



Voluntary Life Insurance Benefits

For Each Eligible Employee of Franklin Township Community School - #100-3733-06

A Worldwide Presence

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

Benefits

- **For you:**

An amount between \$10,000 and \$500,000, in increments of \$1,000, not to exceed 5x Basic Annual Earnings. Guaranteed Issue Amount is \$200,000. If age 70 or over any amount that you elect is subject to satisfactory Evidence of Insurability. Benefits cease at retirement.

- **For your spouse:**

You can purchase one of the following Options:

Plan 1 - \$5,000,

Plan 2 - \$10,000,

Plan 3 - \$20,000 or

Plan 4 – An amount equal to 50% of the Employee Life Insurance. Guaranteed Issue Amount is \$30,000.

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

You can purchase one of the following Options:

Plan 1 - \$2,500 for each eligible child age 6 months to under age 19 or under 25 if a full-time student; \$1,000 for a child from birth to 6 months of age,

Plan 2 - \$5,000 for each eligible child age 6 months to under age 19 or under 25 if a full-time student; \$1,000 for a child from birth to 6 months of age,

Plan 3 - \$10,000 for each eligible child age 6 months to under age 19 or under 25 if a full-time student; \$1,000 for a child from birth to 6 months of age or

Plan 4 – An amount equal to 10% of the Employee Life Insurance for each eligible child age 6 months to under age 19 or under 25 if a full-time student; \$1,000 for a child from birth to 6 months of age.

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

Features of the Plan

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

How to Enroll

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

About Evidence of Insurability

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

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

Voluntary Life Rates*

Employee		Spouse**		Child(ren)**	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage		Monthly cost per \$1,000 of coverage
Under 29	\$ 0.04	Under 29	\$ 0.04		
30 – 34	\$ 0.05	30 – 34	\$ 0.05		
35 – 39	\$ 0.07	35 – 39	\$ 0.06		
40 – 44	\$ 0.11	40 – 44	\$ 0.09	All eligible children	\$0.01
45 – 49	\$ 0.18	45 – 49	\$ 0.14		
50 – 54	\$ 0.32	50 – 54	\$ 0.26		
55 – 59	\$ 0.52	55 – 59	\$ 0.50		
60 – 64	\$ 0.75	60 – 64	\$ 0.60		
65 – 69	\$ 1.31	65 – 69	\$ 0.98		
70 +	\$ 3.55	70 +	\$ 2.63		

*These are the rates in effect for 1/1/2015.

**The Spouse and Child rates shown above are for Plan 4. For Dependent plans 1, 2, and 3 please see your HR Plan Administrator for rate details.

Cost to You

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

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*	
\$25000	/ 1000 = 25	x \$0.05	\$ 1.25	
Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
\$	/ 1000 =	x \$	\$	\$

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

Age Reductions

- Amounts of Employee Voluntary Life Insurance are reduced at the following ages:

Age	Percentage
70	By 45%
75	By 30%
80	By 20%
85	By 15%
90	By 10%

For Complete Plan Details

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

Exclusions for Life

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

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

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

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy. Group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states under Policy Forms Series GP-A and GP-D (or appropriate state edition). Product offerings may not be available in all states and may vary depending on state laws and regulations.

© 2013 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

SLPC 22008 07/13 (exp. 07/15)