

# Voluntary Life insurance

A+ Charter Schools | All Eligible Employees | 224703

## Protect your family

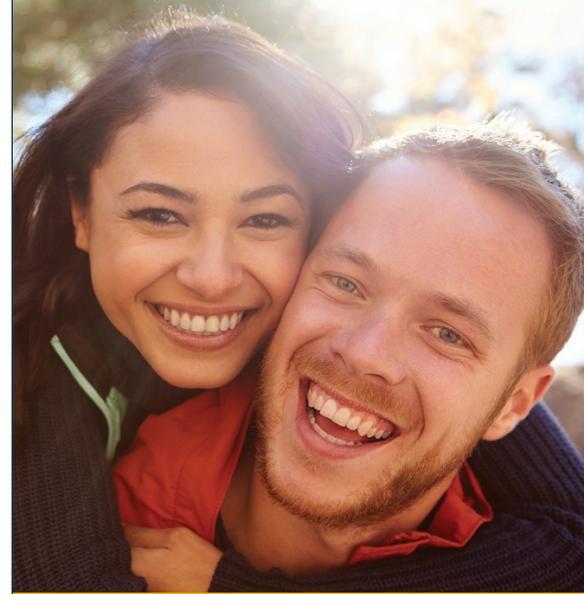
The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

### Benefits

<b>For you</b>	<p>You can choose from <b>\$10,000 to \$500,000</b>—in increments of \$10,000, <b>not to exceed 5 times</b> your basic annual earnings—with no medical questions asked <b>up to the Guaranteed Issue amount of \$100,000</b>.</p> <p>The benefit amount is reduced to 67% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
<b>For your spouse</b>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$150,000</b>—in increments of \$5,000—with no medical questions asked <b>up to the Guaranteed Issue amount of \$25,000</b>.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on employee age.</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
<b>For your child(ren)</b>	<p>If you elect coverage for yourself, you can choose <b>\$1,000 to \$10,000</b>—in \$1,000 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 50% of your coverage amount.)</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child who is 6 months to 26 years old. A reduced benefit is payable for a child from 14 days to 6 months.</p>



## What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

*Since most people would have trouble paying living expenses after several months if their primary wage earner died,\* it may be worth asking, who depends on you?*

## Additional considerations

<b>If I become terminally ill</b>	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
<b>If I become Totally Disabled</b>	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
<b>If I leave my employer</b>	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
<b>If I've had a life change</b>	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.
<b>Services</b>	Emergency Travel Assistance and Identity Theft Protection.

## Life FAQ

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

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

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

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

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

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

## 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.

### Life

In some states, your employer’s group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

**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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# Rate Sheet

**Employee** - Coverage and **monthly** cost for Employee Voluntary Life.

Rates are effective as of September 01, 2019.

The chart below shows possible coverage amounts and corresponding costs per month.

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

Coverage Amounts	Age and Cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.68	0.81	1.09	1.23	1.36	2.04	3.13	5.86	8.98	17.28	28.03
\$20,000	1.36	1.62	2.18	2.46	2.72	4.08	6.26	11.72	17.96	34.56	56.06
\$30,000	2.04	2.43	3.27	3.69	4.08	6.12	9.39	17.58	26.94	51.84	84.09
\$40,000	2.72	3.24	4.36	4.92	5.44	8.16	12.52	23.44	35.92	69.12	112.12
\$50,000	3.40	4.05	5.45	6.15	6.80	10.20	15.65	29.30	44.90	86.40	140.15
\$60,000	4.08	4.86	6.54	7.38	8.16	12.24	18.78	35.16	53.88	103.68	168.18
\$70,000	4.76	5.67	7.63	8.61	9.52	14.28	21.91	41.02	62.86	120.96	196.21
\$80,000	5.44	6.48	8.72	9.84	10.88	16.32	25.04	46.88	71.84	138.24	224.24
\$90,000	6.12	7.29	9.81	11.07	12.24	18.36	28.17	52.74	80.82	155.52	252.27
\$100,000	6.80	8.10	10.90	12.30	13.60	20.40	31.30	58.60	89.80	172.80	280.30
\$110,000	7.48	8.91	11.99	13.53	14.96	22.44	34.43	64.46	98.78	190.08	308.33
\$120,000	8.16	9.72	13.08	14.76	16.32	24.48	37.56	70.32	107.76	207.36	336.36
\$130,000	8.84	10.53	14.17	15.99	17.68	26.52	40.69	76.18	116.74	224.64	364.39
\$140,000	9.52	11.34	15.26	17.22	19.04	28.56	43.82	82.04	125.72	241.92	392.42
\$150,000	10.20	12.15	16.35	18.45	20.40	30.60	46.95	87.90	134.70	259.20	420.45
\$160,000	10.88	12.96	17.44	19.68	21.76	32.64	50.08	93.76	143.68	276.48	448.48
\$170,000	11.56	13.77	18.53	20.91	23.12	34.68	53.21	99.62	152.66	293.76	476.51
\$180,000	12.24	14.58	19.62	22.14	24.48	36.72	56.34	105.48	161.64	311.04	504.54
\$190,000	12.92	15.39	20.71	23.37	25.84	38.76	59.47	111.34	170.62	328.32	532.57
\$200,000	13.60	16.20	21.80	24.60	27.20	40.80	62.60	117.20	179.60	345.60	560.60
\$210,000	14.28	17.01	22.89	25.83	28.56	42.84	65.73	123.06	188.58	362.88	588.63
\$220,000	14.96	17.82	23.98	27.06	29.92	44.88	68.86	128.92	197.56	380.16	616.66
\$230,000	15.64	18.63	25.07	28.29	31.28	46.92	71.99	134.78	206.54	397.44	644.69
\$240,000	16.32	19.44	26.16	29.52	32.64	48.96	75.12	140.64	215.52	414.72	672.72
\$250,000	17.00	20.25	27.25	30.75	34.00	51.00	78.25	146.50	224.50	432.00	700.75
\$260,000	17.68	21.06	28.34	31.98	35.36	53.04	81.38	152.36	233.48	449.28	728.78
\$270,000	18.36	21.87	29.43	33.21	36.72	55.08	84.51	158.22	242.46	466.56	756.81
\$280,000	19.04	22.68	30.52	34.44	38.08	57.12	87.64	164.08	251.44	483.84	784.84
\$290,000	19.72	23.49	31.61	35.67	39.44	59.16	90.77	169.94	260.42	501.12	812.87
\$300,000	20.40	24.30	32.70	36.90	40.80	61.20	93.90	175.80	269.40	518.40	840.90
\$310,000	21.08	25.11	33.79	38.13	42.16	63.24	97.03	181.66	278.38	535.68	868.93
\$320,000	21.76	25.92	34.88	39.36	43.52	65.28	100.16	187.52	287.36	552.96	896.96
\$330,000	22.44	26.73	35.97	40.59	44.88	67.32	103.29	193.38	296.34	570.24	924.99
\$340,000	23.12	27.54	37.06	41.82	46.24	69.36	106.42	199.24	305.32	587.52	953.02
\$350,000	23.80	28.35	38.15	43.05	47.60	71.40	109.55	205.10	314.30	604.80	981.05
\$360,000	24.48	29.16	39.24	44.28	48.96	73.44	112.68	210.96	323.28	622.08	1009.08
\$370,000	25.16	29.97	40.33	45.51	50.32	75.48	115.81	216.82	332.26	639.36	1037.11
\$380,000	25.84	30.78	41.42	46.74	51.68	77.52	118.94	222.68	341.24	656.64	1065.14
\$390,000	26.52	31.59	42.51	47.97	53.04	79.56	122.07	228.54	350.22	673.92	1093.17
\$400,000	27.20	32.40	43.60	49.20	54.40	81.60	125.20	234.40	359.20	691.20	1121.20
\$410,000	27.88	33.21	44.69	50.43	55.76	83.64	128.33	240.26	368.18	708.48	1149.23
\$420,000	28.56	34.02	45.78	51.66	57.12	85.68	131.46	246.12	377.16	725.76	1177.26
\$430,000	29.24	34.83	46.87	52.89	58.48	87.72	134.59	251.98	386.14	743.04	1205.29
\$440,000	29.92	35.64	47.96	54.12	59.84	89.76	137.72	257.84	395.12	760.32	1233.32
\$450,000	30.60	36.45	49.05	55.35	61.20	91.80	140.85	263.70	404.10	777.60	1261.35
\$460,000	31.28	37.26	50.14	56.58	62.56	93.84	143.98	269.56	413.08	794.88	1289.38
\$470,000	31.96	38.07	51.23	57.81	63.92	95.88	147.11	275.42	422.06	812.16	1317.41
\$480,000	32.64	38.88	52.32	59.04	65.28	97.92	150.24	281.28	431.04	829.44	1345.44
\$490,000	33.32	39.69	53.41	60.27	66.64	99.96	153.37	287.14	440.02	846.72	1373.47
\$500,000	34.00	40.50	54.50	61.50	68.00	102.00	156.50	293.00	449.00	864.00	1401.50

**Spouse - Coverage and monthly cost for Spouse Voluntary Life.**

Rates are effective as of September 01, 2019.

The chart below shows possible coverage amounts and corresponding costs per month.

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

<b>Age and Cost</b>										
<b>Coverage Amounts</b>	<b>&lt;25</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>
\$5,000	0.41	0.49	0.65	0.73	0.81	1.22	1.86	3.48	5.34	10.27
\$10,000	0.81	0.97	1.29	1.46	1.62	2.43	3.72	6.95	10.67	20.54
\$15,000	1.22	1.46	1.94	2.19	2.43	3.65	5.58	10.43	16.01	30.81
\$20,000	1.62	1.94	2.58	2.92	3.24	4.86	7.44	13.90	21.34	41.08
\$25,000	2.03	2.43	3.23	3.65	4.05	6.08	9.30	17.38	26.68	51.35
\$30,000	2.43	2.91	3.87	4.38	4.86	7.29	11.16	20.85	32.01	61.62
\$35,000	2.84	3.40	4.52	5.11	5.67	8.51	13.02	24.33	37.35	71.89
\$40,000	3.24	3.88	5.16	5.84	6.48	9.72	14.88	27.80	42.68	82.16
\$45,000	3.65	4.37	5.81	6.57	7.29	10.94	16.74	31.28	48.02	92.43
\$50,000	4.05	4.85	6.45	7.30	8.10	12.15	18.60	34.75	53.35	102.70
\$55,000	4.46	5.34	7.10	8.03	8.91	13.37	20.46	38.23	58.69	112.97
\$60,000	4.86	5.82	7.74	8.76	9.72	14.58	22.32	41.70	64.02	123.24
\$65,000	5.27	6.31	8.39	9.49	10.53	15.80	24.18	45.18	69.36	133.51
\$70,000	5.67	6.79	9.03	10.22	11.34	17.01	26.04	48.65	74.69	143.78
\$75,000	6.08	7.28	9.68	10.95	12.15	18.23	27.90	52.13	80.03	154.05
\$80,000	6.48	7.76	10.32	11.68	12.96	19.44	29.76	55.60	85.36	164.32
\$85,000	6.89	8.25	10.97	12.41	13.77	20.66	31.62	59.08	90.70	174.59
\$90,000	7.29	8.73	11.61	13.14	14.58	21.87	33.48	62.55	96.03	184.86
\$95,000	7.70	9.22	12.26	13.87	15.39	23.09	35.34	66.03	101.37	195.13
\$100,000	8.10	9.70	12.90	14.60	16.20	24.30	37.20	69.50	106.70	205.40
\$105,000	8.51	10.19	13.55	15.33	17.01	25.52	39.06	72.98	112.04	215.67
\$110,000	8.91	10.67	14.19	16.06	17.82	26.73	40.92	76.45	117.37	225.94
\$115,000	9.32	11.16	14.84	16.79	18.63	27.95	42.78	79.93	122.71	236.21
\$120,000	9.72	11.64	15.48	17.52	19.44	29.16	44.64	83.40	128.04	246.48
\$125,000	10.13	12.13	16.13	18.25	20.25	30.38	46.50	86.88	133.38	256.75
\$130,000	10.53	12.61	16.77	18.98	21.06	31.59	48.36	90.35	138.71	267.02
\$135,000	10.94	13.10	17.42	19.71	21.87	32.81	50.22	93.83	144.05	277.29
\$140,000	11.34	13.58	18.06	20.44	22.68	34.02	52.08	97.30	149.38	287.56
\$145,000	11.75	14.07	18.71	21.17	23.49	35.24	53.94	100.78	154.72	297.83
\$150,000	12.15	14.55	19.35	21.90	24.30	36.45	55.80	104.25	160.05	308.10

**Child** - Coverage and **monthly** cost for Child Voluntary Life.

Rates are effective as of September 01, 2019.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$1,000	0.23
\$2,000	0.46
\$3,000	0.70
\$4,000	0.93
\$5,000	1.16
\$6,000	1.39
\$7,000	1.62
\$8,000	1.86
\$9,000	2.09
\$10,000	2.32