202.85	358.89	717.37
\$305,000	14.08	12.53	13.94	18.30	25.20	38.01	58.00	86.57	122.33	206.23	364.87	729.33
\$310,000	14.31	12.73	14.16	18.60	25.61	38.63	58.95	87.99	124.33	209.61	370.86	741.28
\$315,000	14.54	12.94	14.39	18.90	26.02	39.25	59.90	89.41	126.34	212.99	376.84	753.24
\$320,000	14.77	13.14	14.62	19.20	26.44	39.88	60.85	90.83	128.34	216.37	382.82	765.19
\$325,000	15.00	13.35	14.85	19.50	26.85	40.50	61.80	92.25	130.35	219.75	388.80	777.15
\$330,000	15.23	13.56	15.08	19.80	27.26	41.12	62.75	93.67	132.36	223.13	394.78	789.11
\$335,000	15.46	13.76	15.31	20.10	27.68	41.75	63.70	95.09	134.36	226.51	400.76	801.06
\$340,000	15.69	13.97	15.54	20.40	28.09	42.37	64.65	96.51	136.37	229.89	406.74	813.02
\$345,000	15.92	14.17	15.76	20.70	28.50	42.99	65.60	97.93	138.37	233.27	412.73	824.97
\$350,000	16.15	14.38	15.99	21.00	28.92	43.62	66.55	99.35	140.38	236.65	418.71	836.93
\$355,000	16.38	14.58	16.22	21.30	29.33	44.24	67.50	100.77	142.38	240.03	424.69	848.89
\$360,000	16.62	14.79	16.45	21.60	29.74	44.86	68.46	102.18	144.39	243.42	430.67	860.84
\$365,000	16.85	14.99	16.68	21.90	30.15	45.48	69.41	103.60	146.39	246.80	436.65	872.80
\$370,000	17.08	15.20	16.91	22.20	30.57	46.11	70.36	105.02	148.40	250.18	442.63	884.76
\$375,000	17.31	15.40	17.13	22.50	30.98	46.73	71.31	106.44	150.40	253.56	448.62	896.71
\$380,000	17.54	15.61	17.36	22.80	31.39	47.35	72.26	107.86	152.41	256.94	454.60	908.67
\$385,000	17.77	15.81	17.59	23.10	31.81	47.98	73.21	109.28	154.41	260.32	460.58	920.62
\$390,000	18.00	16.02	17.82	23.40	32.22	48.60	74.16	110.70	156.42	263.70	466.56	932.58
\$395,000	18.23	16.23	18.05	23.70	32.63	49.22	75.11	112.12	158.43	267.08	472.54	944.54
\$400,000	18.46	16.43	18.28	24.00	33.05	49.85	76.06	113.54	160.43	270.46	478.52	956.49
\$405,000	18.69	16.64	18.51	24.30	33.46	50.47	77.01	114.96	162.44	273.84	484.50	968.45
\$410,000	18.92	16.84	18.73	24.60	33.87	51.09	77.96	116.38	164.44	277.22	490.49	980.40
\$415,000	19.15	17.05	18.96	24.90	34.29	51.72	78.91	117.80	166.45	280.60	496.47	992.36
\$420,000	19.38	17.25	19.19	25.20	34.70	52.34	79.86	119.22	168.45	283.98	502.45	1004.32
\$425,000	19.62	17.46	19.42	25.50	35.11	52.96	80.82	120.63	170.46	287.37	508.43	1016.27
\$430,000	19.85	17.66	19.65	25.80	35.52	53.58	81.77	122.05	172.46	290.75	514.41	1028.23
\$435,000	20.08	17.87	19.88	26.10	35.94	54.21	82.72	123.47	174.47	294.13	520.39	1040.19
\$440,000	20.31	18.07	20.10	26.40	36.35	54.83	83.67	124.89	176.47	297.51	526.38	1052.14
\$445,000	20.54	18.28	20.33	26.70	36.76	55.45	84.62	126.31	178.48	300.89	532.36	1064.10
\$450,000	20.77	18.48	20.56	27.00	37.18	56.08	85.57	127.73	180.48	304.27	538.34	1076.05
\$455,000	21.00	18.69	20.79	27.30	37.59	56.70	86.52	129.15	182.49	307.65	544.32	1088.01
\$460,000	21.23	18.90	21.02	27.60	38.00	57.32	87.47	130.57	184.50	311.03	550.30	1099.97
\$465,000	21.46	19.10	21.25	27.90	38.42	57.95	88.42	131.99	186.50	314.41	556.28	1111.92
\$470,000	21.69	19.31	21.48	28.20	38.83	58.57	89.37	133.41	188.51	317.79	562.26	1123.88

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$475,000	21.92	19.51	21.70	28.50	39.24	59.19	90.32	134.83	190.51	321.17	568.25	1135.83
\$480,000	22.15	19.72	21.93	28.80	39.66	59.82	91.27	136.25	192.52	324.55	574.23	1147.79
\$485,000	22.38	19.92	22.16	29.10	40.07	60.44	92.22	137.67	194.52	327.93	580.21	1159.75
\$490,000	22.62	20.13	22.39	29.40	40.48	61.06	93.18	139.08	196.53	331.32	586.19	1171.70
\$495,000	22.85	20.33	22.62	29.70	40.89	61.68	94.13	140.50	198.53	334.70	592.17	1183.66
\$500,000	23.08	20.54	22.85	30.00	41.31	62.31	95.08	141.92	200.54	338.08	598.15	1195.62

Rates

Spouse - Coverage and **bi-weekly** cost for Spouse Voluntary Life.

Rates are effective as of November 01, 2020.

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

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

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.30	0.25	0.25	0.35	0.48	0.76	1.22	1.87	3.28	5.68	10.13	19.82
\$10,000	0.60	0.51	0.51	0.69	0.97	1.52	2.45	3.74	6.55	11.35	20.26	39.65
\$15,000	0.90	0.76	0.76	1.04	1.45	2.28	3.67	5.61	9.83	17.03	30.39	59.47
\$20,000	1.20	1.02	1.02	1.38	1.94	3.05	4.89	7.48	13.11	22.71	40.52	79.29
\$25,000	1.50	1.27	1.27	1.73	2.42	3.81	6.12	9.35	16.38	28.38	50.65	99.12
\$30,000	1.80	1.52	1.52	2.08	2.91	4.57	7.34	11.22	19.66	34.06	60.78	118.94
\$35,000	2.10	1.78	1.78	2.42	3.39	5.33	8.56	13.08	22.94	39.74	70.92	138.76
\$40,000	2.40	2.03	2.03	2.77	3.88	6.09	9.78	14.95	26.22	45.42	81.05	158.58
\$45,000	2.70	2.28	2.28	3.12	4.36	6.85	11.01	16.82	29.49	51.09	91.18	178.41
\$50,000	3.00	2.54	2.54	3.46	4.85	7.62	12.23	18.69	32.77	56.77	101.31	198.23
\$55,000	3.30	2.79	2.79	3.81	5.33	8.38	13.45	20.56	36.05	62.45	111.44	218.05
\$60,000	3.60	3.05	3.05	4.15	5.82	9.14	14.68	22.43	39.32	68.12	121.57	237.88
\$65,000	3.90	3.30	3.30	4.50	6.30	9.90	15.90	24.30	42.60	73.80	131.70	257.70
\$70,000	4.20	3.55	3.55	4.85	6.78	10.66	17.12	26.17	45.88	79.48	141.83	277.52
\$75,000	4.50	3.81	3.81	5.19	7.27	11.42	18.35	28.04	49.15	85.15	151.96	297.35
\$80,000	4.80	4.06	4.06	5.54	7.75	12.18	19.57	29.91	52.43	90.83	162.09	317.17
\$85,000	5.10	4.32	4.32	5.88	8.24	12.95	20.79	31.78	55.71	96.51	172.22	336.99
\$90,000	5.40	4.57	4.57	6.23	8.72	13.71	22.02	33.65	58.98	102.18	182.35	356.82
\$95,000	5.70	4.82	4.82	6.58	9.21	14.47	23.24	35.52	62.26	107.86	192.48	376.64
\$100,000	6.00	5.08	5.08	6.92	9.69	15.23	24.46	37.38	65.54	113.54	202.62	396.46
\$105,000	6.30	5.33	5.33	7.27	10.18	15.99	25.68	39.25	68.82	119.22	212.75	416.28
\$110,000	6.60	5.58	5.58	7.62	10.66	16.75	26.91	41.12	72.09	124.89	222.88	436.11
\$115,000	6.90	5.84	5.84	7.96	11.15	17.52	28.13	42.99	75.37	130.57	233.01	455.93
\$120,000	7.20	6.09	6.09	8.31	11.63	18.28	29.35	44.86	78.65	136.25	243.14	475.75
\$125,000	7.50	6.35	6.35	8.65	12.12	19.04	30.58	46.73	81.92	141.92	253.27	495.58
\$130,000	7.80	6.60	6.60	9.00	12.60	19.80	31.80	48.60	85.20	147.60	263.40	515.40
\$135,000	8.10	6.85	6.85	9.35	13.08	20.56	33.02	50.47	88.48	153.28	273.53	535.22
\$140,000	8.40	7.11	7.11	9.69	13.57	21.32	34.25	52.34	91.75	158.95	283.66	555.05
\$145,000	8.70	7.36	7.36	10.04	14.05	22.08	35.47	54.21	95.03	164.63	293.79	574.87
\$150,000	9.00	7.62	7.62	10.38	14.54	22.85	36.69	56.08	98.31	170.31	303.92	594.69
\$155,000	9.30	7.87	7.87	10.73	15.02	23.61	37.92	57.95	101.58	175.98	314.05	614.52
\$160,000	9.60	8.12	8.12	11.08	15.51	24.37	39.14	59.82	104.86	181.66	324.18	634.34
\$165,000	9.90	8.38	8.38	11.42	15.99	25.13	40.36	61.68	108.14	187.34	334.32	654.16
\$170,000	10.20	8.63	8.63	11.77	16.48	25.89	41.58	63.55	111.42	193.02	344.45	673.98
\$175,000	10.50	8.88	8.88	12.12	16.96	26.65	42.81	65.42	114.69	198.69	354.58	693.81
\$180,000	10.80	9.14	9.14	12.46	17.45	27.42	44.03	67.29	117.97	204.37	364.71	713.63
\$185,000	11.10	9.39	9.39	12.81	17.93	28.18	45.25	69.16	121.25	210.05	374.84	733.45
\$190,000	11.40	9.65	9.65	13.15	18.42	28.94	46.48	71.03	124.52	215.72	384.97	753.28
\$195,000	11.70	9.90	9.90	13.50	18.90	29.70	47.70	72.90	127.80	221.40	395.10	773.10
\$200,000	12.00	10.15	10.15	13.85	19.38	30.46	48.92	74.77	131.08	227.08	405.23	792.92
\$205,000	12.30	10.41	10.41	14.19	19.87	31.22	50.15	76.64	134.35	232.75	415.36	812.75
\$210,000	12.60	10.66	10.66	14.54	20.35	31.98	51.37	78.51	137.63	238.43	425.49	832.57
\$215,000	12.90	10.92	10.92	14.88	20.84	32.75	52.59	80.38	140.91	244.11	435.62	852.39
\$220,000	13.20	11.17	11.17	15.23	21.32	33.51	53.82	82.25	144.18	249.78	445.75	872.22

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$225,000	13.50	11.42	11.42	15.58	21.81	34.27	55.04	84.12	147.46	255.46	455.88	892.04
\$230,000	13.80	11.68	11.68	15.92	22.29	35.03	56.26	85.98	150.74	261.14	466.02	911.86
\$235,000	14.10	11.93	11.93	16.27	22.78	35.79	57.48	87.85	154.02	266.82	476.15	931.68
\$240,000	14.40	12.18	12.18	16.62	23.26	36.55	58.71	89.72	157.29	272.49	486.28	951.51
\$245,000	14.70	12.44	12.44	16.96	23.75	37.32	59.93	91.59	160.57	278.17	496.41	971.33
\$250,000	15.00	12.69	12.69	17.31	24.23	38.08	61.15	93.46	163.85	283.85	506.54	991.15

Rates

Spouse - Coverage and **bi-weekly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of November 01, 2020.

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

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

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.36	0.31	0.31	0.41	0.54	0.82	1.28	1.93	3.34	5.74	10.19	19.88
\$10,000	0.72	0.63	0.63	0.81	1.09	1.64	2.57	3.86	6.67	11.47	20.38	39.77
\$15,000	1.08	0.94	0.94	1.22	1.63	2.46	3.85	5.79	10.01	17.21	30.57	59.65
\$20,000	1.44	1.26	1.26	1.62	2.18	3.29	5.13	7.72	13.35	22.95	40.76	79.53
\$25,000	1.80	1.57	1.57	2.03	2.72	4.11	6.42	9.65	16.68	28.68	50.95	99.42
\$30,000	2.16	1.88	1.88	2.44	3.27	4.93	7.70	11.58	20.02	34.42	61.14	119.30
\$35,000	2.52	2.20	2.20	2.84	3.81	5.75	8.98	13.50	23.36	40.16	71.34	139.18
\$40,000	2.88	2.51	2.51	3.25	4.36	6.57	10.26	15.43	26.70	45.90	81.53	159.06
\$45,000	3.24	2.82	2.82	3.66	4.90	7.39	11.55	17.36	30.03	51.63	91.72	178.95
\$50,000	3.60	3.14	3.14	4.06	5.45	8.22	12.83	19.29	33.37	57.37	101.91	198.83
\$55,000	3.96	3.45	3.45	4.47	5.99	9.04	14.11	21.22	36.71	63.11	112.10	218.71
\$60,000	4.32	3.77	3.77	4.87	6.54	9.86	15.40	23.15	40.04	68.84	122.29	238.60
\$65,000	4.68	4.08	4.08	5.28	7.08	10.68	16.68	25.08	43.38	74.58	132.48	258.48
\$70,000	5.04	4.39	4.39	5.69	7.62	11.50	17.96	27.01	46.72	80.32	142.67	278.36
\$75,000	5.40	4.71	4.71	6.09	8.17	12.32	19.25	28.94	50.05	86.05	152.86	298.25
\$80,000	5.76	5.02	5.02	6.50	8.71	13.14	20.53	30.87	53.39	91.79	163.05	318.13
\$85,000	6.12	5.34	5.34	6.90	9.26	13.97	21.81	32.80	56.73	97.53	173.24	338.01
\$90,000	6.48	5.65	5.65	7.31	9.80	14.79	23.10	34.73	60.06	103.26	183.43	357.90
\$95,000	6.84	5.96	5.96	7.72	10.35	15.61	24.38	36.66	63.40	109.00	193.62	377.78
\$100,000	7.20	6.28	6.28	8.12	10.89	16.43	25.66	38.58	66.74	114.74	203.82	397.66
\$105,000	7.56	6.59	6.59	8.53	11.44	17.25	26.94	40.51	70.08	120.48	214.01	417.54
\$110,000	7.92	6.90	6.90	8.94	11.98	18.07	28.23	42.44	73.41	126.21	224.20	437.43
\$115,000	8.28	7.22	7.22	9.34	12.53	18.90	29.51	44.37	76.75	131.95	234.39	457.31
\$120,000	8.64	7.53	7.53	9.75	13.07	19.72	30.79	46.30	80.09	137.69	244.58	477.19
\$125,000	9.00	7.85	7.85	10.15	13.62	20.54	32.08	48.23	83.42	143.42	254.77	497.08
\$130,000	9.36	8.16	8.16	10.56	14.16	21.36	33.36	50.16	86.76	149.16	264.96	516.96
\$135,000	9.72	8.47	8.47	10.97	14.70	22.18	34.64	52.09	90.10	154.90	275.15	536.84
\$140,000	10.08	8.79	8.79	11.37	15.25	23.00	35.93	54.02	93.43	160.63	285.34	556.73
\$145,000	10.44	9.10	9.10	11.78	15.79	23.82	37.21	55.95	96.77	166.37	295.53	576.61
\$150,000	10.80	9.42	9.42	12.18	16.34	24.65	38.49	57.88	100.11	172.11	305.72	596.49
\$155,000	11.16	9.73	9.73	12.59	16.88	25.47	39.78	59.81	103.44	177.84	315.91	616.38
\$160,000	11.52	10.04	10.04	13.00	17.43	26.29	41.06	61.74	106.78	183.58	326.10	636.26
\$165,000	11.88	10.36	10.36	13.40	17.97	27.11	42.34	63.66	110.12	189.32	336.30	656.14
\$170,000	12.24	10.67	10.67	13.81	18.52	27.93	43.62	65.59	113.46	195.06	346.49	676.02
\$175,000	12.60	10.98	10.98	14.22	19.06	28.75	44.91	67.52	116.79	200.79	356.68	695.91
\$180,000	12.96	11.30	11.30	14.62	19.61	29.58	46.19	69.45	120.13	206.53	366.87	715.79
\$185,000	13.32	11.61	11.61	15.03	20.15	30.40	47.47	71.38	123.47	212.27	377.06	735.67
\$190,000	13.68	11.93	11.93	15.43	20.70	31.22	48.76	73.31	126.80	218.00	387.25	755.56
\$195,000	14.04	12.24	12.24	15.84	21.24	32.04	50.04	75.24	130.14	223.74	397.44	775.44
\$200,000	14.40	12.55	12.55	16.25	21.78	32.86	51.32	77.17	133.48	229.48	407.63	795.32
\$205,000	14.76	12.87	12.87	16.65	22.33	33.68	52.61	79.10	136.81	235.21	417.82	815.21
\$210,000	15.12	13.18	13.18	17.06	22.87	34.50	53.89	81.03	140.15	240.95	428.01	835.09
\$215,000	15.48	13.50	13.50	17.46	23.42	35.33	55.17	82.96	143.49	246.69	438.20	854.97
\$220,000	15.84	13.81	13.81	17.87	23.96	36.15	56.46	84.89	146.82	252.42	448.39	874.86

Rates

Coverage amounts	Age and cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$225,000	16.20	14.12	14.12	18.28	24.51	36.97	57.74	86.82	150.16	258.16	458.58	894.74
\$230,000	16.56	14.44	14.44	18.68	25.05	37.79	59.02	88.74	153.50	263.90	468.78	914.62
\$235,000	16.92	14.75	14.75	19.09	25.60	38.61	60.30	90.67	156.84	269.64	478.97	934.50
\$240,000	17.28	15.06	15.06	19.50	26.14	39.43	61.59	92.60	160.17	275.37	489.16	954.39
\$245,000	17.64	15.38	15.38	19.90	26.69	40.26	62.87	94.53	163.51	281.11	499.35	974.27
\$250,000	18.00	15.69	15.69	20.31	27.23	41.08	64.15	96.46	166.85	286.85	509.54	994.15

Child - Coverage and **bi-weekly** cost for Child Voluntary Life.

Rates are effective as of November 01, 2020.

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

Coverage amounts	Cost per pay period
\$10,000	1.41

Child - Coverage and **bi-weekly** cost for Child Voluntary Life and AD&D.

Rates are effective as of November 01, 2020.

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

Coverage amounts	Cost per pay period
\$10,000	1.57

Long-Term Disability Insurance

COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

▶ HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

▶ HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

BENEFITS

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$5,000 each month.
When benefits begin	Benefits begin as soon as 180 days from the date of your disability.
Benefits may be paid for	Up to age 65, but not less than 5 years, if you are age 60 or under at the start of disability. If you become disabled after age 60, additional benefit duration restrictions apply.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS

34.6 months
The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

Frequently asked questions

How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

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 policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled 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.

Can I work while I'm disabled?

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.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work

earnings. For more information, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

Accident Insurance

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

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance 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. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan'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.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000
Elbow, wrist, Shoulder or Lower jaw	\$600	\$300
Collarbone or bones of the hand	\$1,600	\$800
Finger(s) or toe(s)	\$200	\$100
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$3,000	\$1,500
Skull-depressed	\$5,000	\$2,500
Skull-simple	\$2,000	\$1,000
Vertebral processes, Bones of the face or Nose	\$700	\$350
Leg, Vertebrae, Sternum or Pelvis	\$1,600	\$800
Upper jaw or upper arm	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$650	\$325
Rib	\$600	\$300
Finger or Toe	\$100	\$50
Coccyx	\$400	\$200
Multiple ribs	\$1,000	\$500
ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$200
Eye Injury - object remove		\$200
Gunshot wound		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$5,000
Concussion		\$100
BURNS	2ND DEGREE	3RD DEGREE
20-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$200
Greater than 15 cm with sutures (total of all lacerations)		\$400

MEDICAL SERVICES	
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$100
Diagnostic Exam - X-ray (1 time per covered accident)	\$30
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$50
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$25
Physical Therapy (per visit up to 10 visits per covered accident)	\$25
Medical Devices	\$50
Epidural Pain Management (up to 2 times per covered accident)	\$50
Prescription drug	\$25
Prosthesis (one)	\$500
Prosthesis (two)	\$1,000
Blood, Plasma, or Platelet Transfusion	\$300
HOSPITAL	
Hospital Admission (once per benefit year)	\$750
Hospital Confinement (per day up to 365 days per covered accident)	\$150
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$300
Ambulance (Ground)	\$200
Ambulance (Air)	\$750
Emergency Room Admission	\$100
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$50
SURGERY	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300
Open Surgery	\$1,000
Exploratory Surgery or Debridement	\$100
Tendon/Ligament/Rotator Cuff Tear	\$625
Torn Knee Cartilage	\$500
Ruptured/Herniated Disc	\$625
EMERGENCY DENTAL	
Emergency Dental extraction	\$50
Emergency Dental crown	\$200
WELLNESS	
Wellness Screening Benefit (once per benefit year)	\$50

LIFE AND DISMEMBERMENT LOSSES*	
Accidental Death	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$50,000
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	\$10,000
Loss of one hand, foot, leg, or arm	\$5,000
Loss of sight of one eye or loss of one eye	\$2,500
Two or more fingers or toes	\$2,400
One finger or one toe	\$1,000

*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.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

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.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

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.

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.

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 your Certificate.

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

Read the *Important information* section for more details including limitations and exclusions.

Rates

Coverage and **bi-weekly** cost for Accident.

Rates are effective as of November 01, 2020.

Accident 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	\$5.10
Employee + Spouse	\$7.70
Employee + Child(ren)	\$8.52
Employee + Family	\$11.12

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

Critical Illness Insurance

▶ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

▶ PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

BENEFITS *(You can purchase this coverage at a group rate.)*

For you	<p>You can choose between \$5,000 and \$30,000 of coverage, in increments of \$5,000. No medical questions asked.</p> <p>Your benefit amount is reduced to 50% at age 70.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose between \$2,500 and \$15,000 of coverage, in increments of \$2,500. No medical questions asked.</p> <p>Not to exceed 100% of your coverage amount.</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,500 or \$5,000 of coverage. No medical questions asked.</p> <p>Not to exceed 50% of your coverage amount.</p> <p>The benefit may be reduced when the employee benefit amount is reduced.</p> <p>An eligible child is defined as your child from birth to age 26.</p>

What's covered

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

COVERED CONDITIONS – *The plan pays 100% of the benefit amount unless stated otherwise.*

Core Conditions	Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D	Stroke ^R Coronary Artery Bypass Graft ^R (Pays 25%) Major Organ Failure ^R
Cancer Conditions	Invasive Cancer Noninvasive Cancer (Pays 25%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Benign Brain Tumor Paralysis	Severe Burns Loss of Speech Coma
Childhood Conditions <i>Applies to dependent children only</i>	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if I have a pre-existing condition?

If you are diagnosed with a covered critical illness 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 critical illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can also be downloaded from our website.

Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

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 options.

CRITICAL ILLNESS FAST FACT

*Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55. ***

**"What Are Your Odds of a Heart Attack?" health.com, June 2018.

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 information* section for more details including limitations and exclusions.

Rates

Rates are effective as of November 01, 2020.

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

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

Employee Critical Illness - Choice 1 Non-tobacco rates Age and cost - pay period (bi-weekly) 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	1.26	1.35	1.58	1.98	2.69	3.68	5.04	6.87	9.13	11.64	16.70	23.23
\$10,000	1.93	2.11	2.58	3.36	4.79	6.78	9.50	13.14	17.67	22.70	32.81	45.87
\$15,000	2.60	2.88	3.57	4.74	6.89	9.87	13.95	19.42	26.21	33.75	48.91	68.51
\$20,000	3.27	3.64	4.56	6.13	8.99	12.96	18.41	25.70	34.74	44.81	65.02	91.14
\$25,000	3.94	4.40	5.55	7.51	11.09	16.05	22.86	31.98	43.28	55.86	81.13	113.78
\$30,000	4.61	5.16	6.54	8.90	13.19	19.14	27.31	38.25	51.82	66.91	97.24	136.42

Employee Critical Illness - Choice 1 Tobacco rates Age and cost - pay period (bi-weekly) 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	1.28	1.42	1.79	2.44	3.75	5.76	8.67	12.73	17.92	23.64	32.69	41.11
\$10,000	1.98	2.25	2.99	4.28	6.91	10.93	16.74	24.87	35.25	46.70	64.79	81.64
\$15,000	2.67	3.08	4.19	6.13	10.08	16.10	24.82	37.01	52.58	69.75	96.89	122.16
\$20,000	3.36	3.91	5.39	7.98	13.24	21.27	32.90	49.14	69.91	92.81	128.99	162.68
\$25,000	4.05	4.74	6.59	9.82	16.40	26.44	40.98	61.28	87.24	115.86	161.09	203.21
\$30,000	4.74	5.58	7.79	11.67	19.56	31.61	49.05	73.42	104.58	138.91	193.19	243.73

Rates

Rates are effective as of November 01, 2020.

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

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

Spouse Critical Illness - Choice 1 Non-tobacco rates Age and cost - pay period (bi-weekly) 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	0.93	0.97	1.09	1.28	1.64	2.14	2.82	3.73	4.86	6.12	8.64	11.91
\$5,000	1.26	1.35	1.58	1.98	2.69	3.68	5.04	6.87	9.13	11.64	16.70	23.23
\$7,500	1.59	1.73	2.08	2.67	3.74	5.23	7.27	10.01	13.40	17.17	24.75	34.55
\$10,000	1.93	2.11	2.58	3.36	4.79	6.78	9.50	13.14	17.67	22.70	32.81	45.87
\$12,500	2.26	2.49	3.07	4.05	5.84	8.32	11.73	16.28	21.94	28.23	40.86	57.19
\$15,000	2.60	2.88	3.57	4.74	6.89	9.87	13.95	19.42	26.21	33.75	48.91	68.51

Spouse Critical Illness - Choice 1 Tobacco rates Age and cost - pay period (bi-weekly) 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	0.94	1.01	1.19	1.51	2.17	3.18	4.63	6.66	9.26	12.12	16.64	20.85
\$5,000	1.28	1.42	1.79	2.44	3.75	5.76	8.67	12.73	17.92	23.64	32.69	41.11
\$7,500	1.63	1.84	2.39	3.36	5.33	8.34	12.71	18.80	26.59	35.17	48.74	61.38
\$10,000	1.98	2.25	2.99	4.28	6.91	10.93	16.74	24.87	35.25	46.70	64.79	81.64
\$12,500	2.32	2.67	3.59	5.21	8.49	13.51	20.78	30.94	43.92	58.23	80.84	101.90
\$15,000	2.67	3.08	4.19	6.13	10.08	16.10	24.82	37.01	52.58	69.75	96.89	122.16

Rates are effective as of November 01, 2020.

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

Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (bi-weekly) premium
\$2,500	0.51
\$5,000	1.02

Important 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.

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. HealthChampionSM (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, TDBPOLICY-2006, and TDI-POLICY.

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Evidence of Insurability



Frequently asked questions

What is Evidence of Insurability?

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

What is the EOI application?

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

When do I need to submit an EOI application?

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

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

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

What is the process for submitting an EOI application?

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

Submit your medical information online

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

1. Have the following information ready:

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

2. Go to www.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.

- 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.

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Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

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

Employer use (check one): New employee Change COBRA

1. General Information

Employer Name Woods Services, Inc.	Account / Policy Number 917772	Location Allies, Inc.
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2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Street Address		City	State	Zip Code
Occupation	Eligibility Class (if applicable)	Social Security Number	Phone Number	
Date employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____	
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____			

3. 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, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Have you used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse amount \$ _____ Has your spouse used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren) amount \$ _____

5. Beneficiary Designation Information

Primary Beneficiary Designation

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 with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)	Percent share of proceeds*		
1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

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 a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Critical Illness, and Short-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Critical Illness, and Short-Term Disability benefits may require Evidence of Insurability.
- 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, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- 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.
- When required by the coverage, 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.
- 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 such person to criminal and civil penalties.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

X

Employee Signature

Today's Date

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.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Contact us



By mail

Sun Life Financial
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



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

Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

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

Employer use (check one): New employee Change COBRA

1. General Information

Employer Name Woods Services, Inc.	Account / Policy Number 925594	Location Allies, Inc.
--	--	---------------------------------

2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address	City	State	Zip Code
Occupation	Eligibility Class (if applicable)	Social Security Number	Phone Number
Date employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

3. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Employer provided benefits--Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

Employee Basic Life and Accidental Death & Dismemberment (AD&D) Long-Term Disability (LTD)

4. Beneficiary Designation Information

Primary Beneficiary Designation

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 with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share
of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

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 a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share
of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

5. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- For Life and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- 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.
- When required by the coverage, 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.
- 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 such person to criminal and civil penalties.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

X

Employee Signature

Today's Date

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.

Agent, Broker, and/or Enroller information:

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► **TALK TO YOUR BENEFITS ADMINISTRATOR
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