

Diocese of Sacramento



SUN LIFE EMPLOYEE BENEFITS

Protect what you love
about your life



Welcome

It's time to enroll in your benefits!

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

This booklet contains information about the following coverages being offered to you:

Basic Life and AD&D Insurance

Voluntary Life and AD&D Insurance

Long Term Disability Insurance

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, and how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

Life and Accidental Death and Dismemberment (AD&D)

Diocese of Sacramento | All Eligible Employees | 931634

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing coverage for you, at no cost to you! You are responsible for sharing the cost of this insurance for your dependents.

Benefits

For you	\$25,000 , with no medical questions asked. Benefits are reduced to 50% at age 70. Your coverage ends at termination of employment or retirement.
For your spouse	\$10,000 , with no medical questions asked. Spouse rate is based on employee age. Benefit may be reduced when the employee benefit amount is reduced.
For your child(ren)	\$5,000 benefit amount. A full benefit is payable for a dependent child who is birth to 26 years old. Benefit may be reduced when the employee benefit amount is reduced.



Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses



Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
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.
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.

Life and AD&D FAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

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

Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance

Diocese of Sacramento | All Eligible Employees | 931634

Protect your family

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

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 10 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$200,000.</p> <p>The benefit amount is reduced to 67% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$250,000—in increments of \$5,000 —with no medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>(The amount you select for your spouse cannot exceed 100% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount is reduced to to 67% when your spouse turns age 70 and to 50% at age 75.</p> <p>The benefit amount 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 \$1,000 to \$10,000—in \$1,000 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 100% of your coverage amount.)</p>



What does life insurance mean for the Jones family?

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

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

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

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



	<p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
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	<p>A full benefit is payable for a dependent child who from birth to 26 years old.</p>
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Accidental Death and Dismemberment (AD&D)

You may choose an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
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.
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.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life and AD&D FAQ

Do I have to answer health questions to enroll?

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

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit

these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

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

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

Notes

Rates are effective as of July 01, 2019.

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

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

Employee - Coverage and Monthly cost for Employee Voluntary Life

Coverage Amounts	Age and Cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.26	0.38	0.45	0.62	0.83	1.39	1.92	3.50	7.18	10.44	18.00	37.18	120.46
\$20,000	0.52	0.76	0.90	1.24	1.66	2.78	3.84	7.00	14.36	20.88	36.00	74.36	240.92
\$30,000	0.78	1.14	1.35	1.86	2.49	4.17	5.76	10.50	21.54	31.32	54.00	111.54	361.38
\$40,000	1.04	1.52	1.80	2.48	3.32	5.66	7.68	14.00	28.72	41.76	72.00	148.72	481.84
\$50,000	1.30	1.90	2.25	3.10	4.15	6.95	9.60	17.50	35.90	52.20	90.00	185.90	602.30
\$60,000	1.56	2.28	2.70	3.72	4.98	8.34	11.52	21.00	43.08	62.64	108.00	223.08	722.76
\$70,000	1.82	2.66	3.15	4.34	5.81	9.73	13.44	24.50	50.26	73.08	126.00	260.26	843.22
\$80,000	2.08	3.04	3.60	4.96	6.64	11.12	15.36	28.00	57.44	83.52	144.00	297.44	963.68
\$90,000	2.34	3.42	4.05	5.58	7.47	12.51	17.28	31.50	64.62	93.96	162.00	334.62	1,084.14
\$100,000	2.60	3.80	4.50	6.20	8.30	13.90	19.20	35.00	71.80	104.40	180.00	371.80	1,204.60
\$110,000	2.86	4.18	4.95	6.82	9.13	15.29	21.12	38.50	78.98	114.84	198.00	408.98	1,325.06
\$120,000	3.12	4.56	5.40	7.44	9.96	16.68	23.04	42.00	86.16	125.28	216.00	446.16	1,445.52
\$130,000	3.38	4.94	5.85	8.06	10.79	18.07	24.96	45.50	93.34	135.72	234.00	483.34	1,565.98
\$140,000	3.64	5.32	6.30	8.68	11.62	19.46	26.88	49.00	100.52	146.16	252.00	520.52	1,686.44
\$150,000	3.90	5.70	6.75	9.30	12.45	20.85	28.80	52.50	107.70	156.60	270.00	557.70	1,806.90
\$160,000	4.16	6.08	7.20	9.92	13.28	22.24	30.72	56.00	114.88	167.04	288.00	594.88	1,927.36
\$170,000	4.42	6.46	7.65	10.54	14.11	23.63	32.64	59.50	122.06	177.48	306.00	632.06	2,047.82
\$180,000	4.68	6.84	8.10	11.16	14.94	25.02	34.56	63.00	129.24	187.92	324.00	669.24	2,168.28
\$190,000	4.94	7.22	8.55	11.78	15.77	26.41	36.48	66.50	136.42	198.36	342.00	706.42	2,288.74
\$200,000	5.20	7.60	9.00	12.40	16.60	27.80	38.40	70.00	143.60	208.80	360.00	743.60	2,409.20
\$210,000	5.46	7.98	9.45	13.02	17.43	29.19	40.32	73.50	150.78	219.24	378.00	780.78	2,529.66
\$220,000	5.72	8.36	9.90	13.64	18.26	30.58	42.24	77.00	157.96	229.68	396.00	817.96	2,650.12
\$230,000	5.98	8.74	10.35	14.26	19.09	31.97	44.16	80.50	165.14	240.12	414.00	855.14	2,770.58
\$240,000	6.24	9.12	10.80	14.88	19.92	33.36	46.08	84.00	172.32	250.56	432.00	892.32	2,891.04
\$250,000	6.50	9.50	11.25	15.50	20.75	34.75	48.00	87.50	179.50	261.00	450.00	929.50	3,011.50
\$260,000	6.76	9.88	11.70	16.12	21.58	36.14	49.92	91.00	186.68	271.44	468.00	966.68	3,131.96
\$270,000	7.02	10.26	12.15	16.74	22.41	37.53	51.84	94.50	193.86	281.88	486.00	1,003.86	3,252.42
\$280,000	7.28	10.64	12.60	17.36	23.24	38.92	53.76	98.00	201.04	292.32	504.00	1,041.04	3,372.88
\$290,000	7.54	11.02	13.05	17.98	24.07	40.31	55.68	101.50	208.22	302.76	522.00	1,078.22	3,493.34
\$300,000	7.80	11.40	13.50	18.60	24.90	41.70	57.60	105.00	215.40	313.20	540.00	1,115.40	3,613.80
\$310,000	8.06	11.78	13.95	19.22	25.73	43.09	59.52	108.50	222.58	323.64	558.00	1,152.58	3,734.26
\$320,000	8.32	12.16	14.40	19.84	26.56	44.48	61.44	112.00	229.76	334.08	576.00	1,189.76	3,854.72
\$330,000	8.58	12.54	14.85	20.46	27.39	45.87	63.36	115.50	236.94	344.52	594.00	1,226.94	3,975.18
\$340,000	8.84	12.92	15.30	21.08	28.22	47.26	65.28	119.00	244.12	354.96	612.00	1,264.12	4,095.64
\$350,000	9.10	13.30	15.75	21.70	29.05	48.65	67.20	122.50	251.30	365.40	630.00	1,301.30	4,216.10
\$360,000	9.36	13.68	16.20	22.32	29.88	50.04	69.12	126.00	258.48	375.84	648.00	1,338.48	4,336.56
\$370,000	9.62	14.06	16.65	22.94	30.71	51.43	71.04	129.50	265.66	386.28	666.00	1,375.66	4,457.02
\$380,000	9.88	14.44	17.10	23.56	31.54	52.82	72.96	133.00	272.84	396.72	684.00	1,412.84	4,577.48
\$390,000	10.14	14.82	17.55	24.18	32.37	54.21	74.88	136.50	280.02	407.16	702.00	1,450.02	4,697.94
\$400,000	10.40	15.20	18.00	24.80	33.20	55.60	76.80	140.00	287.20	417.60	720.00	1,487.20	4,818.40
\$410,000	10.66	15.58	18.45	25.42	34.03	56.99	78.72	143.50	294.38	428.04	738.00	1,524.38	4,938.86
\$420,000	10.92	15.96	18.90	26.04	34.86	58.38	80.64	147.00	301.56	438.48	756.00	1,561.56	5,059.32
\$430,000	11.18	16.34	19.35	26.66	35.69	59.77	82.56	150.50	308.74	448.92	774.00	1,598.74	5,179.78
\$440,000	11.44	16.72	19.80	27.28	36.52	61.16	84.48	154.00	315.92	459.36	792.00	1,635.92	5,300.24
\$450,000	11.70	17.10	20.25	27.90	37.35	62.55	86.40	157.50	323.10	469.80	810.00	1,673.10	5,420.70
\$460,000	11.96	17.48	20.70	28.52	38.18	63.94	88.32	161.00	330.28	480.24	828.00	1,710.28	5,541.16
\$470,000	12.22	17.86	21.15	29.14	39.01	65.33	90.24	164.50	337.46	490.68	846.00	1,747.46	5,661.62
\$480,000	12.48	18.24	21.60	29.76	39.84	66.72	92.16	168.00	344.64	501.12	864.00	1,784.64	5,782.08
\$490,000	12.74	18.62	22.05	30.38	40.67	68.11	94.08	171.50	351.82	511.56	882.00	1,821.82	5,902.54
\$500,000	13.00	19.00	22.50	31.00	41.50	69.50	96.00	175.00	359.00	522.00	900.00	1,859.00	6,023.00

Rates are effective as of July 01, 2019.

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

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

Employee - Coverage and Monthly cost for Employee Voluntary Life and AD&D

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.46	0.58	0.65	0.82	1.03	1.59	2.12	3.70	7.38	10.64	18.20	37.38	120.66
\$20,000	0.92	1.16	1.30	1.64	2.06	3.18	4.24	7.40	14.76	21.28	36.40	74.76	241.32
\$30,000	1.38	1.74	1.95	2.46	3.09	4.77	6.36	11.10	22.14	31.92	54.60	112.14	361.98
\$40,000	1.84	2.32	2.60	3.28	4.12	6.36	8.48	14.80	29.52	42.56	72.80	149.52	482.64
\$50,000	2.30	2.90	3.25	4.10	5.15	7.95	10.60	18.50	36.90	53.20	91.00	186.90	603.30
\$60,000	2.76	3.48	3.90	4.92	6.18	9.54	12.72	22.20	44.28	63.84	109.20	224.28	723.96
\$70,000	3.22	4.06	4.55	5.74	7.21	11.13	14.84	25.90	51.66	74.48	127.40	261.66	844.62
\$80,000	3.68	4.64	5.20	6.56	8.24	12.72	16.96	29.60	59.04	85.12	145.60	299.04	965.28
\$90,000	4.14	5.22	5.85	7.38	9.27	14.31	19.08	33.30	66.42	95.76	163.80	336.42	1,085.94
\$100,000	4.60	5.80	6.50	8.20	10.30	15.90	21.20	37.00	73.80	106.40	182.00	373.80	1,206.60
\$110,000	5.06	6.38	7.15	9.02	11.33	17.49	23.32	40.70	81.18	117.04	200.20	411.18	1,327.26
\$120,000	5.52	6.96	7.80	9.84	12.36	19.08	25.44	44.40	88.56	127.68	218.40	448.56	1,447.92
\$130,000	5.98	7.54	8.45	10.66	13.39	20.67	27.56	48.10	95.94	138.32	236.60	485.94	1,568.58
\$140,000	6.44	8.12	9.10	11.48	14.42	22.26	29.68	51.80	103.32	148.96	254.80	523.32	1,689.24
\$150,000	6.90	8.70	9.75	12.30	15.45	23.85	31.80	55.50	110.70	159.60	273.00	560.70	1,809.90
\$160,000	7.36	9.28	10.40	13.12	16.48	25.44	33.92	59.20	118.08	170.24	291.20	598.08	1,930.56
\$170,000	7.82	9.86	11.05	13.94	17.51	27.03	36.04	62.90	125.46	180.88	309.40	635.46	2,051.22
\$180,000	8.28	10.44	11.70	14.76	18.54	28.62	38.16	66.60	132.84	191.52	327.60	672.84	2,171.88
\$190,000	8.74	11.02	12.35	15.58	19.57	30.21	40.28	70.30	140.22	202.16	345.80	710.22	2,292.54
\$200,000	9.20	11.60	13.00	16.40	20.60	31.80	42.40	74.00	147.60	212.80	364.00	747.60	2,413.20
\$210,000	9.66	12.18	13.65	17.22	21.63	33.39	44.52	77.70	154.98	223.44	382.20	784.98	2,533.86
\$220,000	10.12	12.76	14.30	18.04	22.66	34.98	46.64	81.40	162.36	234.08	400.40	822.36	2,654.52
\$230,000	10.58	13.34	14.95	18.86	23.69	36.57	48.76	85.10	169.74	244.72	418.60	859.74	2,775.18
\$240,000	11.04	13.92	15.60	19.68	24.72	38.16	50.88	88.80	177.12	255.36	436.80	897.12	2,895.84
\$250,000	11.50	14.50	16.25	20.50	25.75	39.75	53.00	92.50	184.50	266.00	455.00	934.50	3,016.50
\$260,000	11.96	15.08	16.90	21.32	26.78	41.34	55.12	96.20	191.88	276.64	473.20	971.88	3,137.16
\$270,000	12.42	15.66	17.55	22.14	27.81	42.93	57.24	99.90	199.26	287.28	491.40	1,009.26	3,257.82
\$280,000	12.88	16.24	18.20	22.96	28.84	44.52	59.36	103.60	206.64	297.92	509.60	1,046.64	3,378.48
\$290,000	13.34	16.82	18.85	23.78	29.87	46.11	61.48	107.30	214.02	308.56	527.80	1,084.02	3,499.14
\$300,000	13.80	17.40	19.50	24.60	30.90	47.70	63.60	111.00	221.40	319.20	546.00	1,121.40	3,619.80
\$310,000	14.26	17.98	20.15	25.42	31.93	49.29	65.72	114.70	228.78	329.84	564.20	1,158.78	3,740.46
\$320,000	14.72	18.56	20.80	26.24	32.96	50.88	67.84	118.40	236.16	340.48	582.40	1,196.16	3,861.12
\$330,000	15.18	19.14	21.45	27.06	33.99	52.47	69.96	122.10	243.54	351.12	600.60	1,233.54	3,981.78
\$340,000	15.64	19.72	22.10	27.88	35.02	54.06	72.08	125.80	250.92	361.76	618.80	1,270.92	4,102.44
\$350,000	16.10	20.30	22.75	28.70	36.05	55.65	74.20	129.50	258.30	372.40	637.00	1,308.30	4,223.10
\$360,000	16.56	20.88	23.40	29.52	37.08	57.24	76.32	133.20	265.68	383.04	655.20	1,345.68	4,343.76
\$370,000	17.02	21.46	24.05	30.34	38.11	58.83	78.44	136.90	273.06	393.68	673.40	1,383.06	4,464.42
\$380,000	17.48	22.04	24.70	31.16	39.14	60.42	80.56	140.60	280.44	404.32	691.60	1,420.44	4,585.08
\$390,000	17.94	22.62	25.35	31.98	40.17	62.01	82.68	144.30	287.82	414.96	709.80	1,457.82	4,705.74
\$400,000	18.40	23.20	26.00	32.80	41.20	63.60	84.80	148.00	295.20	425.60	728.00	1,495.20	4,826.40
\$410,000	18.86	23.78	26.65	33.62	42.23	65.19	86.92	151.70	302.58	436.24	746.20	1,532.58	4,947.06
\$420,000	19.32	24.36	27.30	34.44	43.26	66.78	89.04	155.40	309.96	446.88	764.40	1,569.96	5,067.72
\$430,000	19.78	24.94	27.95	35.26	44.29	68.37	91.16	159.10	317.34	457.52	782.60	1,607.34	5,188.38
\$440,000	20.24	25.52	28.60	36.08	45.32	69.96	93.28	162.80	324.72	468.16	800.80	1,644.72	5,309.04
\$450,000	20.70	26.10	29.25	36.90	46.35	71.55	95.40	166.50	332.10	478.80	819.00	1,682.10	5,429.70
\$460,000	21.16	26.68	29.90	37.72	47.38	73.14	97.52	170.20	339.48	489.44	837.20	1,719.48	5,550.36
\$470,000	21.62	27.26	30.55	38.54	48.41	74.73	99.64	173.90	346.86	500.08	855.40	1,756.86	5,671.02
\$480,000	22.08	27.84	31.20	39.36	49.44	76.32	101.76	177.60	354.24	510.72	873.60	1,794.24	5,791.68
\$490,000	22.54	28.42	31.85	40.18	50.47	77.91	103.88	181.30	361.62	521.36	891.80	1,831.62	5,912.34
\$500,000	23.00	29.00	32.50	41.00	51.50	79.50	106.00	185.00	369.00	532.00	910.00	1,869.00	6,033.00

Rates are effective as of July 01, 2019.

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

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

Spouse - Coverage and Monthly cost for Spouse Voluntary Life

Age and Cost														
Coverage Amounts	<20	20-24	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	0.34	0.40	0.49	0.65	0.95	1.52	2.73	4.97	7.49	12.14	22.69	74.64	
\$10,000	0.46	0.68	0.80	0.98	1.30	1.90	3.04	5.46	9.94	14.98	24.28	45.38	149.28	
\$15,000	0.69	1.02	1.20	1.47	1.95	2.85	4.56	8.19	14.91	22.47	36.42	68.07	223.92	
\$20,000	0.92	1.36	1.60	1.96	2.60	3.80	6.08	10.92	19.88	29.96	48.56	90.76	298.56	
\$25,000	1.15	1.70	2.00	2.45	3.25	4.75	7.60	13.65	24.85	37.45	60.70	113.45	373.20	
\$30,000	1.38	2.04	2.40	2.94	3.90	5.70	9.12	16.38	29.82	44.94	72.84	136.14	447.84	
\$35,000	1.61	2.38	2.80	3.43	4.55	6.65	10.64	19.11	34.79	52.43	84.98	158.83	522.48	
\$40,000	1.84	2.72	3.20	3.92	5.20	7.60	12.16	21.84	39.76	59.92	97.12	181.52	597.12	
\$45,000	2.07	3.06	3.60	4.41	5.85	8.55	13.68	24.57	44.73	67.41	109.26	204.21	671.76	
\$50,000	2.30	3.40	4.00	4.90	6.50	9.50	15.20	27.30	49.70	74.90	121.40	226.90	746.40	
\$55,000	2.53	3.74	4.40	5.39	7.15	10.45	16.72	30.03	54.67	82.39	133.54	249.59	821.04	
\$60,000	2.76	4.08	4.80	5.88	7.80	11.40	18.24	32.76	59.64	89.88	145.68	272.28	895.68	
\$65,000	2.99	4.42	5.20	6.37	8.45	12.35	19.76	35.49	64.61	97.37	157.82	294.97	970.32	
\$70,000	3.22	4.76	5.60	6.86	9.10	13.30	21.28	38.22	69.58	104.86	169.96	317.66	1,044.96	
\$75,000	3.45	5.10	6.00	7.35	9.75	14.25	22.80	40.95	74.55	112.35	182.10	340.35	1,119.60	
\$80,000	3.68	5.44	6.40	7.84	10.40	15.20	24.32	43.68	79.52	119.84	194.24	363.04	1,194.24	
\$85,000	3.91	5.78	6.80	8.33	11.05	16.15	25.84	46.41	84.49	127.33	206.38	385.73	1,268.88	
\$90,000	4.14	6.12	7.20	8.82	11.70	17.10	27.36	49.14	89.46	134.82	218.52	408.42	1,343.52	
\$95,000	4.37	6.46	7.60	9.31	12.35	18.05	28.88	51.87	94.43	142.31	230.66	431.11	1,418.16	
\$100,000	4.60	6.80	8.00	9.80	13.00	19.00	30.40	54.60	99.40	149.80	242.80	453.80	1,492.80	
\$105,000	4.83	7.14	8.40	10.29	13.65	19.95	31.92	57.33	104.37	157.29	254.94	476.49	1,567.44	
\$110,000	5.06	7.48	8.80	10.78	14.30	20.90	33.44	60.06	109.34	164.78	267.08	499.18	1,642.08	
\$115,000	5.29	7.82	9.20	11.27	14.95	21.85	34.96	62.79	114.31	172.27	279.22	521.87	1,716.72	
\$120,000	5.52	8.16	9.60	11.76	15.60	22.80	36.48	65.52	119.28	179.76	291.36	544.56	1,791.36	
\$125,000	5.75	8.50	10.00	12.25	16.25	23.75	38.00	68.25	124.25	187.25	303.50	567.25	1,866.00	
\$130,000	5.98	8.84	10.40	12.74	16.90	24.70	39.52	70.98	129.22	194.74	315.64	589.94	1,940.64	
\$135,000	6.21	9.18	10.80	13.23	17.55	25.65	41.04	73.71	134.19	202.23	327.78	612.63	2,015.28	
\$140,000	6.44	9.52	11.20	13.72	18.20	26.60	42.56	76.44	139.16	209.72	339.92	635.32	2,089.92	
\$145,000	6.67	9.86	11.60	14.21	18.85	27.55	44.08	79.17	144.13	217.21	352.06	658.01	2,164.56	
\$150,000	6.90	10.20	12.00	14.70	19.50	28.50	45.60	81.90	149.10	224.70	364.20	680.70	2,239.20	
\$155,000	7.13	10.54	12.40	15.19	20.15	29.45	47.12	84.63	154.07	232.19	376.34	703.39	2,313.84	
\$160,000	7.36	10.88	12.80	15.68	20.80	30.40	48.64	87.36	159.04	239.68	388.48	726.08	2,388.48	
\$165,000	7.59	11.22	13.20	16.17	21.45	31.35	50.16	90.09	164.01	247.17	400.62	748.77	2,463.12	
\$170,000	7.82	11.56	13.60	16.66	22.10	32.30	51.68	92.82	168.98	254.66	412.76	771.46	2,537.76	
\$175,000	8.05	11.90	14.00	17.15	22.75	33.25	53.20	95.55	173.95	262.15	424.90	794.15	2,612.40	
\$180,000	8.28	12.24	14.40	17.64	23.40	34.20	54.72	98.28	178.92	269.64	437.04	816.84	2,687.04	
\$185,000	8.51	12.58	14.80	18.13	24.05	35.15	56.24	101.01	183.89	277.13	449.18	839.53	2,761.68	
\$190,000	8.74	12.92	15.20	18.62	24.70	36.10	57.76	103.74	188.86	284.62	461.32	862.22	2,836.32	
\$195,000	8.97	13.26	15.60	19.11	25.35	37.05	59.28	106.47	193.83	292.11	473.46	884.91	2,910.96	
\$200,000	9.20	13.60	16.00	19.60	26.00	38.00	60.80	109.20	198.80	299.60	485.60	907.60	2,985.60	
\$205,000	9.43	13.94	16.40	20.09	26.65	38.95	62.32	111.93	203.77	307.09	497.74	930.29	3,060.24	
\$210,000	9.66	14.28	16.80	20.58	27.30	39.90	63.84	114.66	208.74	314.58	509.88	952.98	3,134.88	
\$215,000	9.89	14.62	17.20	21.07	27.95	40.85	65.36	117.39	213.71	322.07	522.02	975.67	3,209.52	
\$220,000	10.12	14.96	17.60	21.56	28.60	41.80	66.88	120.12	218.68	329.56	534.16	998.36	3,284.16	
\$225,000	10.35	15.30	18.00	22.05	29.25	42.75	68.40	122.85	223.65	337.05	546.30	1,021.05	3,358.80	
\$230,000	10.58	15.64	18.40	22.54	29.90	43.70	69.92	125.58	228.62	344.54	558.44	1,043.74	3,433.44	
\$235,000	10.81	15.98	18.80	23.03	30.55	44.65	71.44	128.31	233.59	352.03	570.58	1,066.43	3,508.08	
\$240,000	11.04	16.32	19.20	23.52	31.20	45.60	72.96	131.04	238.56	359.52	582.72	1,089.12	3,582.72	
\$245,000	11.27	16.66	19.60	24.01	31.85	46.55	74.48	133.77	243.53	367.01	594.86	1,111.81	3,657.36	
\$250,000	11.50	17.00	20.00	24.50	32.50	47.50	76.00	136.50	248.50	374.50	607.00	1,134.50	3,732.00	

Spouse rate based on Spouse Age

Child - Coverage and Monthly cost

Coverage Amounts	Voluntary Life Cost
\$1,000	0.15
\$2,000	0.30
\$3,000	0.45
\$4,000	0.60
\$5,000	0.75
\$6,000	0.90
\$7,000	1.05
\$8,000	1.20
\$9,000	1.35
\$10,000	1.50

Notes

Employer-paid Long-Term Disability Insurance

Diocese of Sacramento | All Eligible Employees | 931634

Protect your paycheck for the long-term

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

How it works

This coverage is provided by your employer at no cost to you!

Benefits

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover 60% of your Total Monthly Earnings, up to \$10,000 each month.
When benefits begin	Benefits begin as soon as 180 days
Benefits may be paid for	Until you reach the Social Security Normal Retirement Age —as long as you are still unable to work due to a covered disability.
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.</p>

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



What did Long-Term Disability insurance mean for Mark?

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

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

Top 5

Long-Term Disability diagnoses:

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

Sun Life claims data, July 2018

Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

Additional considerations

If I have other income	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
If I can work while 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.

Long-term disability FAQs

What if I have a pre-existing condition?

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

How do I file a claim after becoming disabled?

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

How is my benefit taxed?

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

How do I qualify for benefits?

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

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

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

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

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

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the 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.

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. 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 Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life Financial" or "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, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)

Evidence of Insurability (EOI)

Frequently asked questions

What is Evidence of Insurability?

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

What is the EOI application?

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

When do I need to submit an EOI application?

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

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

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

What is the process for submitting an EOI application?

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

Submit your medical information online

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

1. Have the following information ready:

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

2. Go to www.mysunlifebenefits.com

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

Submit your medical information on paper

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

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

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

Evidence of Insurability (EOI)

How long does the approval process take?

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

How will I be notified if I am approved?

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

How will I be notified if I am denied?

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

When does my coverage take effect?

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

About privacy and security

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

These instructions on how to submit an Evidence of Insurability form 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 Assurance Company of Canada

Group Enrollment Form



1. General Information

Employer Name Diocese of Sacramento	Account / Policy Number 931634	Location	Date Effective
Street Address	City	State CA	Zip Code
Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:		Occupation	

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
Marital Status	Social Security Number	Phone Number	
Date employed: <input type="checkbox"/> Full-Time Date:	<input type="checkbox"/> Part-Time Date:	<input type="checkbox"/> Rehire Date:	<input type="checkbox"/> Return from layoff Date:
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Employee Status: <input type="checkbox"/> Management <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Retired	Salary	

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies above, outside of New York, 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. See the Evidence of Insurability section for details.

3. Benefit Elections

Life Coverage; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

Dependent Basic Life Insurance ☐ Elect ☐ Refuse

Coverage Option Selected _____

Voluntary Life and AD&D Coverage; underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

	Elect	Refuse	
	Life AD&D	Life AD&D	Coverage amount elected
Employee Coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Spouse Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Child(ren) Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

** Spouse and children may only be covered if you are. You cannot elect more than 100% of the amount of Voluntary Insurance you have elected for yourself for your spouse and child(ren).

4. 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, Middle Initial, Last)	Gender	Social Security No.	Date of Birth	Check if elected
					Dep Life
Spouse or Partner					<input type="checkbox"/>
Children					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

5. Beneficiary Designation Information

Primary Beneficiary Designation

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

Primary Beneficiary(ies)

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

*Must equal 100%

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

Primary Beneficiary(ies)

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

*Must equal 100%

Secondary Beneficiary Designation

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

Secondary Beneficiary(ies)

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

*Must equal 100%

- The total within each class (Primary and Secondary) must equal 100%. If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

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

Secondary Beneficiary(ies)

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

*Must equal 100%

- The total within each class (Primary and Secondary) must equal 100%. If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

6. Evidence of Insurability and authorization information

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

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

Coverage subject to evidence of insurability will not go into effect until Sun Life Assurance Company of Canada approves it.

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 I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life Assurance Company of Canada. I have read the Evidence of Insurability notice.
- 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.
- California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief and understand that any false statements or misrepresentation made with actual intent to deceive or are material to the acceptance of the risk may result in a loss of coverage under the Group Insurance Policy.

Signature of employee X	Date signed
----------------------------	-------------

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.

7. Employer Information

For Employer Use Only.

Provide the employee's earnings amount below.

Indicate pay frequency. If hourly, please indicate the number of hours worked per week. Although most plans define earnings as **salary-only** (not including bonuses, commissions, etc.), you should check your group policy for the proper earnings definition to use.

Life Earnings \$	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly	Number of hours worked per week: _____	

Contact us



By mail

Sun Life Assurance Company of Canada
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

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Sun Life Assurance Company of Canada

Evidence of Insurability Cover Page



Employer Instructions

Complete this cover page and provide it to the employee. The employee may complete the Evidence of Insurability (EOI) application either online or on paper:

- **Online at www.mysunlifebenefits.com**

Our secure online system allows employees to provide all of the information needed for Evidence of Insurability in about 10 to 15 minutes. Following completion of the application, the employee receives confirmation by email. The employee then will receive notification of our decision by email or mail.

- **Printable EOI application**

If submitting the EOI application on paper, the applicant must include this Cover Page with his/her submission. Failure to include a completed Cover Page could delay the EOI process.

Employee/Dependent Information (To be completed by employer)

Employee Name (first, middle initial, last)		Group Policy Number	
Social Security Number (last four digits)	Approval Requested for	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent Child(ren):	<input type="checkbox"/> Spouse No. of Children:

Coverage(s) Subject to Evidence of Insurability (To be completed by employer)

Select coverage(s) for which EOI is required. Fill in Current Amount of coverage, or the Guaranteed Issue (GI) amount of the plan. Then fill in Requested Amount and Amount Subject to EOI. Sign and date here if employee is submitting the printable EOI form.

Life Insurance

	Current Amount of Coverage (or GI)	Requested Amount	Amount Subject to EOI
<input type="checkbox"/> Employee Basic	\$	\$	\$
<input type="checkbox"/> Employee Optional	\$	\$	\$
<input type="checkbox"/> Spouse Basic	\$	\$	\$
<input type="checkbox"/> Spouse Optional	\$	\$	\$
<input type="checkbox"/> Child Optional	\$	\$	\$

Other Coverages

<input type="checkbox"/> Short Term Disability
<input type="checkbox"/> Long Term Disability
<input type="checkbox"/> Buy-Up LTD: \$

Signature of person completing this cover page (Employer) X	Date
----------------------------------------------------------------	------

Need help determining EOI? Please see your **Group Policy** and the **Administrator's Guide**.

Employee Instructions

Complete and submit either the Online EOI Application or the Printable EOI Application, but not both.

- **Online EOI Application**

1. Go to www.mysunlifebenefits.com and click on Evidence of Insurability
2. Follow the instructions on the web site. Enter height weight, date of birth and medical history for you and any dependents on this application. Use the information supplied by your employer above to complete the Coverage Information section of the online application. Your application will not be submitted until you click the Submit for Review button on the last screen.

- **Printable EOI Application**

1. Complete pages 1 and 2 of the EOI Application according to the instructions. You may type your answers into the fillable form and then print the document. Please remember to sign and date the form.
2. Mail or Fax the EOI Application and this Employer Cover Page to us:

MAIL TO: Sun Life Assurance Company of Canada **-or-** **FAX TO:** (781) 304-5137
Group Medical Underwriting
P.O. Box 81344
Wellesley Hills, MA 02481

Sun Life Assurance Company of Canada

Evidence of Insurability Application – Health Questionnaire

California / Connecticut / Illinois / Iowa / Kentucky / North Dakota / Ohio / Wisconsin



I Applicant Information (Please print clearly)

Complete and return pages 1 and 2 of this form, along with the employer cover page to:

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

Fax: (781) 304-5137

Your name (first, middle initial, last)		Name of your employer		Group policy no.	
Your street address		City		State	Zip Code
Social Security number — —	Daytime phone number		E-mail address		
This Application is for: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Female					
Name (if different than above)		Date of birth (m/d/y)	Height ft. in.	Weight lbs.	

II Health History (The information in sections II, III and IV is confidential and will not be shared with your employer)

Important: You must answer all questions. If you answer "Yes" to any question, please use the space in Section IV on page 2 to provide the details of your condition. Failure to provide the details of your condition will cause a delay in the review of your application.

1. In the past five years, have you:

- a. Had transplant surgery, other surgery, injuries or been treated in a hospital? ☐ Yes ☐ No
- b. Been treated for alcoholism or advised by a physician to change your drinking habits?.. ☐ Yes ☐ No
- c. Used heroin, marijuana, cocaine, LSD, amphetamines, or any other narcotic?..... ☐ Yes ☐ No
- d. Been off work for more than five consecutive days due to illness or injury? ☐ Yes ☐ No
- e. Lost 20 lbs. or more over a 12 month period?..... ☐ Yes ☐ No

2. In the past five years, have you been diagnosed with, treated for or had any symptoms relating to any of the conditions listed below?

- a. Dizzy spells, epilepsy, a nervous or neurological disorder, migraines or a mental disorder ☐ Yes ☐ No
- b. Asthma, bronchitis, emphysema, chronic cough, shortness of breath, Chronic Obstructive Pulmonary Disease (COPD) or lung disorder..... ☐ Yes ☐ No
- c. Abnormal blood pressure, chest pain, heart murmur, heart disease or heart attack ☐ Yes ☐ No
- d. Ulcer, liver disorder, colitis, diarrhea or any complaint of the digestive organs..... ☐ Yes ☐ No
- e. Arthritis, gout, rheumatism, back disorder, disc disease or joint or bone disorder..... ☐ Yes ☐ No
- f. Cancer, tumor, enlarged glands, enlarged lymph nodes or lupus..... ☐ Yes ☐ No
- g. Sugar in urine, diabetes, kidney or bladder disorder..... ☐ Yes ☐ No
- h. Anemia, blood vessel disease, bleeding or any other blood disease or disorder..... ☐ Yes ☐ No
- i. Disorders of the eyes or ears..... ☐ Yes ☐ No
- j. Chronic fatigue or fibromyalgia..... ☐ Yes ☐ No

3. In the past five years, have you been diagnosed with or treated by a licensed medical physician for Acquired Immune Deficiency Syndrome (AIDS)?..... ☐ Yes ☐ No

4. Are you currently pregnant?..... ☐ Yes ☐ No

Continued on next page

III Activities

Important: If you answer “Yes” to any question, use the space in section IV to list each activity, how often you participate in it and the last time you participated in it.

Do you engage in any of the following activities?

- a. Skydiving ☐ Yes ☐ No
b. Scuba diving..... ☐ Yes ☐ No
c. Vehicle or boat racing ☐ Yes ☐ No
d. Piloting an aircraft..... ☐ Yes ☐ No

IV Detail (Provide detail below about any “Yes” answer from sections II and III.)

Question number	Description/History of Condition (e.g. high blood pressure, recent BP reading etc.)	Date Condition Began	Duration of Condition/ Treatment	Treatment	Fully Recovered?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you need more room, check here ☐ and attach a separate sheet.

V Signature

Please read the Certification and sign and date the form below.

If an Authorization form is included in this package, please remember to sign and date all pages of the form and return it with your completed EOI Application.

Certification

I hereby certify, to the best of my knowledge and belief, that:

- The information I have provided in the Evidence of Insurability (EOI) Application is true, accurate and complete.
- I have read, or had read to me, the completed EOI Application and understand that any false statements or misrepresentation made in it may result in a loss of coverage under the Group Insurance Policy.
- I have read or had read to me the Fraud Warning:

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

I also hereby confirm my understanding that:

- My EOI Application may be denied and I may be refused insurance if Sun Life Assurance Company of Canada (“The Company”) determines that I am not insurable. If The Company determines that I am not insurable, it will explain in writing the basis of its determination.
- I may ask The Company in writing to: (a) obtain certain information from the EOI Application file relating to me (a fee may be charged); (b) correct, amend or delete information in the EOI Application file relating to me (as permitted by applicable law); (c) file my own statement of facts if I believe any information in the EOI Application file relating to me is incorrect; and (d) provide me with a copy of my EOI Application.
- If I have any questions regarding my EOI Application, I can write to Sun Life Assurance Company of Canada, Group Medical Underwriting, P.O. Box 81344, Wellesley Hills, MA 02481.

Signature of Employee X	Date signed
Signature of Spouse (If Application is for spouse) X	Date signed

Notes

A series of horizontal dotted lines for writing notes.

Notes

A series of horizontal dotted lines for writing notes.

Notes



You've built a great life. Protect it.

No matter what stage of life you're in, insurance helps protect what you love about your life, giving you the freedom to focus on what matters most.

Talk to your benefits administrator today to learn more about your choices.



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