Discover new ways to protect what you love
Find your benefits here.

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:**

- **Dental insurance** to help maintain healthy smiles and better overall health, too.
- **Basic and Voluntary Life insurance** to protect your family if something happens to you.
- **Short-Term Disability insurance** that pays a portion of your income if a covered disability means you can’t work.
- **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.
Dental Insurance

PROTECTS YOUR SMILE.
You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

PREVENTS OTHER HEALTH ISSUES.
Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.
Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

COMMONLY COVERED
- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions
- Child braces

DENTAL FAST FACTS

- Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.¹
- Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.²
What’s covered

Good news! Your plan covers routine services like cleanings and exams at 100%.

<table>
<thead>
<tr>
<th>CALENDAR YEAR MAXIMUM</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I, II, III (Preventive, Basic and Major Services)</td>
<td>$1,250 per person</td>
<td>$1,250 per person</td>
</tr>
<tr>
<td>Type IV Ortho Service</td>
<td>$1,250 lifetime per child</td>
<td>$1,250 lifetime per child</td>
</tr>
</tbody>
</table>

CALENDAR YEAR DEDUCTIBLE

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Preventive Services</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Type II, III (Basic and Major Services)</td>
<td>$50 individual/$150 family</td>
<td>$50 individual/$150 family</td>
</tr>
<tr>
<td>Type IV Ortho Services</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I Preventive Services</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type II Basic Services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Type III Major Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Type IV Ortho Services</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

SERVICES

Type I Preventive Dental Services, including:
- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. Only for children under age 14
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers – only for children under age 19
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:
- New fillings
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:
- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– only for children under age 19
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Dental implants – subject to 10 year replacement limit
- General anesthesia/IV sedation – medically required

Type IV Ortho Services, including:
- Orthodontic treatment is limited to the dependent children or student age listed above

Waiting Periods
For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer’s prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services
How does a PPO work?
PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?
Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists.

Do I have to choose a dentist in the PPO network?
No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?
Yes. Your plan offers coverage for your spouse\(^1\) and dependent children. An eligible child is defined as a child to age 26.\(^4\)

What if I have already started dental work, like a root canal or braces, that requires several visits?
Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?
Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
P.O. Box 2940  
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?
After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app—Benefit Tools, which is available for Apple and Android devices. Or you can call Sun Life’s Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to

CONSIDER A PRE-DETERMINATION OF BENEFITS
They allow us to review your provider’s treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed $300.

1. American Academy of Periodontology http://www.perio.org/consumer/love_the_gums_you%27re_with. (accessed on 06/06/19)
3. If permitted by the Employer’s employee benefit plan and not prohibited by state law, the term “spouse” in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
4. Please see your employer for more specific information.

Read the Important information section for more details including limitations and exclusions
**Benefit adjustments**
Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

**Late entrant**
If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

<table>
<thead>
<tr>
<th>TIME INSURED CONTINUOUSLY UNDER THE POLICY</th>
<th>BENEFITS PROVIDED FOR ONLY THESE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>Preventive Services</td>
</tr>
<tr>
<td>At least 6 months but less than 12 months</td>
<td>Preventive Services and fillings under Basic Services</td>
</tr>
<tr>
<td>At least 12 months</td>
<td>Preventive, Basic, Major and Ortho Services</td>
</tr>
</tbody>
</table>

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.
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

<table>
<thead>
<tr>
<th>For you*</th>
<th>$25,000. No medical questions asked.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.</td>
<td></td>
</tr>
</tbody>
</table>

*This coverage includes Accidental Death and Dismemberment insurance.
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.

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Read the Important information section for more details including limitations and exclusions.
### BENEFITS (You can purchase this coverage at a group rate.)

<table>
<thead>
<tr>
<th>For you*</th>
<th>You can choose from $10,000 to $500,000—in increments of $10,000 <strong>not to exceed 5 times</strong> your Basic Annual Earnings. No medical questions asked <strong>up to the Guaranteed Issue amount of $150,000.</strong></th>
</tr>
</thead>
</table>
| For your spouse* | If you elect coverage for yourself, you can choose from $5,000 to $100,000—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 50% of your coverage amount. |
| For your child(ren)* | If you elect coverage for yourself, you can choose $1,000, $2,000, $4,000, $5,000 or $10,000. No medical questions asked.  
The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.  
A full benefit is payable for a dependent child who is 6 months to 26. A reduced benefit of $1,000 is payable for a child from 15 days to 6 months. (No benefit is payable for a child from birth to 15 days). |

*This coverage includes Accidental Death and Dismemberment insurance.*
What is my AD&D benefit?
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.


Read the Important information section for more details including limitations and exclusions.
**Short-Term Disability Insurance**

**COMMON CAUSES OF DISABILITY**
- Pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

**PROTECTS YOUR INCOME WHEN YOU CAN’T WORK.**
If you’re unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

**PROVIDES YOU WITH A WEEKLY CHECK.**
After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

**SHORT-TERM DISABILITY FAST FACTS**

1 in 4 workers will miss up to 3 months of work due to disability during their career.¹

More than three-quarters of workers are living paycheck to paycheck.²

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

| Weekly benefit after your claim is approved | Get a weekly check of $100 to $300, in any $50 increment you choose, to replace a portion of your income-up to 60% of your Total Weekly Earnings. |
| When benefits begin | Benefits begin on the first day of disability if you are unable to work due to an injury and as soon as 8 days from the date you are unable to work due to an illness. |
| Benefits may be paid for | Up to 26 weeks, as long as you are still unable to work due to a covered disability. |
| Additional plan information | This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related. |
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.

How do I file a Short-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 such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, 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. Realitycheckup.org, Council for Disability Awareness, 2018

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

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

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly benefit after your claim is approved</td>
<td>You will receive a check for your benefits on a monthly basis. It will replace <strong>60%</strong> of your Total Monthly Earnings, up to <strong>$5,000</strong> each month.</td>
</tr>
<tr>
<td>When benefits begin</td>
<td>Benefits begin as soon as <strong>180 days</strong> from the date of your disability.</td>
</tr>
<tr>
<td>Benefits may be paid for</td>
<td>Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.</td>
</tr>
<tr>
<td>Additional plan information</td>
<td>This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.</td>
</tr>
</tbody>
</table>

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

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.

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 or to determine if this coverage is appropriate for you, 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.


Read the Important information section for more details including limitations and exclusions.
You can purchase this coverage for you and your family. Child coverage is available to age 26.

HELP 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.

HELP 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.

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).

You also get Emergency Travel Assistance and Identity Theft Protection.
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.

<table>
<thead>
<tr>
<th>DISLOCATIONS</th>
<th>OPEN (SURGERY)</th>
<th>CLOSED (NO SURGERY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>$4,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Knee, ankle, or bones of the foot</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Elbow, wrist or Lower jaw</td>
<td>$800</td>
<td>$400</td>
</tr>
<tr>
<td>Shoulder</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>Collarbone or bones of the hand</td>
<td>$1,600</td>
<td>$800</td>
</tr>
<tr>
<td>Finger(s) or toe(s)</td>
<td>$200</td>
<td>$100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRACTURES</th>
<th>OPEN (SURGERY)</th>
<th>CLOSED (NO SURGERY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip or thigh</td>
<td>$4,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Skull-depressed</td>
<td>$6,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Skull-simple</td>
<td>$3,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Vertebral processes, Bones of the face or Nose</td>
<td>$700</td>
<td>$350</td>
</tr>
<tr>
<td>Leg</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Vertebral, Sternum or Pelvis</td>
<td>$1,600</td>
<td>$800</td>
</tr>
<tr>
<td>Upper jaw or upper arm</td>
<td>$750</td>
<td>$375</td>
</tr>
<tr>
<td>Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel</td>
<td>$650</td>
<td>$325</td>
</tr>
<tr>
<td>Rib, Finger, Toe or Coccyx</td>
<td>$350</td>
<td>$175</td>
</tr>
<tr>
<td>Multiple ribs</td>
<td>$1,000</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL INJURIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Injury - surgical repair</td>
<td></td>
<td>$250</td>
</tr>
<tr>
<td>Eye Injury - object remove</td>
<td></td>
<td>$250</td>
</tr>
<tr>
<td>Gunshot wound</td>
<td></td>
<td>$500</td>
</tr>
<tr>
<td>Paralysis—paraplegia</td>
<td></td>
<td>$25,000</td>
</tr>
<tr>
<td>Paralysis—quadriplegia</td>
<td></td>
<td>$50,000</td>
</tr>
<tr>
<td>Coma</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td>$100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BURNS</th>
<th>2ND DEGREE</th>
<th>3RD DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-40 square centimeters</td>
<td>$400</td>
<td>$1,000</td>
</tr>
<tr>
<td>41-65 square centimeters</td>
<td>$800</td>
<td>$2,000</td>
</tr>
<tr>
<td>66-160 square centimeters</td>
<td>$1,200</td>
<td>$6,000</td>
</tr>
<tr>
<td>161-225 square centimeters</td>
<td>$1,600</td>
<td>$14,000</td>
</tr>
<tr>
<td>More than 225 square centimeters</td>
<td>$2,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Skin graft</td>
<td></td>
<td>50% of the applicable Burn Benefit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LACERATIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No sutures and treated by doctor</td>
<td>$35</td>
<td></td>
</tr>
<tr>
<td>Single laceration under 5 cm with sutures</td>
<td>$65</td>
<td></td>
</tr>
<tr>
<td>5-15 cm with sutures (total of all lacerations)</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>Greater than 15 cm with sutures (total of all lacerations)</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Exam - X-ray (1 time per covered accident)</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>Accident Emergency Treatment, non-emergency room (once per covered accident)</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Physician’s Follow-up Treatment office visit (per visit, up to 6 times per covered accident)</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy (per visit up to 10 visits per covered accident)</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Medical Devices</td>
<td>$125</td>
<td></td>
</tr>
<tr>
<td>Epidural Pain Management (up to 2 times per covered accident)</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Prescription drug</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Prosthesis (one)</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>Prosthesis (two)</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Blood, Plasma, or Platelet Transfusion</td>
<td>$200</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission (once per benefit year)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Hospital Confinement (per day up to 365 days per covered accident)</td>
<td>$250</td>
</tr>
<tr>
<td>Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)</td>
<td>$500</td>
</tr>
<tr>
<td>Ambulance (Ground)</td>
<td>$200</td>
</tr>
<tr>
<td>Ambulance (Air)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Emergency Room Admission</td>
<td>$150</td>
</tr>
<tr>
<td>Family Lodging (per day up to 30 days per benefit year)</td>
<td>$100</td>
</tr>
<tr>
<td>Transportation (100 or more miles up to 3 times per covered accident)</td>
<td>$500</td>
</tr>
<tr>
<td>Rehabilitation Unit (per day up to 30 days per covered accident)</td>
<td>$100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURGERY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)</td>
<td>$300</td>
</tr>
<tr>
<td>Open Surgery</td>
<td>$1,250</td>
</tr>
<tr>
<td>Exploratory Surgery or Debridement</td>
<td>$250</td>
</tr>
<tr>
<td>Tendon/Ligament/Rotator Cuff Tear</td>
<td>$625</td>
</tr>
<tr>
<td>Torn Knee Cartilage</td>
<td>$625</td>
</tr>
<tr>
<td>Ruptured/Herniated Disc</td>
<td>$625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY DENTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dental extraction</td>
<td>$65</td>
</tr>
<tr>
<td>Emergency Dental crown</td>
<td>$200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIFE AND DISMEMBERMENT LOSSES*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$25,000</td>
</tr>
<tr>
<td>Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)</td>
<td>$100,000</td>
</tr>
<tr>
<td>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</td>
<td>$15,000</td>
</tr>
<tr>
<td>Loss of one hand, foot, leg, or arm</td>
<td>$7,500</td>
</tr>
<tr>
<td>Loss of sight of one eye or loss of one eye</td>
<td>$7,500</td>
</tr>
<tr>
<td>Two or more fingers or toes</td>
<td>$1,500</td>
</tr>
<tr>
<td>One finger or one toe</td>
<td>$750</td>
</tr>
</tbody>
</table>

*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.
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.

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.
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.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (PPACA).

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.

Short-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. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

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.

**Information about services offered**

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which
is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is
provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. 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-DL-C-01, 16-DL-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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GVBH-EE-8384

SLPC 29579

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