



# Optional Life Insurance Benefits

for Employees of Franklin Pierce University

## 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 \$10,000, not to exceed 5x basic annual earnings. Guaranteed Issue Amount is \$80,000 if under age 60, \$20,000 if age 60-69, \$10,000 if age 70-79, and \$1,000 if age 80 or over. Benefits cease at retirement.

- **For your spouse:**

An amount between \$25,000 and \$500,000, in increments of \$5,000. Guaranteed Issue Amount is \$30,000 if under age 60, and \$1,000 if age 60-69. Spouse Optional Life coverage may not exceed 100% of the employee's coverage. Coverage ends when your spouse turns 70.

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

An amount between \$ 2,500 and \$ 10,000, in increments of \$ 2,500 for each eligible child who is 6 months to 19 years old (or 23 if a full-time student); \$ 250 for a child who is 14 days to under 6 months. Child coverage cannot exceed 100% of the employee's coverage.

You must elect Optional 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. For more information, ask your employer for a copy of the flyer entitled "Optional Life Means Added Financial Security."

### 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 Optional 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 Optional 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.

## Optional 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 \$2,500 of coverage	
Under 20	\$ 0.050	Under 20	\$ 0.050	All eligible children	\$ 0.40
20 – 24	\$ 0.062	20 – 24	\$ 0.062		
25 – 29	\$ 0.046	25 – 29	\$ 0.046		
30 – 34	\$ 0.050	30 – 34	\$ 0.050		
35 – 39	\$ 0.070	35 – 39	\$ 0.070		
40 – 44	\$ 0.116	40 – 44	\$ 0.116		
45 – 49	\$ 0.196	45 – 49	\$ 0.196		
50 – 54	\$ 0.328	50 – 54	\$ 0.328		
55 – 59	\$ 0.578	55 – 59	\$ 0.578		
60 – 64	\$ 0.734	60 – 64	\$ 0.734		
65 – 69	\$ 1.120	65 – 69	\$ 1.120		
70 +	\$ 2.186				

\*These are the rates in effect for July 1, 2011.

## 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 optional 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 Life Insurance are reduced at the following ages:

Age	Percentage
70	67%
75	50%

## For Complete Plan Details

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

## Exclusions

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

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 02P-STD TDB Policy-2006, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 06P-NYDBL, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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SLPC 22007 06/10 (exp. 06/12)

# Sun Life Assurance Company of Canada

## Optional Life Enrollment Form



### 1 Employer, Employee and Dependent Information (Please print clearly)

Name of your employer <b>Franklin Pierce University</b>	Policy number <b>218517</b>	Benefit group or class <b>001</b>	Your annual basic earnings* \$		
Your full legal name (first, middle initial, last)	Social Security Number 	Date of birth	Date of hire	Your occupation	
Your spouse's name (first, middle initial, last)**	Social Security Number 	Date of birth	Date of marriage		
Name(s) of child(ren) to be covered (attach additional pages if needed)**			Date(s) of birth		

### 2 Benefit Elections (Make your benefit elections below based on the coverage options described here)

**For yourself:** An amount between \$10,000 and \$500,000, in increments of \$10,000 not to exceed five times your basic annual earnings.\* Amounts available with no evidence of insurability required: \$80,000 if you are under age 60; \$20,000 if age 60-69; \$10,000 if age 70-79; and \$1,000 if age 80 or over. **Age Reductions:** To 67% at age 70 and to 50% at age 75. Benefits cease at retirement.

**For your spouse:** An amount between \$25,000 and \$500,000, in increments of \$5,000. Amounts available with no evidence of insurability required: \$30,000 if under age 60, \$1,000 for ages 60-69. Spouse coverage cannot exceed 100% of the employee's Optional Life coverage. Coverage ends when your spouse turns 70 years old.

**For your eligible children:** You can purchase up to \$10,000 in increments of \$2,500 for each eligible child. For a description of children eligible for coverage, refer to your group insurance booklet or ask your employer.

	I elect coverage	I decline coverage	Coverage amount selected
Employee coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Spouse coverage**:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child(ren) coverage**:	<input type="checkbox"/>	<input type="checkbox"/>	\$

\* For most plans, "basic annual earnings" is defined as your salary. Basic annual earnings usually excludes bonuses, commissions or overtime. Please see your benefits booklet or check with your employer for the exact definition of earnings that applies to you.

\*\* Your spouse and children may only be covered if you are.

### 3 Acknowledgment and Signature (Important: You must read and sign for coverage)

I understand that:

- I am requesting Optional Life coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premiums from my pay.
- If I decline coverage for me or my family now and want it at a later date, I/we will have to provide evidence of insurability acceptable to Sun Life Assurance Company of Canada. I have read the "About Evidence of Insurability" notice on page 2.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased Optional Life coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- If my spouse or any of my dependent children are hospital-confined due to an injury or illness on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer hospital-confined and are able to perform their normal activities.

Signature of employee X	Date signed
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Continued on Page 2

**About Evidence of Insurability** (also known as Proof of Good Health):

Evidence of Insurability (EOI) is needed if:

- You apply for higher coverage than the limits described in the Coverage Options above.
- You want to increase your existing coverage now (whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier).
- You want to increase your coverage at a later date.
- You decline coverage and then want it at a later date.

If EOI is needed, your coverage will not go into effect until Sun Life Assurance Company of Canada approves it.

**4 Beneficiary Designation**

For Primary Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Optional Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

If you do not name a beneficiary, or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

☐ **Use my Basic Life beneficiaries** – Check this box and leave this section blank if you want your Optional Life Insurance beneficiaries to be the same as your Basic Life beneficiaries.

If you did not check the box above, make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%.

Primary beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

Secondary (Contingent) beneficiary(ies)	Social Security Number	Relationship to employee	Percent share of proceeds *
1.			
2.			

\* The total within each class (Primary and Secondary) must equal 100%.

**5 Calculating Your Cost** (Find your monthly cost by adding all of the coverages you have selected)**Employee and spouse coverage:**

1. Find your/your spouse's age in the chart below and the corresponding cost.
2. Multiply the cost per \$1,000 by your/your spouse's amount of coverage (divided by 1,000). Your cost will increase when you or your spouse moves into a new age band.

**Child(ren) coverage:**

1. Find the cost per \$1,000 for child(ren) coverage in the chart below.
2. Multiply the cost per \$1,000 by your child(ren)'s amount of coverage (divided by 1,000).

EMPLOYEE		SPOUSE		CHILD(REN)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Monthly cost per \$2,500 of coverage	
Under 20	\$ 0.050	Under 20	\$ 0.050	All eligible children \$ 0.040	
20 - 24	\$ 0.062	20 - 24	\$ 0.062		
25 - 29	\$ 0.046	25 - 29	\$ 0.046		
30 - 34	\$ 0.050	30 - 34	\$ 0.050		
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50 - 54	\$ 0.328	50 - 54	\$ 0.328		
55 - 59	\$ 0.578	55 - 59	\$ 0.578		
60 - 64	\$ 0.734	60 - 64	\$ 0.734		
65 - 69	\$ 1.120	65 - 69	\$ 1.120		
70 +	\$ 2.186				

**Employee:** Make a copy of this form for your records before submitting it to your employer.

**Employers:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another Optional Life Enrollment Form.

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