

**CHEIBA Trust**  
**University of Northern Colorado**

**BENEFIT HIGHLIGHTS**

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



**Sun Life**

Life's brighter under the sun



## 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:

**Voluntary Life Insurance**

**Voluntary Accidental Death and Dismemberment Insurance**

**Long-Term Disability Insurance**

**Accident Insurance**

**Critical Illness 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.



# Voluntary Life insurance

CHEIBA Trust | All Eligible Employees | 935917

## Protect your family

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

## How it works

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

### Benefits

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



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

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

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

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

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

## Additional considerations

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

## Life FAQ

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

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

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

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

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

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

# Rate Sheet

**Employee** - Coverage and **monthly** cost for Employee Voluntary Life.

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

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

Coverage Amounts	Age and Cost													
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	0.39	0.42	0.53	0.63	0.76	1.35	2.13	3.88	5.24	9.12	14.63	28.88	41.68	73.25
\$20,000	0.78	0.84	1.06	1.26	1.52	2.70	4.26	7.76	10.48	18.24	29.26	57.76	83.36	146.50
\$30,000	1.17	1.26	1.59	1.89	2.28	4.05	6.39	11.64	15.72	27.36	43.89	86.64	125.04	219.75
\$40,000	1.56	1.68	2.12	2.52	3.04	5.40	8.52	15.52	20.96	36.48	58.52	115.52	166.72	293.00
\$50,000	1.95	2.10	2.65	3.15	3.80	6.75	10.65	19.40	26.20	45.60	73.15	144.40	208.40	366.25
\$60,000	2.34	2.52	3.18	3.78	4.56	8.10	12.78	23.28	31.44	54.72	87.78	173.28	250.08	439.50
\$70,000	2.73	2.94	3.71	4.41	5.32	9.45	14.91	27.16	36.68	63.84	102.41	202.16	291.76	512.75
\$80,000	3.12	3.36	4.24	5.04	6.08	10.80	17.04	31.04	41.92	72.96	117.04	231.04	333.44	586.00
\$90,000	3.51	3.78	4.77	5.67	6.84	12.15	19.17	34.92	47.16	82.08	131.67	259.92	375.12	659.25
\$100,000	3.90	4.20	5.30	6.30	7.60	13.50	21.30	38.80	52.40	91.20	146.30	288.80	416.80	732.50
\$110,000	4.29	4.62	5.83	6.93	8.36	14.85	23.43	42.68	57.64	100.32	160.93	317.68	458.48	805.75
\$120,000	4.68	5.04	6.36	7.56	9.12	16.20	25.56	46.56	62.88	109.44	175.56	346.56	500.16	879.00
\$130,000	5.07	5.46	6.89	8.19	9.88	17.55	27.69	50.44	68.12	118.56	190.19	375.44	541.84	952.25
\$140,000	5.46	5.88	7.42	8.82	10.64	18.90	29.82	54.32	73.36	127.68	204.82	404.32	583.52	1025.50
\$150,000	5.85	6.30	7.95	9.45	11.40	20.25	31.95	58.20	78.60	136.80	219.45	433.20	625.20	1098.75
\$160,000	6.24	6.72	8.48	10.08	12.16	21.60	34.08	62.08	83.84	145.92	234.08	462.08	666.88	1172.00
\$170,000	6.63	7.14	9.01	10.71	12.92	22.95	36.21	65.96	89.08	155.04	248.71	490.96	708.56	1245.25
\$180,000	7.02	7.56	9.54	11.34	13.68	24.30	38.34	69.84	94.32	164.16	263.34	519.84	750.24	1318.50
\$190,000	7.41	7.98	10.07	11.97	14.44	25.65	40.47	73.72	99.56	173.28	277.97	548.72	791.92	1391.75
\$200,000	7.80	8.40	10.60	12.60	15.20	27.00	42.60	77.60	104.80	182.40	292.60	577.60	833.60	1465.00
\$210,000	8.19	8.82	11.13	13.23	15.96	28.35	44.73	81.48	110.04	191.52	307.23	606.48	875.28	1538.25
\$220,000	8.58	9.24	11.66	13.86	16.72	29.70	46.86	85.36	115.28	200.64	321.86	635.36	916.96	1611.50
\$230,000	8.97	9.66	12.19	14.49	17.48	31.05	48.99	89.24	120.52	209.76	336.49	664.24	958.64	1684.75
\$240,000	9.36	10.08	12.72	15.12	18.24	32.40	51.12	93.12	125.76	218.88	351.12	693.12	1000.32	1758.00
\$250,000	9.75	10.50	13.25	15.75	19.00	33.75	53.25	97.00	131.00	228.00	365.75	722.00	1042.00	1831.25
\$260,000	10.14	10.92	13.78	16.38	19.76	35.10	55.38	100.88	136.24	237.12	380.38	750.88	1083.68	1904.50
\$270,000	10.53	11.34	14.31	17.01	20.52	36.45	57.51	104.76	141.48	246.24	395.01	779.76	1125.36	1977.75
\$280,000	10.92	11.76	14.84	17.64	21.28	37.80	59.64	108.64	146.72	255.36	409.64	808.64	1167.04	2051.00
\$290,000	11.31	12.18	15.37	18.27	22.04	39.15	61.77	112.52	151.96	264.48	424.27	837.52	1208.72	2124.25
\$300,000	11.70	12.60	15.90	18.90	22.80	40.50	63.90	116.40	157.20	273.60	438.90	866.40	1250.40	2197.50
\$310,000	12.09	13.02	16.43	19.53	23.56	41.85	66.03	120.28	162.44	282.72	453.53	895.28	1292.08	2270.75
\$320,000	12.48	13.44	16.96	20.16	24.32	43.20	68.16	124.16	167.68	291.84	468.16	924.16	1333.76	2344.00
\$330,000	12.87	13.86	17.49	20.79	25.08	44.55	70.29	128.04	172.92	300.96	482.79	953.04	1375.44	2417.25
\$340,000	13.26	14.28	18.02	21.42	25.84	45.90	72.42	131.92	178.16	310.08	497.42	981.92	1417.12	2490.50
\$350,000	13.65	14.70	18.55	22.05	26.60	47.25	74.55	135.80	183.40	319.20	512.05	1010.80	1458.80	2563.75
\$360,000	14.04	15.12	19.08	22.68	27.36	48.60	76.68	139.68	188.64	328.32	526.68	1039.68	1500.48	2637.00
\$370,000	14.43	15.54	19.61	23.31	28.12	49.95	78.81	143.56	193.88	337.44	541.31	1068.56	1542.16	2710.25
\$380,000	14.82	15.96	20.14	23.94	28.88	51.30	80.94	147.44	199.12	346.56	555.94	1097.44	1583.84	2783.50
\$390,000	15.21	16.38	20.67	24.57	29.64	52.65	83.07	151.32	204.36	355.68	570.57	1126.32	1625.52	2856.75
\$400,000	15.60	16.80	21.20	25.20	30.40	54.00	85.20	155.20	209.60	364.80	585.20	1155.20	1667.20	2930.00
\$410,000	15.99	17.22	21.73	25.83	31.16	55.35	87.33	159.08	214.84	373.92	599.83	1184.08	1708.88	3003.25
\$420,000	16.38	17.64	22.26	26.46	31.92	56.70	89.46	162.96	220.08	383.04	614.46	1212.96	1750.56	3076.50
\$430,000	16.77	18.06	22.79	27.09	32.68	58.05	91.59	166.84	225.32	392.16	629.09	1241.84	1792.24	3149.75
\$440,000	17.16	18.48	23.32	27.72	33.44	59.40	93.72	170.72	230.56	401.28	643.72	1270.72	1833.92	3223.00
\$450,000	17.55	18.90	23.85	28.35	34.20	60.75	95.85	174.60	235.80	410.40	658.35	1299.60	1875.60	3296.25
\$460,000	17.94	19.32	24.38	28.98	34.96	62.10	97.98	178.48	241.04	419.52	672.98	1328.48	1917.28	3369.50
\$470,000	18.33	19.74	24.91	29.61	35.72	63.45	100.11	182.36	246.28	428.64	687.61	1357.36	1958.96	3442.75
\$480,000	18.72	20.16	25.44	30.24	36.48	64.80	102.24	186.24	251.52	437.76	702.24	1386.24	2000.64	3516.00
\$490,000	19.11	20.58	25.97	30.87	37.24	66.15	104.37	190.12	256.76	446.88	716.87	1415.12	2042.32	3589.25
\$500,000	19.50	21.00	26.50	31.50	38.00	67.50	106.50	194.00	262.00	456.00	731.50	1444.00	2084.00	3662.50

**Spouse - Coverage and monthly cost for Spouse Voluntary Life.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

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

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

**Child - Coverage and monthly cost for Child Voluntary Life.**

Rates are effective as of January 01, 2020.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$5,000	0.90
\$10,000	1.80
\$15,000	2.70
\$20,000	3.60
\$25,000	4.50



# Accidental Death and Dismemberment (AD&D) insurance

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## Protect your savings and your family

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

## How it works

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

### Benefits

For you	<p>You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000, <b>not to exceed 10 times</b> your basic annual earnings.</p> <p>Benefits are reduced to 65% at age 70, to 45% at age 75, to 30% at age 80, and to 15% at age 85.</p> <p>Coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can get <b>50%</b> of your coverage or <b>60%</b> of your coverage if no dependent children.</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can get <b>10%</b> of your coverage or <b>20%</b> of your coverage if no spouse.</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child who is 6 months to 26 years old. A reduced benefit is payable for a child from birth to 6 months.</p>



## Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

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

## Covered accidental injuries

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

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

### Benefits

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

## Accidental Death and Dismemberment FAQ

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

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

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

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

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

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

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

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

# Rate Sheet

**Employee** - Coverage and **monthly** cost for Employee Voluntary Accidental Death & Dismemberment Insurance.

Rates are effective as of January 1, 2020.

**Employee Monthly Rate:** \$0.020 per \$1,000 of benefit.

Employee Coverage Amounts	Cost per Monthly pay period
\$10,000	0.20
\$20,000	0.40
\$30,000	0.60
\$40,000	0.80
\$50,000	1.00
\$60,000	1.20
\$70,000	1.40
\$80,000	1.60
\$90,000	1.80
\$100,000	2.00
\$110,000	2.20
\$120,000	2.40
\$130,000	2.60
\$140,000	2.80
\$150,000	3.00
\$160,000	3.20
\$170,000	3.40
\$180,000	3.60
\$190,000	3.80
\$200,000	4.00
\$210,000	4.20
\$220,000	4.40
\$230,000	4.60
\$240,000	4.80
\$250,000	5.00

Employee Coverage Amounts	Cost per Monthly pay period
\$260,000	5.20
\$270,000	5.40
\$280,000	5.60
\$290,000	5.80
\$300,000	6.00
\$310,000	6.20
\$320,000	6.40
\$330,000	6.60
\$340,000	6.80
\$350,000	7.00
\$360,000	7.20
\$370,000	7.40
\$380,000	7.60
\$390,000	7.80
\$400,000	8.00
\$410,000	8.20
\$420,000	8.40
\$430,000	8.60
\$440,000	8.80
\$450,000	9.00
\$460,000	9.20
\$470,000	9.40
\$480,000	9.60
\$490,000	9.80
\$500,000	10.00

# Rate Sheet

**Family** - Coverage and **monthly** cost for Family Voluntary Accidental Death & Dismemberment Insurance.

Family coverage includes employee, spouse and child(ren).

Rates are effective as of January 1, 2020.

Spouse Coverage equals 60% of your (employee) amount if there are no eligible children or 50% of your (employee) amount if there are eligible children.

Child(ren) Coverage equals 10% of your (employee) amount if there is spouse coverage, or 20% of your (employee) amount if there is no spouse coverage.

**Dependent Monthly Rate:** \$0.029 per \$1,000 of benefit.

Employee Coverage Amounts	Cost per Monthly pay period
\$10,000	0.29
\$20,000	0.58
\$30,000	0.87
\$40,000	1.16
\$50,000	1.45
\$60,000	1.74
\$70,000	2.03
\$80,000	2.32
\$90,000	2.61
\$100,000	2.90
\$110,000	3.19
\$120,000	3.48
\$130,000	3.77
\$140,000	4.06
\$150,000	4.35
\$160,000	4.64
\$170,000	4.93
\$180,000	5.22
\$190,000	5.51
\$200,000	5.80
\$210,000	6.09
\$220,000	6.38
\$230,000	6.67
\$240,000	6.96
\$250,000	7.25

Employee Coverage Amounts	Cost per Monthly pay period
\$260,000	7.54
\$270,000	7.83
\$280,000	8.12
\$290,000	8.41
\$300,000	8.70
\$310,000	8.99
\$320,000	9.28
\$330,000	9.57
\$340,000	9.86
\$350,000	10.15
\$360,000	10.44
\$370,000	10.73
\$380,000	11.02
\$390,000	11.31
\$400,000	11.60
\$410,000	11.89
\$420,000	12.18
\$430,000	12.47
\$440,000	12.76
\$450,000	13.05
\$460,000	13.34
\$470,000	13.63
\$480,000	13.92
\$490,000	14.21
\$500,000	14.50

# Long-Term Disability Insurance

CHEIBA Trust | All Eligible Employees | 935917

## Protect your paycheck for the long-term

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

## How it works

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

### Benefits

<b>Monthly benefit after your claim is approved</b>	You will receive a check for your benefits on a monthly basis. It will cover <b>66.67%</b> of your Total Monthly Earnings, up to <b>\$7,000</b> each month.
<b>When benefits begin</b>	Benefits begin as soon as <b>90 days</b>
<b>Benefits may be paid for</b>	Until you reach the <b>Social Security Normal Retirement Age</b> —as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	<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>

*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*

## Additional considerations

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

## Long-term disability FAQs

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

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

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

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

### How is my benefit taxed?

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

### How do I qualify for benefits?

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

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

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

# Rate Sheet

**Employee** - Coverage and **monthly** rate for Long Term Disability Insurance.

Long Term Disability coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your monthly cost by dividing your monthly covered earnings by 100 and multiplying the result by the rate

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

Example Monthly Earnings	Divided by 100		Multiplied by rate	Example monthly cost*
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\$3,500 / 100 = 35 x \$0.24 \$8.40

Your Monthly Earnings	Divided by 100		Multiplied by rate	Your monthly cost*
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\$\_\_\_\_\_ / 100 = \_\_\_\_\_ x \$\_\_\_\_\_ \$\_\_\_\_\_

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)		Your estimated cost per pay period*
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\$\_\_\_\_\_ x 12 = \$\_\_\_\_\_ / \_\_\_\_\_ = \$\_\_\_\_\_

\*The rate is in effect for **1/1/2020**. Contact your employer to confirm the portion of the cost for which you will be responsible.





# Accident Insurance

CHEIBA Trust | All Eligible Employees | 935917

## Protect your savings against an accident

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

## How it works

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

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

### You can elect coverage for:

You	You and your spouse
You and your children	You and your family

### Additional features

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



## What did Accident insurance mean for the Smiths?

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

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

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

## Benefit schedule

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

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

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

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

Additional Injuries		
Eye injury – Surgery		\$125
Eye Injury – Object remove		\$125
Gunshot wound		\$250
Paralysis – paraplegia		\$12,500
Paralysis – quadriplegia		\$25,000
Coma		\$5,000
Concussion		\$50
Lacerations		
No sutures treated by doctor		\$20
Single laceration under 5 cm with sutures		\$35
5 to 15 cm with sutures (total of all lacerations)		\$125
Greater than 15 cm with sutures (total of all lacerations)		\$250
Burns	2 <sup>nd</sup> degree	3 <sup>rd</sup> degree
21 to 40 square centimeters	\$200	\$500
41-65 sq cm	\$400	\$1,000
66-160 sq cm	\$600	\$3,000
161-225 sq cm	\$800	\$7,000
More than 225 sq cm	\$1,000	\$10,000
Skin graft	50% of the applicable Burn Benefit	
Medical Services		
Diagnostic Exam: CT, CAT, MRI, EEG, EKG		\$100
X-ray (1 time per benefit year)		\$25
Emergency treatment in a non-emergency room		\$25
Physician’s follow-up office visit (per visit, up to 6 visits per Covered Accident)		\$25
Physical Therapy per visit (up to 10 visits per Covered Accident)		\$25
Medical Devices		\$100
Epidural (up to 2 injections per Covered Accident)		\$25
Prescription Drug		\$15
Prosthesis – one		\$250
Prosthesis – two		\$500
Blood, Plasma or Platelet Transfusion		\$100
Hospital		
Hospital Admission		\$500
Hospital Confinement per day (up to 365 days per Covered Accident)		\$150
ICU Admission		\$750
ICU per day (up to 14 days)		\$300
Ambulance Ground		\$100
Ambulance Air		\$750
Emergency Room Admission		\$100
Rehab per day (per day, up to 30 days per Covered Accident)		\$50
Surgery		
Miscellaneous surgery		\$150
Open surgery		\$625
Exploratory surgery or debridement		\$125
Tendon/ligament/rotator cuff tear single		\$300
Ruptured / herniated disc		\$300
Torn knee cartilage		\$300
Emergency Dental		
Emergency dental extraction		\$30
Emergency dental crown		\$100

Wellness	
Wellness Screening (1 per year)	\$50

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

## Accident FAQs

### What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your certificate for details.

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

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

### How do I file a claim?

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

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

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

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

# Rate Sheet

Coverage and **monthly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

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

\*The rate is in effect for January 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.



# Critical Illness insurance

CHEIBA Trust | All Eligible Employees | 935917

## Protect your savings in case of a serious illness

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

## How it works

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

### Benefits

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



## What did Critical Illness insurance mean for Denise?

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

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

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

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

## Covered Conditions

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

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

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

### Additional plan features

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



# Critical Illness FAQs

## How do I file a claim?

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

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

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

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

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

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

## Is my benefit taxable?

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

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

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

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

**"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.**

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

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

\*\*If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.



Rates are effective as of January 01, 2020.

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 for the coverage amount you choose.

Employee Critical Illness - Choice 1 Age and Cost - Monthly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.70	1.95	2.55	3.55	5.45	8.05	11.55	16.15	20.00	23.15	29.70	40.55
\$10,000	3.40	3.90	5.10	7.10	10.90	16.10	23.10	32.30	40.00	46.30	59.40	81.10
\$15,000	5.10	5.85	7.65	10.65	16.35	24.15	34.65	48.45	60.00	69.45	89.10	121.65
\$20,000	6.80	7.80	10.20	14.20	21.80	32.20	46.20	64.60	80.00	92.60	118.80	162.20
\$25,000	8.50	9.75	12.75	17.75	27.25	40.25	57.75	80.75	100.00	115.75	148.50	202.75
\$30,000	10.20	11.70	15.30	21.30	32.70	48.30	69.30	96.90	120.00	138.90	178.20	243.30

Spouse Critical Illness - Choice 1 Age and Cost - Monthly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.85	0.98	1.28	1.78	2.73	4.03	5.78	8.08	10.00	11.58	14.85	20.28
\$5,000	1.70	1.95	2.55	3.55	5.45	8.05	11.55	16.15	20.00	23.15	29.70	40.55
\$7,500	2.55	2.93	3.83	5.33	8.18	12.08	17.33	24.23	30.00	34.73	44.55	60.83
\$10,000	3.40	3.90	5.10	7.10	10.90	16.10	23.10	32.30	40.00	46.30	59.40	81.10
\$12,500	4.25	4.88	6.38	8.88	13.63	20.13	28.88	40.38	50.00	57.88	74.25	101.38
\$15,000	5.10	5.85	7.65	10.65	16.35	24.15	34.65	48.45	60.00	69.45	89.10	121.65

Child Critical Illness - Choice 1 Cost - Monthly Premium	
Coverage Amounts	
\$2,500	0.50
\$5,000	1.00



## 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.

#### 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.

#### Critical Illness

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; a diagnosis that is not explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage).

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of 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. HealthChampion<sup>SM</sup> (a health care support service) is not insurance and is provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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

Sun Life 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](http://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](http://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 Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



## Group Enrollment Form

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

Employer use (check one): ☐ New employee ☐ Change ☐ COBRA

### 1. General Information

<b>Employer Name</b> Colorado Higher Education Insurance Benefits Alliance Trust - University of Northern Colorado	<b>Account / Policy Number</b> 935917	<b>Location</b>
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### 2. Employee Information

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

### 3. Dependent Information

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

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

#### 4. Benefit Elections

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

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life Insurance \$ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Long-Term Disability (LTD) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <div><input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family</div>
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Spouse amount \$ _____ Child(ren) amount \$ _____

#### 5. Beneficiary Designation Information

##### Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share  
of proceeds\*

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

\*Must equal 100%

## Secondary Beneficiary Designation

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

Secondary Beneficiary(ies)

Percent share  
of proceeds\*

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

\*Must equal 100%

## 6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Critical Illness, and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Critical Illness, and Long-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

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

X

Employee Signature

Today's Date

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

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

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

**Contact us**



**By mail**

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



[www.sunlife.com/us](http://www.sunlife.com/us)



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

# Sun Life Financial

Group Enrollment form



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

☐ Sun Life and Health Insurance Company (U.S.)  
One Sun Life Executive Park  
Wellesley Hills, MA 02481

## 1 General information

Employer name <b>Colorado Higher Education Insurance Benefits Alliance Trust - University of Northern Colorado</b>		Account/policy number 935917	Location	Date effective
Street address	City		State	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, MI, 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 <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

**Family Voluntary AD&D coverage:** Underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

	Elect	Refuse	Coverage amount elected
Employee coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Family coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$

Spouse Coverage equals 60% of your (employee) amount if there are no eligible children or 50% of your (employee) amount if there are eligible children. Child(ren) Coverage equals 20% of your (employee) amount if there is spouse coverage, or 10% of your (employee) amount if there is no spouse coverage.

#### 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, MI, Last)	Gender	Social Security number	Date of birth	Check if elected				
					Dep Life	Dep Dental	Dep Vol AD&D	[Critical Illness] [Cancer]	Accident
Spouse / Partner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5 Beneficiary Designation information

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

Primary Beneficiary(ies)

Percent share of proceeds\*

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

\* Must equal 100%]

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

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

\* Must equal 100%]]

## 6 Authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for Voluntary AD&D and do not enroll when I am eligible, I will not be allowed to enroll for at least 6 months.
- 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.

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

X

Employee Signature

Today's Date

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

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

## Contact us



### By mail

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**SUN LIFE ASSURANCE COMPANY OF CANADA**  
**One Sun Life Executive Park, Wellesley Hills, MA 02481**  
**(800) 247-6875**

**GROUP ACCIDENT-ONLY INSURANCE**

**THE CERTIFICATE PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO  
COVER ALL MEDICAL EXPENSES**

**OUTLINE OF COVERAGE**

Read Your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy provisions will control. The Certificate and the Policy into which it is incorporated sets forth, in detail, the rights and obligations of both you and your insurance company and the terms and conditions under which benefits are paid. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Accident-only coverage is designed to provide, to persons insured, coverage from certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Policy and Certificate. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**BENEFITS**

The following benefits, subject to the election of your employer, **MAY** be covered under your Certificate. The benefit amount payable for each covered benefit will be shown in the Certificate Benefit Highlights.

**Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit**

An Accident Emergency Treatment (non-Emergency Room, non-Urgent Care Facility) Benefit is payable for each Insured who receives Treatment from a Physician as the result of Injuries received in a Covered Accident, provided the Treatment is received within 15 days after the date of the Covered Accident. This benefit is payable only once per Insured for each Covered Accident and not more than once per 24 hour period. If the Insured receives Treatment for the same Injuries in an Emergency Room or Urgent Care Facility within the same 15 day period, we will pay only the Emergency Room Treatment Benefit or the Urgent Care Facility Benefit.

**Accidental Death Benefit**

An Accidental Death Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Accident. If we pay this benefit for an Insured, we will not pay the Accidental Death Common Carrier Benefit for the same Insured.

**Accidental Death Common Carrier Benefit**

An Accidental Death Common Carrier Benefit is payable if an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If we pay this benefit for an Insured, we will not pay the Accidental Death Benefit for the same Insured.

**Accidental Dismemberment Benefit**

An Accidental Dismemberment Benefit is payable if an Insured sustains the following:

- Loss of Hand — one hand;
- Loss of Foot — one foot;
- Loss of Leg — one leg;

- Loss of Arm — one arm;
- Loss of a Finger or Loss of a Toe — one or more fingers or toes;
- Loss of an Eye — one eye;
- irrecoverable Loss of Sight — one eye;
- Loss of an Ear — one ear; or
- irrecoverable Loss of Hearing — one ear;

due to Injuries received in a Covered Accident and the loss occurs within 365 days after the date of the Covered Accident.

If the Insured loses a finger or a toe and later loses a hand, foot, arm or leg on the same side of the body within 365 days after the date of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for the loss of the finger or toe from the benefit we pay for the loss of the hand, foot, arm or leg.

For multiple Dismemberments resulting from the same Covered Accident that occur within 365 days after the date of the Covered Accident, we will pay 100% of each benefit amount listed in the Benefit Highlights for the applicable dismembered body part. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Insured loses one arm and one leg or one hand and one foot within 365 days of the Covered Accident as the result of the same Covered Accident, we will pay for the Catastrophic Accident Benefit. No Accidental Dismemberment Benefit will be paid in addition to the Catastrophic Accident Benefit.

#### **Ambulance Benefit (Air)**

An Ambulance Benefit is payable for a licensed professional air ambulance company to transport an Insured to or from a Hospital, or between medical facilities for Treatment of Injuries received in a Covered Accident. The air ambulance must provide the transportation services to the Insured within 72 hours after the date of the Covered Accident.

#### **Ambulance Benefit (Ground)**

An Ambulance Benefit is payable for a licensed professional ambulance company to transport an Insured by ground, to or from a Hospital or between medical facilities for Treatment of Injuries received in a Covered Accident. The ambulance must provide transportation services to the Insured within 72 hours after the date of the Covered Accident.

#### **Anesthesia Benefit**

An Anesthesia Benefit is payable for each Insured who requires Anesthesia as a result of Injuries received in a Covered Accident. The Anesthesia must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident.

#### **Blood/Plasma/Platelet Transfusion Benefit**

A Blood/Plasma/Platelet Transfusion Benefit is payable for each Insured who requires a transfusion, administration, cross matching, typing and processing of blood, plasma or platelet as a result of Injuries received in a Covered Accident. The blood, plasma or platelet transfusion must be administered within 90 days after the date of the Covered Accident.

**Brain Injury Benefit**

A Brain Injury Benefit is payable for each Insured who sustains a brain Injury as a result of a Covered Accident. The brain Injury must be diagnosed within 72 hours of the Covered Accident. Brain Injury includes amnesia, loss of consciousness, temporary and complete blindness, seizures or other disruptions of the various chemical processes of the brain when incurred as a result of a Covered Accident. It does not include neurological disorders diagnosed as a coma or a concussion. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness. Only one Brain Injury Benefit is payable for all brain Injuries sustained in the same Covered Accident.

**Burn Benefit**

A Burn Benefit is payable for each Insured who sustains covered burns shown in the Benefit Highlights as the result of Injuries received in a Covered Accident. The Insured must be treated by a Physician within 72 hours after the date of the Covered Accident. If the Insured meets more than one of the burn classifications, we will pay only the greater benefit amount as shown in the Benefit Highlights.

**Catastrophic Accident Benefit**

A Catastrophic Accident Benefit is payable if an Insured sustains the following:

- Loss of Hand — both hands;
- Loss of Foot — both feet;
- Loss of Arm or Loss of Leg — both arms or both legs;
- Loss of Hand and Loss of Foot — one hand and one foot;
- Loss of Arm and Loss of Leg — one arm and one leg;
- Loss of an Eye — both eyes;
- irrecoverable Loss of Sight — both eyes;
- Loss of an Ear — both ears;
- irrecoverable Loss of Hearing — both ears;
- irrecoverable Loss of Speech or the ability to speak; or
- any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye;

due to Injuries received in a Covered Accident and occurs within 365 days after the date of the Covered Accident. Loss of Arm and Loss of Hand or Loss of Leg and Loss of Foot on the same side of the body are counted as one loss. If the Insured loses one arm or one leg and later loses the other arm or leg within 365 days of the Covered Accident as the result of the same Covered Accident, we will subtract the amount we paid for that loss of an arm or leg from the benefit we pay for the Catastrophic Accident Benefit. If the Injury is diagnosed as temporary blindness and then results in permanent irrecoverable Loss of Sight of both eyes within 365 days of the Covered Accident as a result of the same Covered Accident, we will subtract from the Catastrophic Accident Benefit the amount we paid for the Brain Injury Benefit if the sole reason for paying the Brain Injury Benefit was due to blindness.

**Coma Benefit**

A Coma Benefit is payable for each Insured who is in a Coma as the result of Injuries received in a Covered Accident.

**Concussion Benefit**

A Concussion Benefit is payable for each Insured who sustains a concussion as the result of a Covered Accident up to the Lifetime Maximum Benefit shown in the Benefit Highlights. The concussion must be diagnosed by a Physician using x-ray, Computed Tomographies (CT Scan), or Magnetic Resonance Imaging (MRI) within 72 hours of the Covered Accident.

**Diagnostic Exam Benefit**

A Diagnostic Exam Benefit is payable for each Insured who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. The Insured must schedule an examination and the examination must be performed within 90 days after the date of the Covered Accident. Diagnostic exams include arteriogram, angiogram, Computed Tomographies (CT Scan), Computerized Axial Tomography (CAT), Electrocardiography (EKG), Electroencephalogram (EEG), Magnetic Resonance Imagings (MRIs) and x-rays. This benefit is payable only once per Benefit Year for each Insured.

**Dislocation Benefit**

A Dislocation Benefit is payable for each Insured who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require Anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction and it must be a complete Dislocation.

If the Dislocation requires reduction without Anesthesia by a Physician or a Physician diagnoses the dislocation as an Incomplete Dislocation, we will pay 25% of the applicable benefit amount shown in the Benefit Highlights for a Closed Reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident. Subsequent Dislocations of the same joint are not payable for the same Covered Accident.

If the Insured sustains more than one Dislocation in a Covered Accident that requires open or closed reduction, we will pay for no more than two Dislocations with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

**Emergency Dental Benefit**

An Emergency Dental Benefit is payable for each Insured who requires dental work as the result of Injuries received in a Covered Accident. The dental work must occur within 60 days after the date of the Covered Accident. This benefit is only payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

**Emergency Room Treatment Benefit**

An Emergency Room Treatment Benefit is payable for each Insured who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident.

**Epidural Pain Management Benefit**

An Epidural Pain Management Benefit is payable for each Insured who receives an Epidural Injection administered for pain management for Injuries received in a Covered Accident. Epidural Injection means injection of drugs through a catheter placed into the epidural space. The epidural must be prescribed by a Physician and administered in a Hospital or Physician's office within 90 days after the date of the Covered Accident. This benefit is payable up to 2 times per Insured per Covered Accident. This benefit is not payable for an Epidural Injection administered during a surgical procedure and does not include epidural steroid injections.

**Eye Injury Benefit**

An Eye Injury Benefit is payable for each Insured who incurs an eye Injury as a result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician and must be performed within 30 days of the Covered Accident. Only one Eye Injury Benefit is payable for all eye Injuries sustained in the same Covered Accident.

**Fracture Benefit**

A Fracture Benefit is payable for each Insured who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must:

- be a Fracture covered under the Policy as shown in the Benefit Highlights;
- be diagnosed by a Physician within 90 days after the date of the Covered Accident; and
- require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

A partial benefit is payable for each Insured who sustains a Chip Fracture or other Fractures not reduced by open or closed reduction.

If an Insured sustains more than one Fracture in a Covered Accident which requires open or closed reduction, we will pay for no more than two Fractures with the benefit paid being the two highest applicable benefit amounts as shown in the Benefit Highlights.

If the Insured sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the greater of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit as shown in the Benefit Highlights.

**Gunshot Wound Benefit**

A Gunshot Wound Benefit is payable for each Insured who sustains a gunshot wound as a result of a Covered Accident. The gunshot wound must be caused by:

- a bullet; or
- other object fired by rifle or pistol using gunpowder.

The gunshot wound must be treated by a Physician at a Hospital within 24 hours of the shooting. Only one Gunshot Wound Benefit is payable for all gunshot Injuries sustained in the same Covered Accident.

**Hospital Admission Benefit**

A Hospital Admission Benefit is payable for each Insured admitted to a Hospital as a result of Injuries received in a Covered Accident. Admission to the Hospital must occur within 30 days after the date of the Covered Accident. If the Insured is Confined immediately to the Intensive Care Unit, we will pay only the Hospital Intensive Care Unit Admission Benefit and not the Hospital Admission Benefit. This benefit is payable only once per Benefit Year for each Insured.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- a stay of less than 24 hours in an Observation Unit.

**Hospital Confinement Benefit**

A Hospital Confinement Benefit is payable for each Insured Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If the Insured is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, we will treat the Confinement as a new Confinement.

The maximum benefit paid will not exceed number of days for the Hospital Confinement Benefit as shown in the Benefit Highlights.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 24 hours to an Observation Unit.

**Hospital Intensive Care Unit Admission Benefit**

A Hospital Intensive Care Unit Admission Benefit is payable for each Insured who is admitted to the Hospital's Intensive Care Unit due to Injuries sustained in a Covered Accident. Admission to the Hospital's Intensive Care Unit must occur within 30 days after the date of the Covered Accident. This benefit is payable only once per Benefit Year for each Insured.

**Hospital Intensive Care Unit Confinement Benefit**

A Hospital Intensive Care Unit Confinement Benefit is payable for each Insured Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If the Insured is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, we will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, we will treat the Confinement as a new Confinement.

If the Insured is Confined to a hospital intensive care unit that does not meet the definition of a Hospital Intensive Care Unit, we will pay the Hospital Confinement Benefit. The Hospital Intensive Care Unit Confinement Benefit is paid in addition to the Hospital Confinement Benefit for the first 15 days of Confinement in the Hospital Intensive Care Unit. If the Insured is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed the number of days for the Hospital Confinement Benefit and the number of days for the Hospital Intensive Care Unit Confinement Benefit as shown in the Benefit Highlights.

**Laceration Benefit**

A Laceration Benefit is payable for each Insured who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. This benefit is payable only once for each Covered Accident.

**Loss of Hearing/Ear Benefit**

A Loss of Hearing Benefit is payable if an Insured sustains the irrecoverable Loss of Hearing of one ear or both ears or the Loss of an Ear or both ears due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

**Loss of Sight/Eye Benefit**

A Loss of Sight Benefit is payable if an Insured sustains the irrecoverable Loss of Sight of one eye or both eyes or the Loss of an Eye or both eyes due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident.

**Medical Device Benefit**

A Medical Device Benefit is payable for the use of a medical device as an aid in personal locomotion or mobility. The medical device must be prescribed by a Physician for the Insured as a result of Injuries received in each Covered Accident. Medical devices include wheelchairs, crutches, walkers, back braces, leg braces, neck braces and walking boots. The use of a medical device must begin within 90 days after the date of the Covered Accident. This benefit is payable only once for each Covered Accident.

**Outpatient Visit Benefit**

An Outpatient Visit Benefit is payable when the Insured is treated by a Physician on an Outpatient basis as a result of a Covered Accident. The Treatment must be given within 90 days after the date of the Covered Accident.

**Paralysis Benefit**

A Paralysis Benefit is payable for each Insured who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must occur within 90 days of the Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence that the Paralysis was caused by Injury. The duration of the Paralysis must be at least 30 days and expected to be permanent.

**Physical and Occupational Therapy Benefit**

A Physical and Occupational Therapy Benefit is payable for each Insured who requires physical or occupational therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 90 days after:

- the date of the Covered Accident; or
- the date on which the Physician prescribes physical or occupational therapy following surgery or other medical treatment required and provided for Treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical or Occupational Therapist.

This benefit is limited to the maximum number of visits per Insured per Covered Accident as shown in the Benefit Highlights.

**Physician Follow-Up Treatment Benefit**

A Physician Follow-Up Treatment Benefit is payable for each Insured who receives follow-up Treatment for Injuries incurred from a Covered Accident when such follow-up Treatment is recommended or advised by a Physician. The follow-up Treatment must:

- be within 90 days after the date of the Covered Accident;
- be due to Injuries received as the result of a Covered Accident;
- occur after initial Treatment by a Physician; and
- not be for routine examinations or preventive testing.

This benefit includes follow-up Treatment provided by a licensed or certified chiropractor. This benefit is limited to the number of times per Insured per Covered Accident as shown in the Benefit Highlights.

**Prescription Drug Benefit**

A Prescription Drug Benefit is payable once per Covered Accident for each Insured who requires medication to treat an Injury sustained as a direct result of a Covered Accident. The medication must be prescribed by a Physician within 30 days of the Covered Accident.

**Prosthesis Benefit**

A Prosthesis Benefit is payable for an Insured who sustains Loss of Hand, Loss of Foot, Loss of Arm, Loss of Leg or Loss of an Eye as a result of Injuries received in a Covered Accident and requires a prosthetic device, artificial limb or eye which is prescribed by a Physician. The prosthetic device/artificial limb or eye must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for joint replacement such as an artificial hip or knee.

**Rehabilitation Unit Benefit**

A Rehabilitation Unit Benefit provides a daily benefit if the Insured is Confined in a Rehabilitation Unit for physical, occupational or speech therapy treatment of Injuries incurred from a Covered Accident. The rehabilitation unit confinement must begin within 90 days after the date of the Covered Accident and be preceded by Confinement in a Hospital. This benefit is limited to the maximum number of days per Insured per Covered Accident as shown in the Benefit Highlights. The Rehabilitation Unit benefit will not be paid if the Hospital Confinement Benefit is paid for the same day; only the highest eligible benefit will be paid.

**Skin Graft Benefit**

A Skin Graft Benefit is payable for each Insured who receives a skin graft within 90 days after the date of the Covered Accident for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Insured per Covered Accident.

**Surgery Benefit**

A Surgery Benefit is payable for each Insured who undergoes a surgical procedure listed in the Benefit Highlights for repair of internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery within 180 days of the date of the Covered Accident. The surgery may be provided in a Hospital on an Inpatient or Outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights.

*Debridement Benefit*

A Debridement Benefit is payable for each Insured who undergoes debridement as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

*Exploratory Surgery Benefit*

An Exploratory Surgery Benefit is payable for each Insured who undergoes an operation performed for diagnostic purposes only as the result of an Injury received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the surgery must be performed by a Physician within 180 days after the date of the Covered Accident.

*Hernia Repair Benefit*

A Hernia Repair Benefit is payable for each Insured who sustains a hernia as the result of direct Injuries in a Covered Accident. The hernia must be diagnosed by a Physician within 30 days and must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident.



#### *Laparoscopic Surgery Benefit*

A Laparoscopic Surgery Benefit is payable for each Insured who undergoes Laparoscopic Surgery for Injuries sustained in a Covered Accident. The Laparoscopic Surgery must occur within 90 days after the date of the Covered Accident.

#### *Miscellaneous Surgery Benefit*

A Miscellaneous Surgery Benefit is payable for each Insured who undergoes a surgery requiring Anesthesia received as the result of a Covered Accident that is not covered by any other Injury benefit in the Benefit Highlights. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Only one Miscellaneous Surgery Benefit is payable per 24 hour period even though multiple surgical procedures may be performed.

#### *Open Surgery Benefit*

An Open Surgery Benefit is payable for each Insured who undergoes open abdominal, cranial or thoracic surgery to repair internal Injuries received as the result of a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury must be repaired through surgery by a Physician within 180 days after the date of the Covered Accident. Benefits will be payable for Exploratory Surgery or other specified surgery without repair as shown in the Benefit Highlights. We will pay this benefit once per Covered Accident.

#### *Ruptured/Herniated Disc Benefit*

A Ruptured/Herniated Disc Benefit is payable for each Insured who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident.

#### *Tendon/Ligament /Rotator Cuff Benefit*

A Tendon/Ligament/Rotator Cuff Benefit is payable for each Insured who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Benefit Highlights.

#### *Torn Knee Cartilage Benefit*

A Torn Knee Cartilage Benefit is payable for each Insured who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. Treatment must be first provided by a Physician within 30 days and the Injury repaired through surgery by a Physician within 180 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Benefit Highlights.

If any Insured receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

#### **Urgent Care Facility Benefit**

An Urgent Care Facility Benefit is payable for each Insured who requires emergency or urgent Treatment at an Urgent Care Facility for Injuries sustained in a Covered Accident. The Treatment must occur within 72 hours after the date of the Covered Accident.

**Wellness Screening Benefit**

A Wellness Screening Benefit is payable for each Insured who has any one of the following wellness screening tests performed:

- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cardiac Exercise Stress Test
- Fasting Blood Glucose Test
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- Hemocult Stool Analysis
- CEA (blood test for colon cancer)
- Chest x-ray
- Lipid panel (cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Serum Protein Electrophoresis
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Carotid Doppler
- Echocardiogram
- Electrocardiogram (ECG)-resting or stress
- Immunizations
- Interscholastic Sports Physical Exam

To receive this benefit, you must notify us of which wellness screening test was performed. The benefit is payable once per Insured per Benefit Year.

**EXCLUSIONS**

*Exclusions applicable to your Certificate may vary by state insurance law and regulation.*

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
  1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
  2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
  3. flying in your Employer's corporate aircraft as a passenger or crew member; or
  4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- 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;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

#### **GENERAL**

Premium rates for the coverage may change.

Accident insurance coverage is subject to termination as stated in the Policy.

## Notes

## Notes

## Notes



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



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