

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

Sarah Lawrence College | All Eligible Employees | 823675

## Protect your family

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

## How it works

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

### Benefits

<b>For you</b>	<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 \$100,000</b>.</p> <p>The benefit amount is reduced to 67% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
<b>For your spouse</b>	<p>If you elect coverage for yourself, you can choose from <b>\$10,000 to \$150,000</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>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
<b>For your child(ren)</b>	<p>If you elect coverage for yourself, you can choose <b>\$2,500 to \$10,000</b>—in \$2,500 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 50% 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 19 years old or to age 23 if a full-time student. 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?*

## Accidental Death and Dismemberment (AD&D)

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

### 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.

### Life and AD&D FAQ

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

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

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

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

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

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

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

Rates are effective as of January 01, 2019.

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

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

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

Coverage Amounts	Age and Cost												
	<30	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	0.86	0.86	1.04	1.40	2.11	2.94	4.49	6.75	10.13	19.82	42.70	85.53	171.04
\$20,000	1.72	1.72	2.08	2.80	4.22	5.88	8.98	13.50	20.26	39.64	85.40	171.06	342.08
\$30,000	2.58	2.58	3.12	4.20	6.33	8.82	13.47	20.25	30.39	59.46	128.10	256.59	513.12
\$40,000	3.44	3.44	4.16	5.60	8.44	11.76	17.96	27.00	40.52	79.28	170.80	342.12	684.16
\$50,000	4.30	4.30	5.20	7.00	10.55	14.70	22.45	33.75	50.65	99.10	213.50	427.65	855.20
\$60,000	5.16	5.16	6.24	8.40	12.66	17.64	26.94	40.50	60.78	118.92	256.20	513.18	1,026.24
\$70,000	6.02	6.02	7.28	9.80	14.77	20.58	31.43	47.25	70.91	138.74	298.90	598.71	1,197.28
\$80,000	6.88	6.88	8.32	11.20	16.88	23.52	35.92	54.00	81.04	158.56	341.60	684.24	1,368.32
\$90,000	7.74	7.74	9.36	12.60	18.99	26.46	40.41	60.75	91.17	178.38	384.30	769.77	1,539.36
\$100,000	8.60	8.60	10.40	14.00	21.10	29.40	44.90	67.50	101.30	198.20	427.00	855.30	1,710.40
\$110,000	9.46	9.46	11.44	15.40	23.21	32.34	49.39	74.25	111.43	218.02	469.70	940.83	1,881.44
\$120,000	10.32	10.32	12.48	16.80	25.32	35.28	53.88	81.00	121.56	237.84	512.40	1,026.36	2,052.48
\$130,000	11.18	11.18	13.52	18.20	27.43	38.22	58.37	87.75	131.69	257.66	555.10	1,111.89	2,223.52
\$140,000	12.04	12.04	14.56	19.60	29.54	41.16	62.86	94.50	141.82	277.48	597.80	1,197.42	2,394.56
\$150,000	12.90	12.90	15.60	21.00	31.65	44.10	67.35	101.25	151.95	297.30	640.50	1,282.95	2,565.60
\$160,000	13.76	13.76	16.64	22.40	33.76	47.04	71.84	108.00	162.08	317.12	683.20	1,368.48	2,736.64
\$170,000	14.62	14.62	17.68	23.80	35.87	49.98	76.33	114.75	172.21	336.94	725.90	1,454.01	2,907.68
\$180,000	15.48	15.48	18.72	25.20	37.98	52.92	80.82	121.50	182.34	356.76	768.60	1,539.54	3,078.72
\$190,000	16.34	16.34	19.76	26.60	40.09	55.86	85.31	128.25	192.47	376.58	811.30	1,625.07	3,249.76
\$200,000	17.20	17.20	20.80	28.00	42.20	58.80	89.80	135.00	202.60	396.40	854.00	1,710.60	3,420.80
\$210,000	18.06	18.06	21.84	29.40	44.31	61.74	94.29	141.75	212.73	416.22	896.70	1,796.13	3,591.84
\$220,000	18.92	18.92	22.88	30.80	46.42	64.68	98.78	148.50	222.86	436.04	939.40	1,881.66	3,762.88
\$230,000	19.78	19.78	23.92	32.20	48.53	67.62	103.27	155.25	232.99	455.86	982.10	1,967.19	3,933.92
\$240,000	20.64	20.64	24.96	33.60	50.64	70.56	107.76	162.00	243.12	475.68	1,024.80	2,052.72	4,104.96
\$250,000	21.50	21.50	26.00	35.00	52.75	73.50	112.25	168.75	253.25	495.50	1,067.50	2,138.25	4,276.00
\$260,000	22.36	22.36	27.04	36.40	54.86	76.44	116.74	175.50	263.38	515.32	1,110.20	2,223.78	4,447.04
\$270,000	23.22	23.22	28.08	37.80	56.97	79.38	121.23	182.25	273.51	535.14	1,152.90	2,309.31	4,618.08
\$280,000	24.08	24.08	29.12	39.20	59.08	82.32	125.72	189.00	283.64	554.96	1,195.60	2,394.84	4,789.12
\$290,000	24.94	24.94	30.16	40.60	61.19	85.26	130.21	195.75	293.77	574.78	1,238.30	2,480.37	4,960.16
\$300,000	25.80	25.80	31.20	42.00	63.30	88.20	134.70	202.50	303.90	594.60	1,281.00	2,565.90	5,131.20
\$310,000	26.66	26.66	32.24	43.40	65.41	91.14	139.19	209.25	314.03	614.42	1,323.70	2,651.43	5,302.24
\$320,000	27.52	27.52	33.28	44.80	67.52	94.08	143.68	216.00	324.16	634.24	1,366.40	2,736.96	5,473.28
\$330,000	28.38	28.38	34.32	46.20	69.63	97.02	148.17	222.75	334.29	654.06	1,409.10	2,822.49	5,644.32
\$340,000	29.24	29.24	35.36	47.60	71.74	99.96	152.66	229.50	344.42	673.88	1,451.80	2,908.02	5,815.36
\$350,000	30.10	30.10	36.40	49.00	73.85	102.90	157.15	236.25	354.55	693.70	1,494.50	2,993.55	5,986.40
\$360,000	30.96	30.96	37.44	50.40	75.96	105.84	161.64	243.00	364.68	713.52	1,537.20	3,079.08	6,157.44
\$370,000	31.82	31.82	38.48	51.80	78.07	108.78	166.13	249.75	374.81	733.34	1,579.90	3,164.61	6,328.48
\$380,000	32.68	32.68	39.52	53.20	80.18	111.72	170.62	256.50	384.94	753.16	1,622.60	3,250.14	6,499.52
\$390,000	33.54	33.54	40.56	54.60	82.29	114.66	175.11	263.25	395.07	772.98	1,665.30	3,335.67	6,670.56
\$400,000	34.40	34.40	41.60	56.00	84.40	117.60	179.60	270.00	405.20	792.80	1,708.00	3,421.20	6,841.60
\$410,000	35.26	35.26	42.64	57.40	86.51	120.54	184.09	276.75	415.33	812.62	1,750.70	3,506.73	7,012.64
\$420,000	36.12	36.12	43.68	58.80	88.62	123.48	188.58	283.50	425.46	832.44	1,793.40	3,592.26	7,183.68
\$430,000	36.98	36.98	44.72	60.20	90.73	126.42	193.07	290.25	435.59	852.26	1,836.10	3,677.79	7,354.72
\$440,000	37.84	37.84	45.76	61.60	92.84	129.36	197.56	297.00	445.72	872.08	1,878.80	3,763.32	7,525.76
\$450,000	38.70	38.70	46.80	63.00	94.95	132.30	202.05	303.75	455.85	891.90	1,921.50	3,848.85	7,696.80
\$460,000	39.56	39.56	47.84	64.40	97.06	135.24	206.54	310.50	465.98	911.72	1,964.20	3,934.38	7,867.84
\$470,000	40.42	40.42	48.88	65.80	99.17	138.18	211.03	317.25	476.11	931.54	2,006.90	4,019.91	8,038.88
\$480,000	41.28	41.28	49.92	67.20	101.28	141.12	215.52	324.00	486.24	951.36	2,049.60	4,105.44	8,209.92
\$490,000	42.14	42.14	50.96	68.60	103.39	144.06	220.01	330.75	496.37	971.18	2,092.30	4,190.97	8,380.96
\$500,000	43.00	43.00	52.00	70.00	105.50	147.00	224.50	337.50	506.50	991.00	2,135.00	4,276.50	8,552.00

Rates are effective as of January 01, 2019.

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

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

**Spouse - Coverage and Monthly cost for Spouse Voluntary Life and AD&D**

Age and Cost									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	1.16	1.16	1.36	1.77	2.65	3.71	5.67	8.52	12.46
\$20,000	2.32	2.32	2.72	3.54	5.30	7.42	11.34	17.04	24.92
\$30,000	3.48	3.48	4.08	5.31	7.95	11.13	17.01	25.56	37.38
\$40,000	4.64	4.64	5.44	7.08	10.60	14.84	22.68	34.08	49.84
\$50,000	5.80	5.80	6.80	8.85	13.25	18.55	28.35	42.60	62.30
\$60,000	6.96	6.96	8.16	10.62	15.90	22.26	34.02	51.12	74.76
\$70,000	8.12	8.12	9.52	12.39	18.55	25.97	39.69	59.64	87.22
\$80,000	9.28	9.28	10.88	14.16	21.20	29.68	45.36	68.16	99.68
\$90,000	10.44	10.44	12.24	15.93	23.85	33.39	51.03	76.68	112.14
\$100,000	11.60	11.60	13.60	17.70	26.50	37.10	56.70	85.20	124.60
\$110,000	12.76	12.76	14.96	19.47	29.15	40.81	62.37	93.72	137.06
\$120,000	13.92	13.92	16.32	21.24	31.80	44.52	68.04	102.24	149.52
\$130,000	15.08	15.08	17.68	23.01	34.45	48.23	73.71	110.76	161.98
\$140,000	16.24	16.24	19.04	24.78	37.10	51.94	79.38	119.28	174.44
\$150,000	17.40	17.40	20.40	26.55	39.75	55.65	85.05	127.80	186.90

**Child - Coverage and Monthly cost**

Coverage Amounts	Voluntary Life and AD&D Cost
\$2,500	0.68
\$5,000	1.37
\$7,500	2.05
\$10,000	2.73

Rates are effective as of January 01, 2019.

The chart below shows possible coverage amounts and the corresponding costs per Weekly (52) pay period.

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

**Employee - Coverage and Weekly (52) cost for Employee Voluntary Life and AD&D**

Coverage Amounts	Age and Cost												
	<30	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	0.20	0.20	0.24	0.32	0.49	0.68	1.04	1.56	2.34	4.57	9.85	19.74	39.47
\$20,000	0.40	0.40	0.48	0.65	0.97	1.36	2.07	3.12	4.68	9.15	19.71	39.48	78.94
\$30,000	0.60	0.60	0.72	0.97	1.46	2.04	3.11	4.67	7.01	13.72	29.56	59.21	118.41
\$40,000	0.79	0.79	0.96	1.29	1.95	2.71	4.14	6.23	9.35	18.30	39.42	78.95	157.88
\$50,000	0.99	0.99	1.20	1.62	2.43	3.39	5.18	7.79	11.69	22.87	49.27	98.69	197.35
\$60,000	1.19	1.19	1.44	1.94	2.92	4.07	6.22	9.35	14.03	27.44	59.12	118.43	236.82
\$70,000	1.39	1.39	1.68	2.26	3.41	4.75	7.25	10.90	16.36	32.02	68.98	138.16	276.30
\$80,000	1.59	1.59	1.92	2.58	3.90	5.43	8.29	12.46	18.70	36.59	78.83	157.90	315.77
\$90,000	1.79	1.79	2.16	2.91	4.38	6.11	9.33	14.02	21.04	41.16	88.68	177.64	355.24
\$100,000	1.98	1.98	2.40	3.23	4.87	6.78	10.36	15.58	23.38	45.74	98.54	197.38	394.71
\$110,000	2.18	2.18	2.64	3.55	5.36	7.46	11.40	17.13	25.71	50.31	108.39	217.11	434.18
\$120,000	2.38	2.38	2.88	3.88	5.84	8.14	12.43	18.69	28.05	54.89	118.25	236.85	473.65
\$130,000	2.58	2.58	3.12	4.20	6.33	8.82	13.47	20.25	30.39	59.46	128.10	256.59	513.12
\$140,000	2.78	2.78	3.36	4.52	6.82	9.50	14.51	21.81	32.73	64.03	137.95	276.33	552.59
\$150,000	2.98	2.98	3.60	4.85	7.30	10.18	15.54	23.37	35.07	68.61	147.81	296.07	592.06
\$160,000	3.18	3.18	3.84	5.17	7.79	10.86	16.58	24.92	37.40	73.18	157.66	315.80	631.53
\$170,000	3.37	3.37	4.08	5.49	8.28	11.53	17.61	26.48	39.74	77.76	167.52	335.54	671.00
\$180,000	3.57	3.57	4.32	5.82	8.76	12.21	18.65	28.04	42.08	82.33	177.37	355.28	710.47
\$190,000	3.77	3.77	4.56	6.14	9.25	12.89	19.69	29.60	44.42	86.90	187.22	375.02	749.94
\$200,000	3.97	3.97	4.80	6.46	9.74	13.57	20.72	31.15	46.75	91.48	197.08	394.75	789.42
\$210,000	4.17	4.17	5.04	6.78	10.23	14.25	21.76	32.71	49.09	96.05	206.93	414.49	828.89
\$220,000	4.37	4.37	5.28	7.11	10.71	14.93	22.80	34.27	51.43	100.62	216.78	434.23	868.36
\$230,000	4.56	4.56	5.52	7.43	11.20	15.60	23.83	35.83	53.77	105.20	226.64	453.97	907.83
\$240,000	4.76	4.76	5.76	7.75	11.69	16.28	24.87	37.38	56.10	109.77	236.49	473.70	947.30
\$250,000	4.96	4.96	6.00	8.08	12.17	16.96	25.90	38.94	58.44	114.35	246.35	493.44	986.77
\$260,000	5.16	5.16	6.24	8.40	12.66	17.64	26.94	40.50	60.78	118.92	256.20	513.18	1,026.24
\$270,000	5.36	5.36	6.48	8.72	13.15	18.32	27.98	42.06	63.12	123.49	266.05	532.92	1,065.71
\$280,000	5.56	5.56	6.72	9.05	13.63	19.00	29.01	43.62	65.46	128.07	275.91	552.66	1,105.18
\$290,000	5.76	5.76	6.96	9.37	14.12	19.68	30.05	45.17	67.79	132.64	285.76	572.39	1,144.65
\$300,000	5.95	5.95	7.20	9.69	14.61	20.35	31.08	46.73	70.13	137.22	295.62	592.13	1,184.12
\$310,000	6.15	6.15	7.44	10.02	15.09	21.03	32.12	48.29	72.47	141.79	305.47	611.87	1,223.59
\$320,000	6.35	6.35	7.68	10.34	15.58	21.71	33.16	49.85	74.81	146.36	315.32	631.61	1,263.06
\$330,000	6.55	6.55	7.92	10.66	16.07	22.39	34.19	51.40	77.14	150.94	325.18	651.34	1,302.54
\$340,000	6.75	6.75	8.16	10.98	16.56	23.07	35.23	52.96	79.48	155.51	335.03	671.08	1,342.01
\$350,000	6.95	6.95	8.40	11.31	17.04	23.75	36.27	54.52	81.82	160.08	344.88	690.82	1,381.48
\$360,000	7.14	7.14	8.64	11.63	17.53	24.42	37.30	56.08	84.16	164.66	354.74	710.56	1,420.95
\$370,000	7.34	7.34	8.88	11.95	18.02	25.10	38.34	57.63	86.49	169.23	364.59	730.29	1,460.42
\$380,000	7.54	7.54	9.12	12.28	18.50	25.78	39.37	59.19	88.83	173.81	374.45	750.03	1,499.89
\$390,000	7.74	7.74	9.36	12.60	18.99	26.46	40.41	60.75	91.17	178.38	384.30	769.77	1,539.36
\$400,000	7.94	7.94	9.60	12.92	19.48	27.14	41.45	62.31	93.51	182.95	394.15	789.51	1,578.83
\$410,000	8.14	8.14	9.84	13.25	19.96	27.82	42.48	63.87	95.85	187.53	404.01	809.25	1,618.30
\$420,000	8.34	8.34	10.08	13.57	20.45	28.50	43.52	65.42	98.18	192.10	413.86	828.98	1,657.77
\$430,000	8.53	8.53	10.32	13.89	20.94	29.17	44.55	66.98	100.52	196.68	423.72	848.72	1,697.24
\$440,000	8.73	8.73	10.56	14.22	21.42	29.85	45.59	68.54	102.86	201.25	433.57	868.46	1,736.71
\$450,000	8.93	8.93	10.80	14.54	21.91	30.53	46.63	70.10	105.20	205.82	443.42	888.20	1,776.18
\$460,000	9.13	9.13	11.04	14.86	22.40	31.21	47.66	71.65	107.53	210.40	453.28	907.93	1,815.66
\$470,000	9.33	9.33	11.28	15.18	22.89	31.89	48.70	73.21	109.87	214.97	463.13	927.67	1,855.13
\$480,000	9.53	9.53	11.52	15.51	23.37	32.57	49.74	74.77	112.21	219.54	472.98	947.41	1,894.60
\$490,000	9.72	9.72	11.76	15.83	23.86	33.24	50.77	76.33	114.55	224.12	482.84	967.15	1,934.07
\$500,000	9.92	9.92	12.00	16.15	24.35	33.92	51.81	77.88	116.88	228.69	492.69	986.88	1,973.54

Rates are effective as of January 01, 2019.

The chart below shows possible coverage amounts and the corresponding costs per Weekly (52) pay period.

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

**Spouse - Coverage and Weekly (52) cost for Spouse Voluntary Life and AD&D**

Age and Cost									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	0.27	0.27	0.31	0.41	0.61	0.86	1.31	1.97	2.88
\$20,000	0.54	0.54	0.63	0.82	1.22	1.71	2.62	3.93	5.75
\$30,000	0.80	0.80	0.94	1.23	1.83	2.57	3.93	5.90	8.63
\$40,000	1.07	1.07	1.26	1.63	2.45	3.42	5.23	7.86	11.50
\$50,000	1.34	1.34	1.57	2.04	3.06	4.28	6.54	9.83	14.38
\$60,000	1.61	1.61	1.88	2.45	3.67	5.14	7.85	11.80	17.25
\$70,000	1.87	1.87	2.20	2.86	4.28	5.99	9.16	13.76	20.13
\$80,000	2.14	2.14	2.51	3.27	4.89	6.85	10.47	15.73	23.00
\$90,000	2.41	2.41	2.82	3.68	5.50	7.71	11.78	17.70	25.88
\$100,000	2.68	2.68	3.14	4.08	6.12	8.56	13.08	19.66	28.75
\$110,000	2.94	2.94	3.45	4.49	6.73	9.42	14.39	21.63	31.63
\$120,000	3.21	3.21	3.77	4.90	7.34	10.27	15.70	23.59	34.50
\$130,000	3.48	3.48	4.08	5.31	7.95	11.13	17.01	25.56	37.38
\$140,000	3.75	3.75	4.39	5.72	8.56	11.99	18.32	27.53	40.26
\$150,000	4.02	4.02	4.71	6.13	9.17	12.84	19.63	29.49	43.13

Spouse rate based on Spouse Age

**Child - Coverage and Weekly (52) cost**

Coverage Amounts	Voluntary Life and AD&D Cost
\$2,500	0.16
\$5,000	0.32
\$7,500	0.47
\$10,000	0.63

Rates are effective as of January 01, 2019.

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

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

**Employee - Coverage and Bi-Weekly cost for Employee Voluntary Life and AD&D**

Coverage Amounts	Age and Cost												
	<30	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	0.40	0.40	0.48	0.65	0.97	1.36	2.07	3.12	4.68	9.15	19.71	39.48	78.94
\$20,000	0.79	0.79	0.96	1.29	1.95	2.71	4.14	6.23	9.35	18.30	39.42	78.95	157.88
\$30,000	1.19	1.19	1.44	1.94	2.92	4.07	6.22	9.35	14.03	27.44	59.12	118.43	236.82
\$40,000	1.59	1.59	1.92	2.58	3.90	5.43	8.29	12.46	18.70	36.59	78.83	157.90	315.77
\$50,000	1.98	1.98	2.40	3.23	4.87	6.78	10.36	15.58	23.38	45.74	98.54	197.38	394.71
\$60,000	2.38	2.38	2.88	3.88	5.84	8.14	12.43	18.69	28.05	54.89	118.25	236.85	473.65
\$70,000	2.78	2.78	3.36	4.52	6.82	9.50	14.51	21.81	32.73	64.03	137.95	276.33	552.59
\$80,000	3.18	3.18	3.84	5.17	7.79	10.86	16.58	24.92	37.40	73.18	157.66	315.80	631.53
\$90,000	3.57	3.57	4.32	5.82	8.76	12.21	18.65	28.04	42.08	82.33	177.37	355.28	710.47
\$100,000	3.97	3.97	4.80	6.46	9.74	13.57	20.72	31.15	46.75	91.48	197.08	394.75	789.42
\$110,000	4.37	4.37	5.28	7.11	10.71	14.93	22.80	34.27	51.43	100.62	216.78	434.23	868.36
\$120,000	4.76	4.76	5.76	7.75	11.69	16.28	24.87	37.38	56.10	109.77	236.49	473.70	947.30
\$130,000	5.16	5.16	6.24	8.40	12.66	17.64	26.94	40.50	60.78	118.92	256.20	513.18	1,026.24
\$140,000	5.56	5.56	6.72	9.05	13.63	19.00	29.01	43.62	65.46	128.07	275.91	552.66	1,105.18
\$150,000	5.95	5.95	7.20	9.69	14.61	20.35	31.08	46.73	70.13	137.22	295.62	592.13	1,184.12
\$160,000	6.35	6.35	7.68	10.34	15.58	21.71	33.16	49.85	74.81	146.36	315.32	631.61	1,263.06
\$170,000	6.75	6.75	8.16	10.98	16.56	23.07	35.23	52.96	79.48	155.51	335.03	671.08	1,342.01
\$180,000	7.14	7.14	8.64	11.63	17.53	24.42	37.30	56.08	84.16	164.66	354.74	710.56	1,420.95
\$190,000	7.54	7.54	9.12	12.28	18.50	25.78	39.37	59.19	88.83	173.81	374.45	750.03	1,499.89
\$200,000	7.94	7.94	9.60	12.92	19.48	27.14	41.45	62.31	93.51	182.95	394.15	789.51	1,578.83
\$210,000	8.34	8.34	10.08	13.57	20.45	28.50	43.52	65.42	98.18	192.10	413.86	828.98	1,657.77
\$220,000	8.73	8.73	10.56	14.22	21.42	29.85	45.59	68.54	102.86	201.25	433.57	868.46	1,736.71
\$230,000	9.13	9.13	11.04	14.86	22.40	31.21	47.66	71.65	107.53	210.40	453.28	907.93	1,815.66
\$240,000	9.53	9.53	11.52	15.51	23.37	32.57	49.74	74.77	112.21	219.54	472.98	947.41	1,894.60
\$250,000	9.92	9.92	12.00	16.15	24.35	33.92	51.81	77.88	116.88	228.69	492.69	986.88	1,973.54
\$260,000	10.32	10.32	12.48	16.80	25.32	35.28	53.88	81.00	121.56	237.84	512.40	1,026.36	2,052.48
\$270,000	10.72	10.72	12.96	17.45	26.29	36.64	55.95	84.12	126.24	246.99	532.11	1,065.84	2,131.42
\$280,000	11.11	11.11	13.44	18.09	27.27	37.99	58.02	87.23	130.91	256.14	551.82	1,105.31	2,210.36
\$290,000	11.51	11.51	13.92	18.74	28.24	39.35	60.10	90.35	135.59	265.28	571.52	1,144.79	2,289.30
\$300,000	11.91	11.91	14.40	19.38	29.22	40.71	62.17	93.46	140.26	274.43	591.23	1,184.26	2,368.25
\$310,000	12.30	12.30	14.88	20.03	30.19	42.06	64.24	96.58	144.94	283.58	610.94	1,223.74	2,447.19
\$320,000	12.70	12.70	15.36	20.68	31.16	43.42	66.31	99.69	149.61	292.73	630.65	1,263.21	2,526.13
\$330,000	13.10	13.10	15.84	21.32	32.14	44.78	68.39	102.81	154.29	301.87	650.35	1,302.69	2,605.07
\$340,000	13.50	13.50	16.32	21.97	33.11	46.14	70.46	105.92	158.96	311.02	670.06	1,342.16	2,684.01
\$350,000	13.89	13.89	16.80	22.62	34.08	47.49	72.53	109.04	163.64	320.17	689.77	1,381.64	2,762.95
\$360,000	14.29	14.29	17.28	23.26	35.06	48.85	74.60	112.15	168.31	329.32	709.48	1,421.11	2,841.90
\$370,000	14.69	14.69	17.76	23.91	36.03	50.21	76.68	115.27	172.99	338.46	729.18	1,460.59	2,920.84
\$380,000	15.08	15.08	18.24	24.55	37.01	51.56	78.75	118.38	177.66	347.61	748.89	1,500.06	2,999.78
\$390,000	15.48	15.48	18.72	25.20	37.98	52.92	80.82	121.50	182.34	356.76	768.60	1,539.54	3,078.72
\$400,000	15.88	15.88	19.20	25.85	38.95	54.28	82.89	124.62	187.02	365.91	788.31	1,579.02	3,157.66
\$410,000	16.27	16.27	19.68	26.49	39.93	55.63	84.96	127.73	191.69	375.06	808.02	1,618.49	3,236.60
\$420,000	16.67	16.67	20.16	27.14	40.90	56.99	87.04	130.85	196.37	384.20	827.72	1,657.97	3,315.54
\$430,000	17.07	17.07	20.64	27.78	41.88	58.35	89.11	133.96	201.04	393.35	847.43	1,697.44	3,394.49
\$440,000	17.46	17.46	21.12	28.43	42.85	59.70	91.18	137.08	205.72	402.50	867.14	1,736.92	3,473.43
\$450,000	17.86	17.86	21.60	29.08	43.82	61.06	93.25	140.19	210.39	411.65	886.85	1,776.39	3,552.37
\$460,000	18.26	18.26	22.08	29.72	44.80	62.42	95.33	143.31	215.07	420.79	906.55	1,815.87	3,631.31
\$470,000	18.66	18.66	22.56	30.37	45.77	63.78	97.40	146.42	219.74	429.94	926.26	1,855.34	3,710.25
\$480,000	19.05	19.05	23.04	31.02	46.74	65.13	99.47	149.54	224.42	439.09	945.97	1,894.82	3,789.19
\$490,000	19.45	19.45	23.52	31.66	47.72	66.49	101.54	152.65	229.09	448.24	965.68	1,934.29	3,868.14
\$500,000	19.85	19.85	24.00	32.31	48.69	67.85	103.62	155.77	233.77	457.38	985.38	1,973.77	3,947.08

Rates are effective as of January 01, 2019.

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

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

**Spouse - Coverage and Bi-Weekly cost for Spouse Voluntary Life and AD&D**

Coverage Amounts	Age and Cost								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	0.54	0.54	0.63	0.82	1.22	1.71	2.62	3.93	5.75
\$20,000	1.07	1.07	1.26	1.63	2.45	3.42	5.23	7.86	11.50
\$30,000	1.61	1.61	1.88	2.45	3.67	5.14	7.85	11.80	17.25
\$40,000	2.14	2.14	2.51	3.27	4.89	6.85	10.47	15.73	23.00
\$50,000	2.68	2.68	3.14	4.08	6.12	8.56	13.08	19.66	28.75
\$60,000	3.21	3.21	3.77	4.90	7.34	10.27	15.70	23.59	34.50
\$70,000	3.75	3.75	4.39	5.72	8.56	11.99	18.32	27.53	40.26
\$80,000	4.28	4.28	5.02	6.54	9.78	13.70	20.94	31.46	46.01
\$90,000	4.82	4.82	5.65	7.35	11.01	15.41	23.55	35.39	51.76
\$100,000	5.35	5.35	6.28	8.17	12.23	17.12	26.17	39.32	57.51
\$110,000	5.89	5.89	6.90	8.99	13.45	18.84	28.79	43.26	63.26
\$120,000	6.42	6.42	7.53	9.80	14.68	20.55	31.40	47.19	69.01
\$130,000	6.96	6.96	8.16	10.62	15.90	22.26	34.02	51.12	74.76
\$140,000	7.50	7.50	8.79	11.44	17.12	23.97	36.64	55.05	80.51
\$150,000	8.03	8.03	9.42	12.25	18.35	25.68	39.25	58.98	86.26

Spouse rate based on Spouse Age

**Child - Coverage and Bi-Weekly cost**

Coverage Amounts	Voluntary Life and AD&D Cost
\$2,500	0.32
\$5,000	0.63
\$7,500	0.95
\$10,000	1.26



## Important plan provisions

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

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

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

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

#### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

#### Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated.

#### Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

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

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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SLPC 29219 08/18 (exp 08/20)

# Notes

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# 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.

In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) 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.

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