

Voluntary Life Insurance Benefits

for Employees of United Independent School District – #222916

A Worldwide Presence

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

Benefits

- **For you:**

An amount between \$10,000 and \$500,000, in increments of \$1,000, not to exceed 7x basic annual earnings. Guaranteed Issue Amount is \$350,000. Benefits cease at retirement.

- **For your spouse:**

An amount between \$5,000 and \$250,000, in increments of \$1,000. Guaranteed Issue Amount is \$50,000. Spouse Voluntary Life coverage may not exceed 100% of the employee's coverage. Spouse coverages terms at the Spouse age of 80.

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

An amount of \$10,000 for each eligible child who is 6 months to 26 years old; \$1,000 for a child from live birth to under 6 months. Child coverage cannot exceed 100% of the employee's coverage.

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

Features of the Plan

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

How to Enroll

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

About Evidence of Insurability

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

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

Voluntary Life Rates

Employee		Spouse		Child(ren)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Monthly cost per \$10,000 of coverage	
Under 30	\$.031	Under 30	\$.031	All eligible children \$ 1.92	
30 – 34	\$.039	30 – 34	\$.039		
35 – 39	\$.047	35 – 39	\$.047		
40 – 44	\$.071	40 – 44	\$.071		
45 – 49	\$.110	45 – 49	\$.110		
50 – 54	\$.173	50 – 54	\$.173		
55 – 59	\$.290	55 – 59	\$.290		
60 – 64	\$.454	60 – 64	\$.455		
65 – 69	\$.800	65 – 69	\$.800		
70+	\$1.427	70 – 79	\$1.427		

*These are the rates in effect since September 1, 2012.

Cost to You

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

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*	
\$50,000	/ 1000 = 50	x \$0.0706	\$ 3.53	
Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
\$	/ 1000 =	x \$	\$	\$

Age Reductions

- Amounts of Life Insurance are reduced at the following ages for Employee and Spouse:

Age	Percentage
70	50%

For Complete Plan Details

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

Exclusions

Where allowed by law, if the Employee's cause of death is suicide:

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 06P-NYDBL, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states under Policy Forms Series GP-A and GP-D (or appropriate state edition). Product offerings may not be available in all states and may vary depending on state laws and regulations.

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