

Goodwill Industries of Western Missouri & Eastern Kansas

SUN LIFE EMPLOYEE BENEFITS

Protect what you love about your life





Welcome

It's time to enroll in your benefits!

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

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

- Critical Illness Insurance
- Accident Insurance
- Vision Insurance

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, 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.

Notes

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Critical Illness insurance

Goodwill Industries of Western Missouri & Eastern Kansas | 921151

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

For you	You can choose \$10,000 of coverage—with no medical questions asked. Your benefit amount is reduced to 50% at age 70.
For your spouse**	If you elect coverage for yourself, you can choose \$5,000 of coverage—with no medical questions asked. <i>The benefit may be reduced when the employee benefit amount is reduced</i>
For your child(ren)	If you elect coverage for yourself, you can choose (for each eligible child) \$5,000 of coverage—with no medical questions asked. 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 ^R End-Stage Kidney Disease ^R Major Organ Failure ^R	Stroke ^R Coronary Artery Bypass Graft ^R (Plan pays 25%) ^R = Recurrence Benefit available
Cancer Conditions	
Invasive Cancer Non-Invasive Cancer (Plan pays 25%)	
Other Conditions	
Complete Blindness Paralysis Coma	
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.)
- 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 18 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 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 or received treatment for in the 12 months prior to your insurance

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

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.

"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/ahamah-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.

Notes

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Rate Sheet

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 for the coverage amount you choose.

Employee Critical Illness - Choice 1 Smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	12.30	22.70	22.70	38.50	38.50	76.80	76.80	102.90	108.80

Employee Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	8.40	13.60	13.60	21.80	21.80	41.60	41.60	60.30	70.60

Spouse Critical Illness - Choice 1 Smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	6.45	11.35	11.35	19.00	19.00	37.35	37.35	49.90	52.65

Spouse Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Monthly Premium									
Coverage Amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	4.55	7.00	7.00	10.90	10.90	20.30	20.30	29.10	34.10

Child Critical Illness - Choice 1 Cost - Monthly Premium	
Coverage Amounts	Monthly Premium
\$5,000	0.85

Notes

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Accident Insurance

Goodwill Industries of Western Missouri & Eastern Kansas | 921151

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

- 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.

Benefit	Benefit
<i>Life and Dismemberment Losses (shown for employee only*)</i>	
Accidental Death	\$25,000
Accidental Death Common Carrier	\$100,000
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	\$15,000
Loss of one hand, foot, leg, or arm	\$7,500
Loss of sight of one eye or loss of one eye	\$7,500
Two or more fingers or toes	\$1,500
One finger or one toe	\$1,500

Dislocations	Open (surgery)	Closed (no surgery)
Hip	\$4,000	\$1,000
Knee, ankle, bones of the foot	\$1,000	\$400
Elbow or wrist	\$800	\$400
Shoulder	\$1,000	\$400
Collarbone, bones of the hand	\$1,600	\$300
Finger(s) or toe(s)	\$200	\$100
Lower jaw	\$1,000	\$500

Fractures	Open (surgery)	Closed (no surgery)
Hip or thigh	\$3,000	\$1,500
Skull-depressed	\$5,000	\$2,500
Skull-simple	\$2,500	\$1,250
Vertebral process, Rib	\$1,200	\$300
Bones of the face, Upper jaw or upper arm	\$750	\$375
Bones of the nose, Heel, Finger	\$700	\$175
Leg, Vertebra, Sternum, Pelvis	\$1,600	\$800
Lower jaw	\$650	\$325
Collarbone	\$650	\$325
Shoulder	\$650	\$325
Forearm	\$650	\$325
Hand	\$650	\$325
Foot	\$650	\$325
Ankle	\$650	\$325
Kneecap	\$650	\$325
Elbow	\$650	\$325
Toe	\$250	\$125
Coccyx	\$400	\$200

Additional Injuries	
Eye injury – Surgery	\$300
Eye Injury – Object remove	\$65
Paralysis – paraplegia	\$25,000
Paralysis – quadriplegia	\$50,000
Coma	\$20,000
Concussion	\$100
Lacerations	

Benefit	Benefit	
No sutures treated by doctor	\$35	
Single laceration under 5 cm with sutures	\$65	
5 to 15 cm with sutures (total of all lacerations)	\$250	
Greater than 15 cm with sutures (total of all lacerations)	\$500	
Burns	2nd degree	3rd degree
21 to 40 square centimeters	\$400	\$1,000
41-65 sq cm	\$800	\$2,000
66-160 sq cm	\$1,200	\$6,000
161-225 sq cm	\$1,600	\$14,000
More than 225 sq cm	\$2,000	\$20,000
Skin graft	50% of the Burn benefit	
Medical Services		
Diagnostic Exam: CT, CAT, MRI, EEG, EKG	\$200	
Emergency treatment in a non-emergency room	\$75	
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	\$125	
Prosthesis – one	\$500	
Blood, Plasma or Platelet Transfusion	\$200	
Hospital		
Hospital Admission	\$1,000	
Hospital Confinement per day (up to 365 days per Covered Accident)	\$250	
ICU Admission	\$1,500	
ICU per day (up to 14 days)	\$500	
Ambulance Ground	\$200	
Ambulance Air	\$1,500	
Emergency Room Admission	\$150	
Family Lodging per day (up to 30 days per Covered Accident)	\$100	
Transportation (100 or more miles up to 3 times per Covered Accident)	\$600	
Rehab per day (per day, up to 365 days per Covered Accident)	\$150	
Surgery		
Miscellaneous surgery	\$300	
Open surgery	\$1,250	
Exploratory surgery, debridement or laparoscopic surgery	\$300	
Tendon/ligament/rotator cuff tear single	\$625	
Ruptured / herniated disc	\$625	
Torn knee cartilage	\$625	
Emergency Dental		
Emergency dental extraction	\$65	
Emergency dental crown	\$200	

*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	\$15.88
Employee + Spouse	\$20.80
Employee + Child(ren)	\$24.57
Employee + Family	\$29.49

*The rate is in effect for January 1, 2019. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

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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.

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. HealthChampionSM (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)

Vision insurance



Benefit Highlights

For all eligible employees of Goodwill Industries of Western Missouri & Eastern Kansas , Policy # 921151

All Eligible Employees

Vision insurance¹ can help improve your eyesight—and your overall health, too.

- You will see lower out-of-pocket costs due to savings on frames, lenses, contacts, eye exams and more
- Cover your spouse² and your dependent children so you can help your whole family see better
 - An eligible child is defined as a child to age 26³
- Benefit from group rates that may be more affordable than buying vision insurance on your own

Additional plan features

- An annual comprehensive eye exam
- Doctors who offer flexible hours and office settings
- A large selection of eyewear choices we believe you will love
- Access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP)
- No ID cards are needed

How Sun Life's Vision insurance can help

- Encourages routine screenings and an annual comprehensive eye exam
- Whether you just need a basic eye exam or designer frames – we have options for you
- Better eyesight can lead to a better quality of life



Vision Coverage Overview

Plan 3 Covered Expenses

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price Discounts only available from contracted facilities 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		\$50 copay \$80-\$90 copay \$120-\$160 copay Average savings of 35-40% on other lens enhancements	N/A
Frames	1 per 24 months	<ul style="list-style-type: none"> \$130 for the frame of your choice and 20% off the amount over your allowance 	Up to \$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frames</i>	1 per 12 months	<ul style="list-style-type: none"> 15% savings for your contact lens exam (fitting and evaluation) \$130 	Up to \$105
Additional Glasses and Sunglasses Discounts	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A



Vision Q&A

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Signature network.
2. Call 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details and more. Or you can call Customer Service at 800-877-7195.

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).
2. 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.
3. Please see your employer for more specific information.
4. Netminder as of December 2016.



Important Plan Provisions

Vision Insurance

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Benefit Highlights section of the certificate

The allowance for lenses shown in the Benefit Highlights section is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision Insurance Schedule)

Exclusions

Covered vision benefits do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses, in lieu of bifocals or trifocals
- Replacement of lenses and frames furnished under the plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Benefit Highlights section
- Materials, services or options not shown in the Benefit Highlights section
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available
- Contact lens insurance policies or service agreements
- Refitting of contact lenses after the initial (90-day) fitting period
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning
- Services associated with CRT or Orthokeratology



Subject to state law variations.

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the certificate. The actual provisions of your vision policy will be used to determine coverage for any claims submitted.

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice. Contact us for costs and complete details.

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

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 15-GP-01 and 16-VIS-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-VIS-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVISBH-6475

SLPC 28049 01/17 (exp. 01/19)

Notes

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Rate Sheet

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

Vision 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	\$7.90
Employee + Spouse	\$15.71
Employee + Child(ren)	\$16.91
Employee + Family	\$24.97

*The rate is in effect for January 1, 2019. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

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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

Employer Name Goodwill Industries of Western Missouri & Eastern Kansas	Account / Policy Number 921151	Location
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2. Employee Information

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

4. Benefit Elections (continued)

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness: Employee amount \$ _____ Have you used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse amount \$ _____ Has your spouse used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Child(ren) amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

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 Critical Illness insurance, Evidence of Insurability will be required for amounts over my Guarantee Issue for this enrollment.
- 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

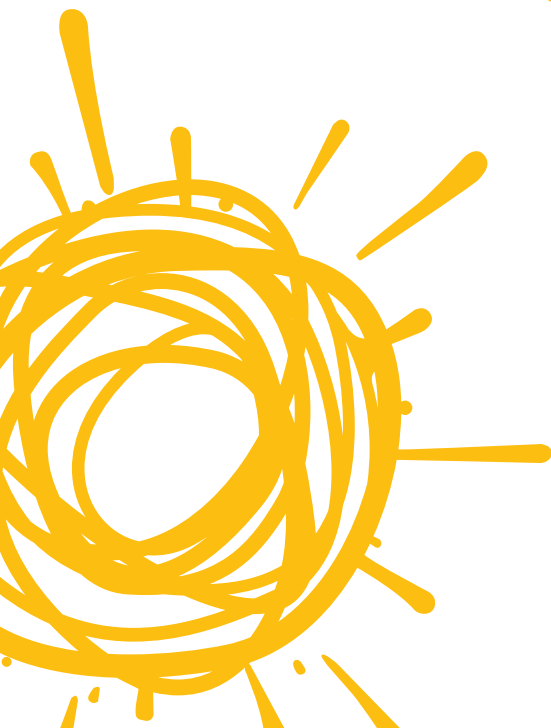


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