



Making care and benefits easier

Proposal for: Seminole County Board of County
Commissioner

Introduction

Thank you for the opportunity to offer this proposal to you.

Proposal Presented to

Seminole County Board of County Commissioner
1101 East 1st Street
Sanford, FL 32771

SIC Code: 9121

Proposal Presented by

Sun Life

Benefits Quoted

Accident insurance; Critical Illness; Cancer Indemnity and Hospital Indemnity

Proposed Effective Date

January 1, 2026

Things to Know

- This proposal shows a summary of proposed product(s), rates, and underlying assumptions. It is not part of the group policy or an administrative services agreement with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from April 28, 2025, and only for the proposed Effective Date.
- This proposal may include fully insured, nonparticipating coverage that terminates at retirement, unless otherwise noted.
- For fully insured coverages, we require that you provide a copy of the current carrier's policy or certificate, and for self-funded plans we require your Plan Document at time of sale.

The following notices apply to quotes for fully insured coverage:

Producer Licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

Producer Compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

Plan and Rates

Acceptance of the group and final rates will be determined by Sun Life and may be based on actual enrollment and case experience, if required. Terms and conditions of any coverage under the policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

Underwriting Companies

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Hospital Indemnity insurance

Help employees with out-of-pocket medical costs incurred with a hospital stay. Sun Life's Hospital Indemnity plan provides flexible options that make it easy to meet cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits.

Here are some benefits available under our Hospital Indemnity plan. You can work with your employee benefits representative to customize your plan with these benefits. Please refer to the plan design and rates section of this proposal for the benefits being proposed for your employees. State variations will apply.

- **No health questions required to enroll.**
- **Covered conditions:** Plans can include coverage for hospital confinements due to accident and sickness, mental and nervous disorders, substance abuse, routine pregnancy, and newborn routine care.
- **Benefit options:** Benefits are available for hospital confinements, stays in rehabilitation units, intensive care units, intermediate step down units, emergency room treatment and more.
- **First Day benefits:** Benefits can include a First Day Hospital &/or First Day ICU.
- **Benefits can add up:** Add additional value to your plan by including the option for benefits, such as First Day, Hospital Confinement, or ICU benefits, to be paid on the same day.
- **Extended Hospitalization benefit:** Covered employees and dependents with hospital/ICU confinements of 10 consecutive days or more can receive additional benefits for the duration of their confinement.
- **No lifetime maximums:** There is no limit to the number of hospital claims that may be submitted. This may be of particular interest to employees with chronic conditions.
- **Portable:** In approved states, employees who terminate employment and who meet other eligibility criteria may apply to port this insurance. In other states, Continuation will be available.
- **Complements other plans:** Hospital Indemnity complements Critical Illness, Cancer and Accident coverage in their goal to help protect employees from out-of-pocket medical expenses. Benefits are paid regardless of what other coverages employees may have.
- **Wellness Screening Benefit:** When included, this benefit can help to promote healthy lifestyles and early detection. We will pay employees a defined amount, once per benefit year, when we receive proof of an eligible health screening (full list enclosed if included). We may also pay the employee for spouse or child screening.

Hospital Indemnity Insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement 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. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Hospital Indemnity insurance

Plan design and rates

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date	January 1, 2026
Policy issue requirement	5 enrolled employees

Class 1	
Class description	All Eligible Employees
Eligibility Waiting Period	First of the month following 30 days of employment
Contributions	Contributory
Member direct billing	Not included
Employer contributions	Employee: 0% Spouse: 0% Child(ren): 0% Family: 0%

First Day Benefits	
Payable per benefit year	
First Day Hospital	\$1,000 per day 1 day
First Day ICU	\$2,000 per day 1 day

Confinement Benefits	
Payable per benefit year	
Hospital Confinement	\$100 per day 30 days
Newborn Nursery Confinement	\$100 per day 3 days Not payable with any other confinement
ICU Confinement	\$200 per day 15 days
Rehabilitation Unit	\$100 per day 60 days Stay must begin within 30 days of Hospital Confinement

Additional & Enhanced Benefits	
Payable per benefit year	
Observation Unit Stay	\$100 per day
Not payable with any confinement benefits	1 day

Covered Conditions	
Newborn Care	Routine care covered under newborn nursery confinement
Complications of Pregnancy	Included
Normal Pregnancy	Included
Normal Pregnancy Waiting Period	No Waiting Period
Mental/Nervous	Included
Substance Abuse	Included

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Sickness and Accidents	Sickness: 24-hour coverage; Accident: 24 Hour coverage
Pre-existing Condition Limitation	Not included

Hospital Indemnity monthly rates

Employee only	\$14.17
Employee and Spouse	\$29.92
Employee and Children	\$23.80
Employee and Family	\$39.55

Sequence Number: 7

Definitions

State variations may apply and not all definitions below may apply to your plan.

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means on the advice of a Physician, the assignment of a person to a bed as a resident inpatient in a Hospital or Rehabilitation Unit for not less than 20 continuous hours. There must be a charge for room and board. The requirement that an Insured be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or other federal government operated Hospital. Observation unit is not covered under First day Hospital Confinement or First Day ICU benefit. An Observation Unit stay of 20 hours or more will be covered under the Daily Hospital Confinement Benefit. Confinement does not include that period of time during which an Insured is in a Hospital Emergency Room, Observation Room, a freestanding surgical facility or an outpatient facility. Confinement does not include a newborn child's initial confinement in a Hospital following birth for routine medical and nursing care, except as specifically provided for in the Newborn Nursery Confinement if covered under your plan.

Covered Accident means an Accident that is not excluded by the Policy or applicable riders or endorsements attached to it.

Covered Sickness means a Sickness that is not excluded by the Policy or applicable riders or endorsements attached to it.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an Inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include a rest home; a Skilled Nursing Facility; an extended care facility; a place of convalescence; a Rehabilitation Unit; a Hospice Facility; a place providing custodial care; a Mental and Nervous Disorder Facility or a Substance Abuse Facility.

Hospital Intensive Care Unit (ICU) means a specifically designated part of a Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis and has an assigned Physician on a full-time basis.

A hospital intensive care unit is not any of the following step-down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an Observation Unit.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Inpatient or Inpatient Treatment means the Insured who receives Treatment as a resident patient using and being charged for the room and board facilities of a Hospital or Rehabilitation Unit. The requirement that an Insured be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated Hospital.

Newborn Nursery Care means routine well baby care provided to a newborn baby while confined immediately following an Insured's childbirth of such baby.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician and which is under the direct supervision of a Physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital Confinement.

Rehabilitation Unit means a distinct unit within a Hospital that provides rehabilitation care services on an Inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to Sickness or Injury. Services are provided by or under the supervision of a trained and experienced rehabilitation Physician.

A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a Skilled Nursing Facility; a rest home or home for the aged; a Hospice Facility; a facility for the Treatment of alcoholism or drug addiction or an assisted living facility.

Important Information

- Please also refer to the Policy Disclosures for additional details.
- The Confinement must occur on or after the effective date of insurance.
- Based on the limited available regulatory guidance, Sun Life believes its Hospital Indemnity insurance is appropriate for use with an HSA when a plan does not include Observation Unit and In-Patient Surgery benefits and may be purchased when the employee and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that the employee consult their own legal or tax advisor before purchasing this insurance.
- This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement 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. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Included in this plan

- No health questions required.
- 36-month rate guarantee from the Effective Date.
- Eligible Child(ren): to age 26.
- Portability – greater of Up to Age 70 or 12 months.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work.
- Coverage for dependents who are hospital-confined due to accident or sickness will be effective on the date they are no longer hospital-confined. Hospital-confined does not apply to a newborn child.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Common ownership of the business units.
- This proposal assumes that there is a direct employer-employee relationship.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.
- Employee must be insured in order to elect benefits for Dependents.
- No person may be insured as an Employee and as a spouse of an Employee.
- No person may be insured as a Dependent Child of more than one Employee.
- This proposal assumes there is no coverage currently in force.
- This group has a minimum lives requirement. If the group drops below the required minimum lives, this proposal is not valid, and Sun Life reserves the right to re-rate or decline the case. The minimum lives requirement can be found under the Plan Design and Rates section.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Accident insurance

Sun Life's Accident Plan provides accident insurance protection for a wide range of covered benefits. Injured employees and their dependents may use the cash benefits however they want—to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example. Here are some highlights:

- **Guaranteed Issue.**
- **A Wide Range of Covered Benefits:** Benefits for injuries are payable once for each covered accident (unless stated otherwise in the certificate), and benefits for hospital stays and related care are payable up to a specific number of days or visits for each covered accident.
- **Categories of Coverage:**
 - **For Injuries:** Insureds will receive a payment for covered dislocations, fractures, lacerations, burns, and other injuries.
 - **For Diagnosis and Services:** Insureds will receive a payment for related covered medical services (ranging from X-rays to office visits), hospital services (including emergency room admissions and ambulance rides), surgeries and emergency dental (crown and extraction).
 - **For Loss:** The plan includes accidental death and dismemberment coverage and pays benefits for loss of hearing and for loss of sight occurring as a result of a covered accident.
- **Coverage for Families:** Employees can add coverage for spouses and dependent children.
- **Off Job or 24-Hour Coverage:** The plan can provide coverage at all times (24 hours) or for accidents that occur outside of work ("Off Job").
- **Wellness screening benefit:** To promote healthy lifestyles and early detection, we will pay employees a defined amount, once per calendar year, when we receive proof of an eligible health screening, like an electrocardiogram. We may also pay the employee for spouse or child screening (see Plan Design and Rates).
- **Portable:** Employees who terminate employment and who meet other eligibility criteria may apply to port accident insurance.

Accident insurance is a limited benefit policy. It provides accident coverage only. It does not provide basic hospital, basic medical, or major medical insurance. The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider may not be available in all states.

If permitted by the Employer's employee benefit plan and not prohibited by state law, or if the group's situs state is Oregon or Washington, 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.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Accident insurance

Plan design and rates

Accident Insurance plan design

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week	
Effective Date	January 1, 2026	
Participation requirement	5 enrolled employees	
	Class 1	
Class description	All Eligible Employees	
Eligibility Waiting Period	First of the month following 30 days of employment	
Contributions	Contributory	
Member direct billing	Not included	
Covered benefits		
Life and Dismemberment Losses *		
Accidental Death	\$50,000	
Accidental Death Common Carrier	\$200,000	
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	\$25,000	
One hand, one foot, one leg, one arm	\$15,000	
Loss of sight of one eye or loss of one eye	\$15,000	
Two or more fingers or toes	\$3,000	
One finger or one toe	\$1,500	
Loss of hearing of one ear or loss of one ear	\$5,000	
Dislocations		
	Open	Closed
Hip	\$8,000	\$4,000
Knee, ankle, or bones of the foot	\$4,000	\$1,000
Elbow, wrist, Shoulder, Collarbone, bones of the hand or Lower jaw	\$2,000	\$1,000
Finger(s) or toe(s)	\$400	\$200

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Fractures		
	Open	Closed
Hip or thigh	\$6,000	\$3,000
Skull-depressed	\$10,000	\$5,000
Skull-simple	\$5,000	\$2,500
Vertebral processes, Bones of the face, Nose, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$1,500	\$750
Leg, Vertebrae or Sternum	\$3,000	\$1,500
Pelvis	\$3,200	\$1,600
Rib, Finger, Toe or Coccyx	\$600	\$300
Multiple ribs	\$2,000	\$1,000
Additional Injuries		
Eye Injury - surgical repair		\$300
Eye Injury - object remove		\$300
Gunshot wound		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$250
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
Burns		
	2nd Degree	3rd Degree
21-40 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	

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Medical Services	
Diagnostic Exam Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Diagnostic Exam X-ray (1 time per covered accident)	\$200
Accident Emergency Treatment, non- emergency room (once per covered accident)	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$50
Medical Devices	\$500
Epidural Pain Management (up to 2 times per covered accident)	\$150
Prescription drug	\$50
Prosthesis (one)	\$500
Prosthesis (two)	\$1,000
Blood, Plasma, or Platelet Transfusion	\$400
Hospital	
Hospital Admission (once per benefit year)	\$2,000
Hospital Confinement (per day up to 365 days per covered accident)	\$400
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$3,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$300
Ambulance (Air)	\$1,000
Emergency Room Admission	\$200
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$300
Rehabilitation Unit (per day up to 30 days per covered accident)	\$150
Surgery	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$500
Open Surgery	\$1,500
Exploratory Surgery or Debridement	\$150
Tendon/Ligament/Rotator Cuff Tear	\$750
Torn Knee Cartilage	\$750
Ruptured/Herniated Disc	\$750

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Emergency Dental	
Emergency Dental extraction	\$65
Emergency Dental crown	\$200
Wellness	
Wellness Screening Benefit (once per benefit year)	\$75

Unless otherwise specified, the above benefits will be payable only once for each Covered Accident as applicable.

* Life and dismemberment losses: Benefits displayed are payable 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.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Accident Plan monthly rates

	High / 24 hr
	24-Hour
Employee only	\$10.18
Employee and Spouse	\$17.34
Employee and Children	\$20.01
Employee and Family	\$27.17

Sequence Number: 5

Please select up to three benefit schedules.

Included in this plan:

- 36-month rate guarantee from the Effective Date.
- Portability
- Coverage options
 - Employee, spouse, and dependent children

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- This proposal assumes that there is a direct employer-employee relationship.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.

This proposal is for a replacement of inforce worksite plans:

- This quote does not duplicate the inforce plan. Benefits and rates may differ. Please read through the proposal carefully.
- A mutually agreed upon enrollment event must occur for employees to enroll in our products.
- Assumes payroll deductions for the current in-force plan will be terminated.
- Please note: it is the responsibility of the Policyholder to communicate to employees a change in carriers and any continuation options under the prior plan.
- No person may be insured as a Dependent Child of more than one Employee.
- No person may be insured as an Employee and as a spouse of an Employee.
- A minimum of 5 enrolled employees is required at point of sale. Proposals will not be valid if there are less than 5 enrolled employees.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Critical Illness

Series 16

Critical Illness insurance helps protect employees and their families from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition. Here are some highlights:

- If included in the sold plan, we will pay a benefit for covered conditions like heart attack, stroke, major organ failure, occupational infectious disease, and coronary artery bypass graft.
- Cancer coverage may include invasive and non-invasive cancers as well as skin cancer. Cancer may be standalone or offered with standard core benefits.
- For dependent children, we also offer a childhood conditions option that may include Down Syndrome, cerebral palsy, complex congenital heart disease, cystic fibrosis, spina bifida, cleft lip/palate, type 1 diabetes, and muscular dystrophy.
- You may also choose to include supplemental benefits such as:
 - Option 1 – blindness, loss of speech and loss of hearing
 - Option 2 – benign brain tumor, paralysis, coma and burns
 - Option 3 – Alzheimer's, Parkinson's, and ALS

Benefits may not be available in every state. For the full list of covered conditions quoted, please refer to the Plan Design and Rates section of this proposal.

- **Benefit Percentages and Maximums:** Depending on the diagnosis, we will pay either the full benefit or a partial benefit. We will also pay for additional occurrences after a certain waiting period, as long as those diagnoses are not for the same covered condition for which we previously paid a benefit. Each covered condition is payable 1x per lifetime of the Policy, unless Recurrence has been selected. See plan design section for specific benefit percentages and any applicable policy maximums.
- **Recurrence Benefit:** For certain benefits, we will pay a lump-sum benefit to Insureds diagnosed with a covered condition for which we previously paid a benefit. The diagnosis must be for a new event (not a re-diagnosis of the covered condition previously paid for), and a certain number of months must pass between diagnoses. Certain covered conditions require that specific criteria be met in order for a Recurrence Benefit to be paid. Please refer to the Plan Design and Rates section for more details.
- **Coverage for Families:** Employees can add coverage for spouses and dependent children.
- **Health Navigator Help Line²:** Expert guidance and support to assist employees with health-related needs, like physician recommendations, preparing for an upcoming medical appointment, or answering medical billing or claims questions.
- **Wellness Screening Benefit:** To promote healthy lifestyles and early detection, we will pay employees a defined amount, once per calendar year, when we receive proof of an eligible health screening, like an electrocardiogram. We may also pay the employee for spouse or child screening (see Plan Design and Rates).
- **Portability:** Insureds may port an amount up to their remaining amount of insurance in force under the qualifying group insurance policy on the date such insurance terminates.

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Critical Illness insurance is a limited benefit policy. It does not provide basic hospital, basic medical, or major medical insurance and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. The certificate has exclusions and limitations (as detailed in the Policy Disclosures) which may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy and certificate may not be available in all states and may vary based on state laws and regulations.

If permitted by the Employer's employee benefit plan and not prohibited by state law, or if the group's situs state is Oregon or Washington, 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.

Footnote information is located in the General Disclosures section on the last page of this proposal.

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Critical Illness

Series 16

Plan design and rates

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week		
Effective Date	January 1, 2026		
	Class 1		
Class description	All Eligible Employees		
	EMPLOYEE	SPOUSE	CHILD
Benefit amount	Benefit amounts may range from \$10,000 to \$20,000 in \$10,000 increments.	Benefit amounts may range from \$5,000 to \$10,000 in \$5,000 increments. Amount cannot exceed 50% of the employee amount.	Benefit amounts may range from \$5,000 to \$10,000 in \$5,000 increments. Amount cannot exceed 50% of the employee amount.
Guaranteed issue amount	\$20,000	\$10,000	\$10,000
Eligibility waiting period	First of the month following 30 days of employment	N/A	N/A
Contributions	Contributory	Contributory	Contributory
Member direct billing	Not included	Not included	Not included
Employer contribution	0%	0%	0%
Participation requirement	10%	N/A	N/A
Policy issue requirement	5 enrolled employees	N/A	N/A

	Class 1	
Class description	All Eligible Employees	
	Initial Diagnosis	Recurrence
Core conditions		
Heart attack	100%	100% of face amount
Stroke	100%	100% of face amount
Major organ failure	100%	100% of face amount
End-stage kidney disease	100%	100% of face amount
Occupational HIV/Hepatitis B, C, or D	100%	N/A
Coronary artery bypass graft	25%	25% of face amount
Angioplasty	5%	5% of face amount
Cancer conditions		
Invasive cancer	100%	100% of face amount
Non-invasive cancer	25%	25% of face amount
Skin cancer	5%	5% of face amount
Supplemental conditions option 1		
Complete blindness	100%	N/A
Loss of speech	100%	N/A
Complete loss of hearing	100%	N/A
Supplemental conditions option 2		
Benign brain tumor	100%	N/A
Paralysis	100%	N/A
Coma	100%	N/A
Severe burns	100%	N/A

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Supplemental conditions option 3		
Advanced ALS or Lou Gehrig's disease	100%	N/A
Advanced Alzheimer's	25%	N/A
Advanced Parkinson's	25%	N/A
Childhood conditions - child only		
Down syndrome	100%	N/A
Cerebral palsy	100%	N/A
Cystic fibrosis	100%	N/A
Cleft lip/palate	100%	N/A
Type 1 diabetes mellitus	100%	N/A
Muscular dystrophy	100%	N/A
Complex congenital heart disease	100%	N/A
Spina bifida	100%	N/A
Wellness benefit		
Annual wellness screening benefit	Employee: \$75 Spouse: \$75 Child: \$75	
Additional Provisions:		
Maximum benefit	1 time per condition	
Recurrence waiting period	6 months	
Cancer recurrence waiting period	6 months	
Recurrence maximum	Unlimited	

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01
and 13-SD-R-01, subject to state availability.

Critical Illness rates

Class 1

Employee benefit	
Age band	Uni-Tobacco Monthly rate*
Under age 25	\$0.38
25-29	\$0.41
30-34	\$0.47
35-39	\$0.62
40-44	\$0.82
45-49	\$1.10
50-54	\$1.74
55-59	\$2.27
60-64	\$2.70
65-69	\$3.52
70-74	\$4.67
75 and over	\$6.36
Rate basis: Per \$1,000 of coverage	

*Attained age rating applies – premiums will increase due to age increase.

Class 1

Spouse benefit	
Age band**	Uni-Tobacco Monthly rate*
Under age 25	\$0.38
25-29	\$0.41
30-34	\$0.47
35-39	\$0.62
40-44	\$0.82
45-49	\$1.10
50-54	\$1.74
55-59	\$2.27
60-64	\$2.70
65-69	\$3.52
70-74	\$4.67
75 and over	\$6.36
Rate basis: Per \$1,000 of coverage	

*Attained age rating applies – premiums will increase due to age increase.

**The employee's age is used to determine rates.

Class 1

Child benefit	
Coverage	Monthly rate
All age bands	\$0.08
Rate basis: Per \$1,000 of coverage	

Sequence Number: 6

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Important Information

Please also refer to the Policy Disclosures for additional details.

Note Regarding Employees Covered or Considering Coverage under Health Savings Accounts (HSA) Established in Connection with High Deductible Health Plans (HDHP):

Based on the limited available regulatory guidance, Sun Life believes its Critical Illness insurance is appropriate for use with an HSA and may be purchased when the employee and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that the employee consult their own legal or tax advisor before purchasing this insurance.

Included in this plan:

- 36-month rate guarantee from the Effective Date
- Employee must be insured in order to elect benefits for Dependents
- Eligible Child(ren): to age 26.
- Health Navigator Help Line
- Portability - greater of to Age 70 or 12 months
- Continuity of Coverage may apply

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- This proposal assumes that there is a direct employer-employee relationship.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Coverage for dependents who are hospital-confined due to illness or injury will be effective on the date they are no longer hospital-confined. Hospital-confined does not apply to a newborn child.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Common ownership of the business units.
- This proposal assumes there is no coverage currently in force.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.
- No person may be insured as a Dependent Child of more than one Employee.
- No person may be insured as an Employee and as a spouse of an Employee.
- The greater of 5 lives or 10% participation is required at point of sale. If participation is not achieved, this proposal is not valid, and Sun Life reserves the right to decline the case.

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Cancer Indemnity Insurance

Benefit Highlights

Cancer Indemnity Insurance provides fixed benefits for diagnoses of cancer and for many types of related expenses or treatments.

- **Benefits provided:** The benefits provided depends on the level of coverage. Employers may offer either a single choice of plan (Level 1 or Level 2) or both plan levels to allow employee choice.
 - *Level 1* offers benefits for cancer screening, Hospital Confinement, Surgery and Anesthesia, Radiation and Chemotherapy, blood and plasma, and more.
 - *Level 2* provides all level 1 benefits, plus additional benefits, such as First Occurrence, Transportation and Lodging, National Cancer Institute Evaluation/Consultation, Medical Imaging, Bone Marrow or Stem Cell Transplant, Reconstructive Surgery, Immunotherapy and more.
- **Coverage for Families:** Employees can add coverage for spouses and dependent children.
- **Cancer screening benefit:** To promote healthy lifestyles and early detection, we will pay employees and covered dependents a cancer screening benefit, once per calendar year, when they send us proof of a cancer screening like a mammogram.
- **Portability/Continuation:** Eligible Insureds may port or continue their insurance in force under the qualifying group insurance policy on the date such insurance terminates.

Please note some benefits do have maximums. For the full list of covered benefits, refer to the Plan Design and Rates section of this proposal. Some of the benefits mentioned above may not be available in all states.

Cancer Indemnity Insurance is a limited benefit policy. The certificate has exclusions and limitations (as detailed in the Policy Disclosures) which may affect any benefits payable.

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01
and 13-SD-R-01, subject to state availability.

April 28, 2025

Cancer Indemnity Insurance

Plan Design and Rates

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date	January 1, 2026
Class 1	
Class description	All Eligible Employees
Benefits provided	Cancer Indemnity Insurance coverage provides a fixed benefit for the early detection, incidence and treatment of cancer as well as related expenses. Level 2 provides a greater range of benefits such as reconstructive surgery and immunotherapy. The employee selects the benefit level that best suits his or her needs and budget.
Evidence of insurability	Evidence of insurability is not required
Pre-existing conditions limitation	12/12 Applies to all
Eligibility waiting period	First of the month following 30 days of employment
Contributions	Contributory
Member direct billing	Not included
Participation requirement	10% of eligible employees
Policy issue requirement	5 enrolled employees

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01 and 13-SD-R-01, subject to state availability.

Cancer Indemnity Insurance plan design

Class 1		
Class description	All Eligible Employees	
Cancer Indemnity Insurance Schedule	Level 1	Level 2
First Occurrence Pays the amount shown when the insured person is diagnosed for the first time as having internal cancer. This benefit is only payable once per lifetime.	No Benefit	\$5,000
Cancer Screening Pays the amount shown for each insured person who is tested for internal cancer and charged for undergoing either a colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA, CT scans or MRI scans, BRCA testing, or Hemocult stool specimen. This benefit is limited to once per benefit year.	\$50	\$75
Second Surgical Opinion Pays the amount shown once per surgical procedure for each insured person who is diagnosed by a doctor with internal cancer requiring surgery and obtains a second surgical opinion. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consultation benefit is payable.	\$200	\$200
National Cancer Institute Evaluation/Consultation Pays the amount shown for each insured person who obtains an evaluation or consultation at a National Cancer Institute designated cancer center strictly to determine the appropriate course of cancer treatment as a result of receiving a prior diagnosis of internal cancer. This benefit is not payable for the same day the Second Surgical Opinion benefit is payable. This benefit is limited and only payable once per lifetime.	No Benefit	\$500
Medical Imaging Pays the amount shown if, after an initial diagnosis of internal cancer, a follow-up evaluation is performed using any imaging test as directed by a doctor (except breast mammography and breast ultrasound). Benefits are payable twice per benefit year provided the insured person is charged for these procedures and they are performed on an outpatient basis.	No Benefit	\$100
Surgery and General Anesthesia Pays the benefit amount listed in the policy if the treatment of internal cancer requires surgery. A separate benefit amount is paid for surgery and general anesthesia and varies based on the procedure performed. Surgery for skin cancer and reconstruction is not covered under this benefit. The combined surgery and anesthesia maximum benefit for one operation for Level 1 is \$2,000; for Level 2 - \$7,500.	Anesthesia – \$50 to \$1,815 Surgical – \$150 to \$5,500	Anesthesia – \$50 to \$1,815 Surgical – \$150 to \$5,500
Outpatient Hospital Surgical Pays the amount shown per day when a doctor performs a surgical procedure on an insured person diagnosed with internal cancer on an outpatient basis in a hospital or ambulatory surgical center. Benefit is not payable for surgery performed in a doctor's office or if the insured person is hospital confined on the same day. Limited to a maximum of 3 days per procedure.	No Benefit	\$250
Transportation Pays the amount shown for round trip transport (not including ambulance) to a hospital or clinic for the purpose of obtaining internal cancer treatment prescribed by the local attending doctor for the insured person. The hospital or clinic must be more than 100 miles away from the residence of the insured person. The benefit will also be paid for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a covered dependent child and he or she is accompanied by a parent or guardian. Limited to 3 round trips per benefit year, per covered insured person.	No Benefit	\$500

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Class 1		
Class description	All Eligible Employees	
Cancer Indemnity Insurance Schedule	Level 1	Level 2
Lodging Pays the amount shown per day for hotel lodging during treatment for internal cancer at a hospital or clinic. The hospital or clinic must be more than 100 miles away from the residence of the insured person. Limited to 1 benefit per day up to 90 days per benefit year, per insured person.	No Benefit	\$100
Skin Cancer Pays the amount shown based on the procedure performed for an insured person diagnosed with skin cancer. The benefit amount shown includes the amount payable for anesthesia services. <ul style="list-style-type: none"> Biopsy Only Reconstructive surgery following previous excision of skin cancer Excision of skin cancer without flap or graft Excision of skin cancer with flap or graft 	\$100 \$250 \$375 \$600	\$100 \$250 \$375 \$600
Ambulance Pays the amount shown for a licensed professional ambulance to transport the insured person to a hospital for inpatient internal cancer treatment. This benefit is limited to 2 one-way trips per period of hospital confinement per insured person.	\$250	Ground - \$250 Air – \$2,000
Bone Marrow or Stem Cell Transplant Pays the amount shown if the insured person is charged for a bone marrow transplant or a peripheral stem cell transplant as the result of internal cancer. Payable once per lifetime, per insured person. A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both.	Bone Marrow – No benefit Stem Cell – No benefit	Bone Marrow – \$10,000 (Donor –\$1,500) Stem Cell –\$2,500
Prosthesis Pays the amount shown per device if, as a direct result or consequence of treatment of internal cancer, an insured person receives an implantable prosthetic device or other non-implantable prosthetic devices, such as voice boxes, hairpieces or removable breast prosthesis. This benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) flap procedure. Surgically Implanted – Lifetime maximum for Level 1 - \$4,000; for Level 2 – \$6,000; Other Devices – Lifetime maximum for Level 1 - \$400; for Level 2 – \$600.	Surgically Implanted –\$2,000 Other Devices –\$200	Surgically Implanted –\$3,000 Other Devices –\$300
Hospital Confinement Pays the daily amount shown for hospital confinement due to inpatient treatment of the insured person for internal cancer. Limited to 90 days per period of hospital confinement.	\$200	\$400
Radiation and Chemotherapy Pays the amount shown if the insured person receives cytotoxic medications or radiation (approved by the FDA or NCI-listed) administered by medical personnel in a hospital, clinic or doctor's office as internal cancer treatment for the purpose of changing or destroying abnormal tissue. These benefits are not payable for the same day the Experimental Treatment benefit is payable. Maximums apply: Oral Cytotoxic Medications are subject to a monthly maximum of \$450 for Level 1; \$1,500 for Level 2. A benefit year maximum applies to each of the other listed treatments: \$4,000 for Level 1; \$12,000 for Level 2. This benefit is not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. <ul style="list-style-type: none"> Injected Cytotoxic Medications (weekly) Pump Dispensed Cytotoxic Medications (first prescription & per refill) Oral Cytotoxic Medications (per prescription) Cytotoxic Medications Administration by Any Other Method (weekly) External Radiation Therapy (weekly) 	\$300 \$300 \$150 \$300 \$400	\$1,000 \$1,000 \$500 \$1,000 \$600

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Class 1		
Class description	All Eligible Employees	
Cancer Indemnity Insurance Schedule	Level 1	Level 2
<ul style="list-style-type: none"> Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium (weekly) Oral or I.V. Radiation (weekly) 	\$450 \$400	\$750 \$600
In-hospital Blood and Plasma Pays the amount shown for each day the insured person receives blood and/or plasma due to internal cancer treatment while hospital confined.	\$50	\$50
Outpatient Blood and Plasma Pays the amount shown for each day the insured person receives outpatient blood and/or plasma transfusions in a doctor's office, clinic, hospital, or ambulatory surgical center directly related to internal cancer treatment.	\$50	\$50
In-hospital Doctor Visits Pays the daily visit amount shown for each insured person visited by a doctor other than the operating surgeon while hospital confined for internal cancer treatment. Limited to a maximum of 75 visits.	\$25	\$25
Anti-nausea Pays the amount shown for each month the insured person is charged for drugs prescribed by a doctor to control nausea related to chemotherapy or radiation treatments for internal cancer.	No Benefit	\$100
Immunotherapy Pays the amount shown for each month the insured person receives immunotherapy prescribed by a doctor as treatment for internal cancer. Lifetime maximum of \$3,500 applies, per insured person. We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit.	No Benefit	\$450
Reconstructive Surgery Pays the amounts shown for internal cancer related reconstructive surgery listed below. In addition, 30% of the surgery amount listed is paid for general anesthesia used during these procedures. <ul style="list-style-type: none"> Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast) Breast Reconstruction Facial Reconstruction Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap 	No benefit No benefit No benefit No benefit	\$350 \$700 \$700 \$2,500
Experimental Treatment Pays the daily amount shown for doctor prescribed experimental treatments intended to destroy or change abnormal tissue. Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; maximum monthly benefit is \$1,050. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic devices or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.	No Benefit	\$150
Alternative Care Pays the amount shown per visit to an accredited practitioner for each insured person upon the diagnosis of internal cancer for Palliative care (acupuncture, massage therapy, bio-feedback and hypnosis), and Lifestyle training (smoking cessation, Yoga, meditation, relaxation techniques, Tai Chi and nutritional counseling). Limited to 20 visits per benefit year under either category, per insured person and lifetime maximum of 2 benefit years. There is also a one-time benefit (\$150) for Integrative Assessment and Education when performed by an accredited practitioner following the diagnosis of internal cancer.	No Benefit	\$50

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Class 1		
Class description	All Eligible Employees	
Cancer Indemnity Insurance Schedule	Level 1	Level 2
Post-hospital Doctor Visits Pays the amount shown per doctor visit once every 6 months if the insured person visits the doctor after being released from the hospital. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.	No Benefit	\$50
Nursing Services Pays the daily amount shown if a doctor prescribes a private nurse for full-time care in addition to those provided by the hospital while the insured person is hospital confined for internal cancer. Limited to 30 days per benefit year per insured person. Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member.	No Benefit	\$125
Home Health Care Pays the amount shown per visit if a doctor prescribes home health care or health support services for an insured person after being released from the hospital due to internal cancer. The service must begin within 7 days of the date the insured person is released from hospital confinement. Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified.	No Benefit	\$50
Extended-care Facility Pays the amount shown for each day an insured person is confined in an extended-care facility. The extended care confinement must occur within 30 days of a period of hospital confinement for internal cancer and the insured person has received a Hospital Confinement benefit. Maximum 90 days per benefit year for each insured person. This benefit is not payable for any day the Hospital Confinement benefit is payable.	\$200	\$200
Hospice Pays the daily amount shown for hospice care for the insured person for terminal illness as a result of internal cancer. Maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-care Facility benefit, the Home Health Care benefit or the Hospital Confinement benefit is payable.	\$100	\$100

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Cancer Indemnity Insurance monthly rates

Class 1 – Level 1

Employee Only	\$14.32
Employee + Spouse	\$24.35
Employee + Child(ren)	\$15.40
Employee + Family	\$25.43

Class 1 – Level 2

Employee Only	\$24.30
Employee + Spouse	\$41.31
Employee + Child(ren)	\$26.17
Employee + Family	\$43.18

Group Critical Illness coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 12-GP-01, 12-SD-C-01, 13-SD-C-01, 16-SD-C-01, 15-GP-01, 12-SDPort-C-01, 13-SDPort-C-01, 16-SDPort-C-01, 12-SD-R-01
and 13-SD-R-01, subject to state availability.

Important Information

Please also refer to the Policy Disclosures for additional details.

Note Regarding Employees Covered or Considering Coverage under Health Savings Accounts (HSA) Established in Connection with High Deductible Health Plans (HDHP).

Based on the limited available regulatory guidance, Sun Life believes its Cancer Indemnity Insurance Level 1 is appropriate for use with an HSA and may be purchased when the employee and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that the employee consult their own legal or tax advisor before purchasing this insurance.

Included in this plan:

- 36-month rate guarantee from the Effective Date
- Employee must be insured in order to elect benefits for Dependents
- Eligible Child(ren): to age 26
- Portability – greater of to Age 70 or 12 months
- Coverage options
 - Employee, spouse, and dependent children

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- This proposal assumes that there is a direct employer-employee relationship.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work.
- Coverage for dependents who are hospital-confined due to illness or injury will be effective on the date they are no longer hospital-confined. Hospital-confined does not apply to a newborn child.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Common ownership of the business units.
- This proposal assumes there is no coverage currently in force.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.
- No person may be insured as a Dependent Child of more than one Employee.
- No person may be insured as an Employee and as a spouse of an Employee.

Disclosures

Policy Disclosures

Hospital Indemnity Insurance

The following exclusions and limitations, may vary by plan and by state laws and regulations.

The material below is provided for informational purposes only and may vary by policy issue state. For a complete list, please refer to the policy documents.

Exclusions

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

No benefits will be payable for any loss that is caused or contributed to by:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- incarceration in a penal institution of any kind;
- elective abortion or complications thereof;
- elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a Dependent Child which has resulted in a defect;
- artificial insemination, in vitro fertilization, test tube fertilization;
- or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

Accident insurance

The following exclusions and limitations may vary by plan and by state laws and regulations.

Exclusions

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war [or your active duty in any armed service during a time of war] (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;

2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in [your Employer's] corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
 - operating a taxi or any other delivery service for any kind of compensation or profit;
 - 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;
 - committing of or attempting to commit an assault, felony or other criminal act;
 - active Participation in a Riot, Rebellion or Insurrection;
 - committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
 - voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
 - use of any drug, unless used as prescribed by a Physician or as directed;
 - improper or illegal use of inhalants or huffing;
 - a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
 - incarceration in a penal institution of any kind;
 - An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

For plans that include a Wellness Screening benefit, the benefit is limited to the following tests: cardiac exercise stress test, fasting blood glucose test, blood test for lipids including total cholesterol, LDL, HDL and triglycerides, breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound), CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy), hemocult stool analysis, pap smear, prostate cancer screening (digital rectal exam, PSA blood test), serum protein electrophoresis, skin cancer screening, diabetes tests (fasting blood glucose test, hemoglobin A1c), carotid doppler, electrocardiogram, echocardiogram, immunizations, and interscholastic sports physical exams. In order to receive this benefit, documentation from the physician for the covered employee or dependent (if applicable) must be submitted. Tests may vary by state.

Critical Illness Insurance

16 series

The following exclusions and limitations may vary by plan and by state laws and regulations.

The material below is provided for informational purposes only, and the exclusions and limitations may vary by policy issue state. For a complete list of exclusions and limitations, please refer to the policy documents.

Exclusions

In addition to the exclusions stated in the Covered Conditions section of the Certificate, we will not pay any benefit that is caused by, contributed to in any way, or resulting from any Critical Illness condition diagnosed outside the United States or Canada without confirmation of the diagnosis by the type of Specialist Physician specified for each of the Covered Conditions in the certificate who practices in the United States or Canada.

We will not pay a benefit for any Critical Illness that is due to or results from services or treatment not included in the Benefit Highlights; treatment or complications of treatment not related to a Critical Illness; intentionally self-inflicted injuries; war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); committing or attempting to commit an assault, felony, or other criminal act; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed.

Covered Conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For detailed information regarding covered conditions, please request an outline of coverage.

Limitations

For plans that include a Wellness Screening benefit, the benefit is limited to the following tests: cardiac exercise stress test, fasting blood glucose test, blood test for lipids including total cholesterol, LDL, HDL and triglycerides, breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound), CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy), hemocult stool analysis, pap smear, prostate cancer screening (digital rectal exam, PSA blood test), serum protein electrophoresis, skin cancer screening, diabetes tests (fasting blood glucose test, hemoglobin A1c), carotid doppler, electrocardiogram, echocardiogram, immunizations, and interscholastic sports physical exams. In order to receive this benefit, documentation from the physician for the covered employee or dependent (if applicable) must be submitted. Tests may vary by state.

Other limitations that are plan specific may apply. Please review the Design & Rates section for information on the specific limitations associated to each plan.

GCIOT-6289 (11/12)

Cancer Indemnity Insurance

The following exclusions and limitations may vary by plan and by state laws and regulations.

The material below is provided for informational purposes only, and the exclusions and limitations may vary by policy issue state. For a complete list of exclusions and limitations, please refer to the policy documents.

Exclusions

- services or Treatment not included in the Covered Cancer Benefits;
- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active military duty;
- intentionally self-inflicted injuries while sane or insane;
- services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility;
- services or Treatment provided by a Family Member;
- services or Treatment for premalignant conditions;
- services or Treatment for conditions with malignant potential;
- services or Treatment for non-cancer illnesses;
- elective plastic or cosmetic surgery.

Limitations

In addition to the limitations stated below, we will not pay any benefit for any Cancer that is Diagnosed in the first exclusionary period following the effective date of any Insured's insurance and results from a Pre-Existing Condition.

Pre-Existing Condition means during the exclusionary period prior to any Insured's effective date of insurance or the effective date of an increase in any Insured's amount of insurance, any condition for which any Insured:

- sought medical treatment, consultation, advice, care or services, including diagnostic measures; for the condition, or symptoms related to the condition, regardless of whether the condition was Diagnosed or suspected at that time; or
- took prescribed drugs or medicines for the condition.

For plans that include a Cancer Screening benefit, the benefit is limited to the following tests: colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA, CT scans or MRI scans, BRCA testing, or Hemocult stool specimen while covered under the Policy. We will pay this benefit only once per Benefit Year for each Insured regardless of whether multiple tests are performed. The benefit will be paid even if Internal Cancer is not Diagnosed. In order to receive this benefit, you must submit proof that the Internal Cancer screening test was performed by providing us with documentation from your Physician.

Other limitations that are plan specific may apply. Please review the Plan Design & Rates section for information on the specific limitations associated to each plan.

General Disclosures

1. For current financial ratings, please visit www.sunlife.com.

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

2. 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. Self Care is provided by AbleTo. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Online Will Preparation and Claimant Support Services are 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 the value-added service providers.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. ("Sun Life") family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

Service guarantees: If we do not meet the terms of a guarantee, a policyholder may request in writing a service guarantee review. Sun Life will determine whether it failed to meet the guarantee and whether a payment is made. If the request is approved, payment will be made by check during the policy year, as long as the policy remains in force during this time. Sun Life's maximum liability under a guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual premium or \$5,000 for each line of coverage. The maximum payment for a breach of any one component of a guarantee is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid under the guarantee under which the service issue arises. Please note the Service Guarantees apply to Life, STD (including ASO), LTD, Dental (including ASO) and may apply to Accident, Critical Illness, Cancer, Hospital Indemnity and Gap. For ASO contracts, service guarantee payments will be based on the annual service fee. Service Guarantees are not available for Stop Loss or Vision.

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, 15-GP-01, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 16-DEN-C-01, 12-DI-C-01, 16-DI-C-01, 13-SD-C-01, 12-AC-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 15-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, ACPort-C-01, 13-SDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-VIS-C-01, TDBPOLICY-2006, TDI-POLICY, 20-HI-C-01, 12-GPPORT-P-01, 20-HIORT-C-01, 21-PFML-GP-01-CT, 20-PFML-GP-01-MA, 23-SD-C-01, 23-SD-R-01, 20-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-06 and 23-SDPort-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, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 06P-NY-DBL-R-PFL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 12-GP-01, 12-AC-C-01, 12-GPPort-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 12-ACPort-C-01 and 13-SDPort-C-01. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental

companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

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