



# Optional Life Insurance Benefits

For Employees of Union County, NC. - Policy #242357

All Eligible Employees

## A Worldwide Presence

Our parent company's operations currently service millions of people in the United States, Canada, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

### Benefits

- **For you:**

An amount between \$10,000 and \$750,000, in increments of \$10,000, not to exceed 5x Basic Annual Earnings. Guaranteed Issue Amount is \$300,000. Benefits cease at retirement.

**\*Please note:** An Employee may elect to increase their amount of Optional Life Insurance by \$10,000 or \$20,000 without Evidence of Insurability during their Annual Open Enrollment Period.

- **For your spouse:**

An amount between \$10,000 and \$100,000, in increments of \$10,000. Guaranteed Issue Amount is \$50,000. Spouse Optional Life coverage may not exceed 50% of the employee's coverage.

**\*Please note:** An Employee may elect to increase their amount of Spouse Optional Life Insurance by \$10,000 or \$20,000 without Evidence of Insurability during their Annual Open Enrollment Period.

- **For your dependent child(ren):**

An amount between \$5,000 and \$15,000, in increments of \$5,000 for each eligible child who is 6 months to age 26; \$250 for a child from birth to under 6 months. Child coverage cannot exceed 50% of the employee's coverage.

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

### Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits.

### How to Enroll

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

## About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - You decline coverage during your initial eligibility period and then want coverage at a later date; or
  - You apply for Optional Life in excess of the Guaranteed Issue Amount.
- All late entrants and increases require Evidence of Insurability.

Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

## Optional Life Rates

Employee		Spouse		Child(ren)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage
Under 25	\$ 0.076	Under 25	\$ 0.076		
25 – 29	\$ 0.076	25 – 29	\$ 0.076		
30 – 34	\$ 0.086	30 – 34	\$ 0.086		
35 – 39	\$ 0.114	35 – 39	\$ 0.114		
40 – 44	\$ 0.171	40 – 44	\$ 0.171	All eligible children	\$ 0.140
45 – 49	\$ 0.276	45 – 49	\$ 0.276		
50 – 54	\$ 0.456	50 – 54	\$ 0.456		
55 – 59	\$ 0.741	55 – 59	\$ 0.741		
60 – 64	\$ 1.178	60 – 64	\$ 1.178		
65 – 69	\$ 1.862	65 – 69	\$ 1.862		
70 +	\$ 3.031	70 +	\$ 3.031		

\*These are the rates in effect for 1/1/2016.

## Cost to You

- You are responsible for paying the cost of Optional Life coverage through payroll deduction. Calculate your cost by dividing your amount of optional life insurance by 1000 and multiplying the result by the appropriate rate above. Follow the example below to determine your monthly cost.

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*	
\$25000	/ 1000 = 25	x \$0.05	\$ 1.25	
Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
\$ [ ]	/ 1000 = [ ]	x \$[ ]	\$ [ ]	\$ [ ]

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

## Age Reductions

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

Age	Percentage
70	65%
75	45%
80	30%

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

Age	Percentage
70	65%

## For Complete Plan Details

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

## Exclusions for Life

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 12-SD-C-01, 13-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01, 13-LF-C-01, 13-GPPORT-P-01, 13-LFPort-C-01, 13-ADD-C-01, 13-LTD-C-01, 13-LTD-P-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GP-A-1, and GC-A-1. Product offerings may not be available in all states and may vary depending on state laws and regulations.

© 2013 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us)