

Goodwill Industries of Western Missouri & Eastern Kansas

BENEFIT HIGHLIGHTS

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



Sun Life

Life's brighter under the sun

Find your benefits here.



GOODWILL INDUSTRIES OF WESTERN
MISSOURI & EASTERN KANSAS

POLICY # 921151

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- ▶ **Vision insurance** with eye exams that can detect other health conditions.
- ▶ **Accident insurance** that provides a range of benefits for covered accidental injuries.
- ▶ **Critical Illness insurance** for help if you are diagnosed with a covered illness.

Vision Insurance

COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.¹

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.²

59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.³

What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services			
WellVision exam®	1 per 12 months	\$10 for exam	Up to \$52
Routine retinal screening		No more than a \$39 copay	
Laser vision correction discount	Once per eye per lifetime.	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$55
Bifocal lined			Up to \$75
Trifocal			Up to \$95
Lenticular			Up to \$125
Necessary contacts			Up to \$210
Lens enhancements			
Standard		\$50 copay	N/A
Premium progressive		\$80-\$90 copay	N/A
Custom progressive		\$120-\$160 copay	N/A
Other		Average savings of 35-40%	
Frames	1 per 24 months	\$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 frame.</i>	1 per 12 months	15% savings for your contact lens exam (fitting and evaluation) \$130 for contact lenses	Up to \$57
Additional glasses and sunglasses discount	30% off complete pairs of prescription and non-prescription glasses, including sunglasses for same-day purchases. 20% off all lens options for any other day. Discounts are unlimited for 12 months following exam.		N/A

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).

Frequently asked questions

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?

You will have access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Signature network.
2. Call VSP at 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 actively at 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.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁵ and dependent children. An eligible child is defined as a child to age 26.⁶

How can I get more information about my coverage?

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

Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://vsp.com/eye-symptoms.html> accessed 03/13/19.

2. <https://www.vsp.com/diabetes.html> accessed 03/13/19.

3. The Vision Council <https://www.thevisioncouncil.org/content/digital-eye-strain> accessed on 02/21/19.

4. Netminder as of December 2018.

5. If permitted by the Employer's 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.

6. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

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, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.

Accident Insurance

You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits for accidents that occur off the job.

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan'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.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$1,000
Knee, ankle, or bones of the foot	\$1,000	
Knee		\$400
Ankle or bones of the foot		\$300
Elbow or wrist	\$800	\$400
Shoulder	\$1,000	\$400
Collarbone or 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 processes or Rib	\$1,200	\$300
Bones of the face, Upper jaw or upper arm	\$750	\$375
Nose, Heel or Finger	\$700	\$175
Leg, Vertebrae, Sternum or Pelvis	\$1,600	\$800
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap or Elbow	\$650	\$325
Toe	\$250	\$125
Coccyx	\$400	\$200
ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$300
Eye Injury - object remove		\$65
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$20,000
Concussion		\$100
BURNS	2ND DEGREE	3RD DEGREE
20-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$500

MEDICAL SERVICES	
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$75
Physician's Follow-up Treatment office visit (per visit, up to 6 times 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 (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500
Intensive Care Unit Confinement (per day up to 30 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$600
Rehabilitation Unit (per day up to 365 days per covered accident)	\$150
SURGERY	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300
Open Surgery	\$1,250
Exploratory Surgery or Debridement	\$300
Laparoscopic Surgery	\$300
Tendon/Ligament/Rotator Cuff Tear	\$625
Torn Knee Cartilage	\$625
Ruptured/Herniated Disc	\$625
EMERGENCY DENTAL	
Emergency Dental extraction	\$65
Emergency Dental crown	\$200

LIFE AND DISMEMBERMENT LOSSES*	
Accidental Death	\$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$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

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment. Dependent children benefits are 20% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

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.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

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 your Certificate.

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

Read the *Important information* section for more details including limitations and exclusions.

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, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.

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 elect \$5,000 of coverage for your spouse—with no medical questions asked The benefit may be reduced when the employee benefit amount is reduced.
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. The benefit may be reduced when the employee benefit amount is reduced. 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 End-Stage Heart Failure	Stroke Coronary Artery Bypass Graft (pays 25%)
Cancer Conditions	
Invasive Cancer Cancer in situ (pays 25%)	
Other Conditions	
Blindness Major organ failure (except heart failure) End stage kidney disease Paralysis (excluding paralysis from stroke) Coma	

Additional plan features

- **Wellness screening benefit:** The claims 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.)

Critical Illness FAQs

What happens if I get one of the conditions?

If you are diagnosed with a covered condition and your claim is approved, you will receive a lump sum payment. You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit. You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

What happens if I experience a recurrence of a previously diagnosed covered condition?

If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category. Note: the recurrence benefit is not payable for Category 3.

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 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/ahamh-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf

Rate Sheet

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 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	
\$5,000	0.85

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

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.

Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits 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 plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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”)

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.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

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 companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, 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, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-

DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY.

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SLPC 29579 5/19

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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 <input type="checkbox"/> Part-Time		Date: <input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire		Date:
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"/>	<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"/>	Accident: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<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 \$ _____

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.
- For Critical Illness insurance, Evidence of Insurability may 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



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

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



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