

Homefull

BENEFIT HIGHLIGHTS

Discover new  
ways to protect  
what you love



**Sun Life**

Life's brighter under the sun



# Find your benefits here.



HOMEFULL

POLICY # 923091

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:**

- ▶ **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.

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# 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.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

### ACCIDENT FAST FACTS

#### **Falls**

*are the leading cause of injuries treated in emergency rooms every year, for people of all ages.<sup>1</sup>*

*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 or Shoulder	\$1,000	\$400
Ankle or bones of the foot	\$1,000	\$300
Elbow or wrist	\$800	\$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

<b>MEDICAL SERVICES</b>	
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
<b>HOSPITAL</b>	
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
<b>SURGERY</b>	
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
<b>EMERGENCY DENTAL</b>	
Emergency Dental extraction	\$65
Emergency Dental crown	\$200
<b>WELLNESS</b>	
Wellness Screening Benefit (once per benefit year)	\$50

<b>LIFE AND DISMEMBERMENT LOSSES*</b>	
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.

### **How do I get the Wellness Screening Benefit?**

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

### **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.



# Rates

Coverage and **semi-monthly** cost for Accident.

Rates are effective as of January 1, 2020.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$8.13
Employee + Spouse	\$10.96
Employee + Child(ren)	\$12.08
Employee + Family	\$14.91

\*Contact your employer to confirm your part of the cost.

# Critical Illness insurance

Homefull | All Eligible Employees | 923091

## 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

<b>For you</b>	You can choose from <b>\$5,000 to \$50,000</b> of coverage—in increments of \$5,000—with no medical questions asked <b>up to the Guaranteed Issue amount of \$10,000.</b>  Your benefit amount is reduced to 50% at age 70.
<b>For your spouse</b>	If you elect coverage for yourself, you can choose from <b>\$2,500 to \$25,000</b> of coverage—in increments of \$2,500 <b>up to the Guaranteed Issue amount of \$5,000.</b> (Not to exceed 50% of your coverage amount.)  The benefit may be reduced when the employee benefit amount is reduced.
<b>For your child(ren)</b>	If you elect coverage for yourself, you can choose (for each eligible child) from <b>\$2,500 to \$5,000</b> of coverage—in increments of \$2,500—with no medical questions asked.  The coverage you select for your child(ren) cannot exceed 50% of your coverage amount.)  The benefit may be reduced when the employee benefit amount is reduced.  An eligible child is defined as 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.

## 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.

## 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/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_470707.pdf](http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf)

# Rates

Rates are effective as of January 1, 2020.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

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

## Employee Critical Illness - Choice 1 Non-tobacco rates | Age and cost - pay period (semi-monthly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$2.37	3.32	3.32	4.77	4.77	8.32	8.32	11.67	13.52	13.52
\$10,000	3.87	5.77	5.77	8.67	8.67	15.77	15.77	22.47	26.17	26.17
\$15,000	5.37	8.22	8.22	12.57	12.57	23.22	23.22	33.27	38.82	38.82
\$20,000	6.87	10.67	10.67	16.47	16.47	30.67	30.67	44.07	51.47	51.47
\$25,000	8.37	13.12	13.12	20.37	20.37	38.12	38.12	54.87	64.12	64.12
\$30,000	9.87	15.57	15.57	24.27	24.27	45.57	45.57	65.67	76.77	76.77
\$35,000	11.37	18.02	18.02	28.17	28.17	53.02	53.02	76.47	89.42	89.42
\$40,000	12.87	20.47	20.47	32.07	32.07	60.47	60.47	87.27	102.07	102.07
\$45,000	14.37	22.92	22.92	35.97	35.97	67.92	67.92	98.07	114.72	114.72
\$50,000	15.87	25.37	25.37	39.87	39.87	75.37	75.37	108.87	127.37	127.37

## Employee Critical Illness - Choice 1 Tobacco rates | Age and cost - pay period (semi-monthly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	3.07	4.92	4.92	7.77	7.77	14.65	14.65	19.32	20.35	20.35
\$10,000	5.27	8.97	8.97	14.67	14.67	28.42	28.42	37.77	39.82	39.82
\$15,000	7.47	13.02	13.02	21.57	21.57	42.20	42.20	56.22	59.30	59.30
\$20,000	9.67	17.07	17.07	28.47	28.47	55.97	55.97	74.67	78.77	78.77
\$25,000	11.87	21.12	21.12	35.37	35.37	69.75	69.75	93.12	98.25	98.25
\$30,000	14.07	25.17	25.17	42.27	42.27	83.52	83.52	111.57	117.72	117.72
\$35,000	16.27	29.22	29.22	49.17	49.17	97.30	97.30	130.02	137.20	137.20
\$40,000	18.47	33.27	33.27	56.07	56.07	111.07	111.07	148.47	156.67	156.67
\$45,000	20.67	37.32	37.32	62.97	62.97	124.85	124.85	166.92	176.15	176.15
\$50,000	22.87	41.37	41.37	69.87	69.87	138.62	138.62	185.37	195.62	195.62

# Rates

Rates are effective as of January 1, 2020.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

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

## Spouse Critical Illness - Choice 1 Non-tobacco rates | Age and cost - pay period (semi-monthly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$2,500	1.68	2.12	2.12	2.82	2.82	4.51	4.51	6.08	6.98	6.98
\$5,000	2.50	3.37	3.37	4.77	4.77	8.15	8.15	11.30	13.10	13.10
\$7,500	3.31	4.62	4.62	6.72	6.72	11.78	11.78	16.51	19.21	19.21
\$10,000	4.12	5.87	5.87	8.67	8.67	15.42	15.42	21.72	25.32	25.32
\$12,500	4.93	7.12	7.12	10.62	10.62	19.06	19.06	26.93	31.43	31.43
\$15,000	5.75	8.37	8.37	12.57	12.57	22.70	22.70	32.15	37.55	37.55
\$17,500	6.56	9.62	9.62	14.52	14.52	26.33	26.33	37.36	43.66	43.66
\$20,000	7.37	10.87	10.87	16.47	16.47	29.97	29.97	42.57	49.77	49.77
\$22,500	8.18	12.12	12.12	18.42	18.42	33.61	33.61	47.78	55.88	55.88
\$25,000	9.00	13.37	13.37	20.37	20.37	37.25	37.25	53.00	62.00	62.00

## Spouse Critical Illness - Choice 1 Tobacco rates | Age and cost - pay period (semi-monthly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$2,500	2.03	2.90	2.90	4.27	4.27	7.57	7.57	9.81	10.31	10.31
\$5,000	3.20	4.92	4.92	7.67	7.67	14.27	14.27	18.75	19.75	19.75
\$7,500	4.36	6.95	6.95	11.07	11.07	20.97	20.97	27.68	29.18	29.18
\$10,000	5.52	8.97	8.97	14.47	14.47	27.67	27.67	36.62	38.62	38.62
\$12,500	6.68	11.00	11.00	17.87	17.87	34.37	34.37	45.56	48.06	48.06
\$15,000	7.85	13.02	13.02	21.27	21.27	41.07	41.07	54.50	57.50	57.50
\$17,500	9.01	15.05	15.05	24.67	24.67	47.77	47.77	63.43	66.93	66.93
\$20,000	10.17	17.07	17.07	28.07	28.07	54.47	54.47	72.37	76.37	76.37
\$22,500	11.33	19.10	19.10	31.47	31.47	61.17	61.17	81.31	85.81	85.81
\$25,000	12.50	21.12	21.12	34.87	34.87	67.87	67.87	90.25	95.25	95.25

Rates are effective as of January 1, 2020.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

## Child(ren) Critical Illness - Choice 1

Coverage amounts	Cost - pay period (semi-monthly) premium
\$2,500	0.16
\$5,000	0.33

# 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.

### 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, “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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# Evidence of Insurability



## 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.sunlife.com/account](http://www.sunlife.com/account)

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life 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.sunlife.com/account](http://www.sunlife.com/account).

- Click *Where can I find a form?*
- From list of forms, select EOI Application

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.

## 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'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.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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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

<b>Employer Name</b> Homefull	<b>Account / Policy Number</b> 923091	<b>Location</b>
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### 2. Employee Information

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

#### 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](http://www.sunlife.com/us)



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



# Notes

A series of horizontal dotted lines for writing notes.





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



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