

SERFF Tracking Number: SNLF-126329573 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 43723
Company Tracking Number: SS10 REVISION
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group DI
Project Name/Number: SS10 Revision/

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group DI SERFF Tr Num: SNLF-126329573 State: Arkansas
TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 43723
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: SS10 REVISION State Status: Approved-Closed
Long Term

Filing Type: Form Reviewer(s): Rosalind Minor
Disposition Date: 10/14/2009

Authors: James Crowley, Sandra
Silcott, Marion Pagluica, Lori
Chilcote, Pauline Michaud, Ellen
Thibodeau, Linda Murphy, Frank
Jancura

Date Submitted: 10/07/2009 Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: SS10 Revision

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/14/2009

Deemer Date:

Submitted By: Lori Chilcote

Filing Description:

RE: Sun Life Assurance Company of Canada

NAIC # 80802 FEIN #38-1082080

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Created By: Lori Chilcote

Corresponding Filing Tracking Number:

GROUP TERM LIFE , AD&D AND DISABILITY INCOME PROGRAM

SERFF Tracking Number: SNLF-126329573 State: Arkansas
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Group Policy of Incorporation Form 010P-LH, et al
Group Term Certificate Form 010C-LH, et al
Policy Amendment Form 010P-LH-PA
Certificate Amendment Form 010C-LH-CA
Transition Survivor Income Benefit Certificate Rider Form 010-LH-SIB

Dear Commissioner:

We are submitting the forms reference above for your approval. These forms are new and are not intended to replace any other forms currently in use.

The enclosed forms are designed to provide group term life, accidental death and dismemberment, short term disability income and long term disability income coverage in the following manner:

1. On a direct issue basis. The policy form will be issued in your state to groups recognized as eligible for group insurance in accordance with state insurance laws, rules and regulations, i.e. employer groups, union groups, trustee groups, etc.
2. On an out-of-state group trust basis. Coverage may be offered in your state to participating employers under a policy issued to a multiple employer trust situated in Rhode Island. The trustee/policyholder for these funds is BankNewport, located at 747 Aquideneck Ave, Middletown, Rhode Island 02842.

This policy will be used with group application form XGR/2812, which was approved by your Department on September 11, 2009 (Arkansas file number 43398).

With regard to marketing information, this program will be offered on a contributory or non-contributory basis, where the insured may be required to contribute none, all, or a portion of the premium. Coverage will be marketed through agent/broker solicitation.

These forms are exempt from filing in our domiciliary state, Michigan.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. Any items intended to be variable are bracketed. As a point of information, variable data may vary from case to case. For example, the nature and structure of a group may require that certain terms be changed to fit the specific group. Amounts may vary or provisions may be modified to fit a specific policyholder's request. There may be other variations that may be changed as a result of negotiations between the policyholder and the Company. Please be assured that variable data will never exclude or limit provisions required by the jurisdiction in which the group policy is issued. With respect to mandated requirements, benefits greater than the mandates may be provided, where permitted.

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We request the Department's approval of the enclosed forms. If you have any questions or comments regarding this submission, please contact me.

Sincerely,
 James Crowley
 Telephone: (860) 737-1310
 Email: james.crowley@sunlife.com

Company and Contact

Filing Contact Information

James Crowley, Compliance Consultant James.Crowley@sunlife.com
 175 Addison Road 800-451-2513 [Phone] 1310 [Ext]
 P.O. Box 725 860-737-6598 [FAX]
 Windsor, CT 06095-0725

Filing Company Information

Sun Life Assurance Company of Canada CoCode: 80802 State of Domicile: Michigan
 175 Addison Road Group Code: 549 Company Type:
 Windsor, CT 06095 Group Name: State ID Number:
 (860) 737-1000 ext. [Phone] FEIN Number: 38-1082080

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Policy form filing x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$50.00	10/07/2009	31110306

SERFF Tracking Number: SNLF-126329573 State: Arkansas
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group DI
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

SERFF Tracking Number: SNLF-126329573 *State:* Arkansas
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Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR-reg 19 Compliance	Approved-Closed	Yes
Supporting Document	Statements of Variability	Approved-Closed	Yes
Supporting Document	Forms List	Approved-Closed	Yes
Supporting Document	Actuarial mem	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Policy Form	Approved-Closed	Yes
Form	Certificate Forms	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes
Form	Certificate Form	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2009	010P-LH	Policy/Cont ract/Fratern al Certificate	Policy Form	Initial			010P-LH.pdf
Approved-Closed 10/14/2009	010P-LH-PA	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Form	Initial			010P-LH-PA.pdf
Approved-Closed 10/14/2009	010C-LH	Certificate	Certificate Forms	Initial			010C-LH filed version1.pdf
Approved-Closed 10/14/2009	010C-LH-CA	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial			010C-LH-CA.pdf
Approved-Closed 10/14/2009	010C-LH-SIB	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form	Initial			010C-LH-SIB.pdf
Approved-Closed 10/14/2009	010-DISC-AR	Certificate Amendmen t, Insert	Certificate Form	Initial			010-DISC-AR.pdf

<i>SERFF Tracking Number:</i>	<i>SNLF-126329573</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	<i>43723</i>
<i>Company Tracking Number:</i>	<i>SS10 REVISION</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group DI</i>		
<i>Project Name/Number:</i>	<i>SS10 Revision/ Page, Endorseme nt or Rider</i>		
Approved- Closed 10/14/2009	010-ILLUS Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Form Initial	010- ILLUS.pdf



SUN LIFE ASSURANCE COMPANY OF CANADA

Policyholder: [ABC COMPANY, INC.]
Policy Number: [12345]
Policy Effective Date: [January 1, 2009]
Policy Anniversary: [January 1, 2010]
[Policy Amendment Effective Date: [June 1, 2009]]

This Policy is delivered in [State] and is subject to the laws of that jurisdiction. Premiums are due and payable [monthly] on the [first] day of each [month]. Policy anniversaries will be annual beginning on [January 1, 2009].

Sun Life Assurance Company of Canada (“Sun Life”) agrees to pay the benefits in accordance with all provisions provided by this Policy for [[Employee] Basic Life, [Employee] Optional Life, Dependent Basic Life, Dependent Optional Life, [Employee] Basic Accidental Death and Dismemberment, [Employee] Optional Accidental Death and Dismemberment, Dependent Basic Accidental Death and Dismemberment, Dependent Optional Accidental Death and Dismemberment, Short Term Disability, Long Term Disability Insurance and Dental Insurance.] This Policy is issued in consideration of the Application of the Policyholder, and continued payment of premiums by the Policyholder. The following pages including the Certificate, any Riders, Endorsements or Amendments are a part of this Policy.

For the purpose of effective dates and termination dates under this Policy, all days begin at 12:00 midnight and end at 11:59:59 p.m.

Signed at Sun Life’s U.S. Headquarters, One Sun Life Executive Park, Wellesley Hills, MA 02481.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in cursive script that reads "Donald A. Stewart." The signature is enclosed in large square brackets.

[Donald A. Stewart, Chief Executive Officer]

PLEASE READ YOUR POLICY CAREFULLY
Group Term Insurance Policy
Non-Participating

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Definitions

In this section, Sun Life defines some basic terms needed to understand this Policy. All male terms include the female term, unless stated otherwise.

For purposes of this Policy:

Application means the document pertaining to the plan of insurance applied for by the Policyholder.

Certificate means a written booklet prepared by Sun Life which includes any Riders, Endorsements or Amendments, containing a summary of:

1. the insurance benefits an [Employee] is entitled to;
2. to whom the benefits are payable; and
3. any limitations, exclusions or requirements that may apply.

Eligible Classes means the class(es) eligible for insurance as shown in the Benefit Highlights section of the Certificate(s).

Eligibility Date means the date or dates an [Employee] in an Eligible Class becomes eligible for insurance under this Policy. Classes eligible for insurance are shown in the Benefit Highlights section of the Certificate(s).

[Eligible Employer means an Employer that is participating in the Trust.]

[Employee] means a person who is employed by the Employer [within the United States [or Canada,]] scheduled to work at least the number of hours shown in the Benefit Highlights, and paid regular earnings [, who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3)].

[If an [Employee] who is a citizen of [the United States [or Canada,]] is working on temporary assignment outside of the United States [or Canada] for [12 months] or less, the [Employee] will be deemed to be working within [the United States [or Canada]]. [If an [Employee] who is a citizen of [the United States [or Canada]], is working on a temporary assignment outside of the United States [or Canada] for more than [12 months], the [Employee] will not be considered an [Employee] under the Policy unless Sun Life approves the [Employee's] eligibility under the Policy [in writing].] [If an [Employee] who is not a citizen of [the United States [or Canada]] and the [Employee] is working on temporary assignment outside of the United States [or Canada], the [Employee] will not be considered an [Employee] while working on the temporary assignment].]

[For the purposes of the Group Policy, [Employee] also means a person who receives an IRS 1099, as well as any [physician] [proprietor] [and] [partner], if applicable, to the extent the individual is [scheduled to work] [actually working] for the Employer at least the number of hours shown in the Benefit Highlights, and is paid regular earnings from the Employer.]]

Employer means [ABC Company] [an Employer that is participating in the Trust named on the policy face page] and includes any Subsidiary or Affiliated company named in the Application.

[Employer's Effective Date means the date the Employer becomes a participant in the Trust and a covered Employer under the Policy.]

Definitions

Grace Period means the [31 days] following a premium due date.

Policyholder means the entity to whom the Policy is issued.

U.S. Headquarters means Sun Life Assurance Company of Canada, Wellesley Hills, Massachusetts 02481.

Incorporation Provisions

Certificates

The certificate(s) and any Certificate Amendment forms providing [Group Life, Accidental Death and Dismemberment, Short Term Disability or Long Term Disability] as applicable to each Employer that are attached to the Policy are hereby incorporated in and made part of this Policy.

The following items found in the Certificate and/or any Certificate Amendment will control:

1. Benefit Highlights
2. Eligibility and Effective Dates
3. Termination of Insurance
4. Benefit Provisions
5. Claim Provisions
6. General Provisions
7. Definitions

Termination Provisions

[Termination of Policy

This Policy will terminate for any of the following reasons:

1. Failure to pay any premium due before the expiration of the Grace Period.
2. The Policyholder may terminate this Policy by advance written notice delivered to Sun Life at least [31 days] prior to the termination date. This Policy will not terminate during any period for which premium has been paid. The Policyholder will be liable to Sun Life for all premiums due and unpaid for the full period this Policy is in force
3. Sun Life may terminate this Policy on any premium due date by giving written notice to the Policyholder at least [60 days] in advance if:
 - a. the number of insured [Employees] is less than [10]; or
 - b. less than [100%] of the [Employees] eligible are insured [for Non-Contributory Insurance;] or
 - c. less than [75%] of the [Employees] eligible are insured [for Contributory Insurance;] or
 - d. the Policyholder fails to:
 - i. furnish promptly any information Sun Life may reasonably require; or
 - ii. perform any other obligations pertaining to this Policy
- [4. Sun Life may terminate this Policy on [any policy anniversary] by giving written notice to the Policyholder at least [60 days] in advance.]

Termination of this Policy may take effect on an earlier date when both the Policyholder and Sun Life agree.]

Termination Provisions

[Termination of the Employer's Participation in the Trust

An Employer's participation in the Trust and under this Policy will terminate for any of the following reasons:

1. Failure to pay any premium due before expiration of the Grace Period.
2. The Employer may terminate its participation in the Trust by advance written notice delivered to Sun Life at least [31 days] prior to the termination date. The Employer's participation in the Trust will not terminate during any period for which premium has been paid. The Employer will be liable to Sun Life for all premiums due and unpaid for the full period during which the Employer is a participant in the Trust.
3. Sun Life may terminate the Employer's participation in the Trust on any premium due date by giving written notice to the Employer at least [60] days in advance if:
 - a. the number of insured [Employees] is less than [10]; or
 - b. less than [100%] of the [Employee]'s eligible are insured [for Non-Contributory Insurance;] or
 - c. less than [75%] of the [Employees] eligible are insured [for Contributory Insurance;] or
 - d. the Employer fails to:
 - i furnish promptly any information Sun Life may reasonably require; or
 - ii perform any other obligations pertaining to its participation in the Trust.
- [4. Sun Life may terminate the Employer's participation in the Trust on [any Employer Plan Anniversary Date] by giving written notice to the Employer at least [60 days] in advance.]

Termination of the Employer's participation in the Trust may take effect on an earlier date when both the Employer and Sun Life agree.]

Termination Provisions

Termination of Benefit Provision

A Benefit Provision will terminate for any of the following reasons:

1. The [Policyholder] may terminate a Benefit Provision by advance written notice delivered to Sun Life at least [31 days] prior to the termination date. The Benefit Provision will not terminate during any period for which premium has been paid. The [Policyholder] will be liable to Sun Life for all premiums due and unpaid for the full period that Benefit Provision is in force.
2. Sun Life may terminate a Benefit Provision on any premium due date by giving written notice to the [Policyholder] at least [60 days] in advance if:
 - a. the number of insured [Employees] for that Benefit is less than [10]; or
 - b. less than [100%] of the [Employees] eligible for that Benefit are insured [for Non-Contributory Insurance;] or
 - c. less than [75%] of the [Employees] eligible for that Benefit are insured [for Contributory Insurance;] or
 - d. the [Policyholder] fails to furnish promptly any information Sun Life may reasonably require
3. Sun Life may terminate any Benefit Provision on [any policy anniversary] by giving written notice to the [Policyholder] at least [60 days] in advance.

Termination of a Benefit Provision may take effect on an earlier date when both the [Policyholder] and Sun Life agree.

General Policy Provisions

A. Statements

All statements made in any Application are considered representations and not warranties. No representation by:

1. the [Policyholder] in applying for this Policy will render it void unless the representation is contained in the Application; or
2. any [Employee] in applying for insurance under this Policy will be used to reduce or deny a claim unless a copy of the [Employee's] written application for insurance is or has been given to the [Employee] or the [Employee's] beneficiary, if any.

B. Entire Contract - Policy Changes

1. This Policy is the entire contract. It consists of:
 - a. all of the pages of the Policy;
 - b. the Application of the [Policyholder] [each Eligible Employer];
 - c. each [Employee's] written application for insurance ([Employee] retains his own copy);
 - d. any Certificates incorporated and made a part of this Policy.
2. This Policy may be changed in whole or in part. Only an officer of Sun Life may approve a change. The approval must be in writing and [endorsed on or attached to] [becomes a part of] this Policy.
3. No other person, including an agent, may change this Policy or waive any part of it.

C. [Employee's] Certificate

Sun Life will provide a Certificate to the Policyholder for delivery to each [Employee]. The Certificate is intended to provide an explanation of the Policy benefits.

D. Furnishing of Information - Access to Records

1. The [Employer] will furnish at regular intervals to Sun Life:
 - a. information relative to individuals:
 - i. who qualify to become insured;
 - ii. whose amounts of insurance change; and/or
 - iii. whose insurance terminates.
 - b. any other information about this Policy that may be reasonably required.

The records which, in the opinion of Sun Life, are material to the insurance, will be opened for inspection by Sun Life at any reasonable time.

General Policy Provisions

2. Clerical error or omission will not:
 - a. deprive an individual of insurance;
 - b. affect an individual's amount of insurance; or
 - c. effect or continue an individual's insurance which otherwise would not be in force.

The Policyholder or Employer's failure to report notice or proof of claim in a timely manner shall not constitute clerical error.

E. Misstatement of Facts

If relevant facts about any individual were not accurate:

1. an equitable adjustment of premium will be made; and
2. the true facts will be used to determine if and in what amount insurance is valid under this Policy.

If the amount of the benefit is dependent upon an individual's age, (as shown in the Benefits Highlights), the benefit will be the amount an individual would have been entitled to if his correct age was known.

If an adjustment results in a refund of premium, the refund will not exceed a period of more than [12 months].

F. Legal Proceedings

No legal action may start:

1. until [60 days] after Proof of Claim has been given; nor
2. more than [3 years] after the time Proof of Claim is required.

G. Agency

For all purposes of this Policy, the Policyholder [or third party administrator] acts on its own behalf or as an agent of the [Employee]. Under no circumstances will the Policyholder [or third party administrator] be deemed an agent of Sun Life.

H. Incontestability

The validity of this Policy shall not be contested, except for non-payment of premium, after it has been in force for two years from the Policy Effective Date.

Premiums

A. Premium Rates

Sun Life determines its initial or any subsequent [monthly] premium rate on the basis of the coverage being provided. After the initial [monthly] premium rate has been in effect until [12 months from January 1, 2009], Sun Life has the right to recalculate any premium rate. However, Sun Life has the right to recalculate the initial or any subsequent [monthly] premium rate when any of the following occurs:

1. the terms of this Policy are changed, including but not limited to the benefits shown in the Benefit Highlights; or
2. a new Division, Subsidiary or Affiliated Company of the [Policyholder] is added to or deleted from this Policy; or
3. the number of [Employees] insured changes by [25%] or more from the number of [Employees] insured on the [Policy] [Participating Employer's] Effective Date or the immediately preceding [Policy] [Employer] Anniversary Date;] or
4. one or more class(es) are added to or deleted from this Policy.

[No premium rate may be increased unless Sun Life notifies the [Policyholder] at least [31 days] in advance of the increase. Premium rate increases may take effect on an earlier date when both Sun Life and the [Policyholder] agree.

B. Payment of Premiums

1. All premiums due under this Policy, including adjustments, if any, are payable by the [Employer] on or before the respective due dates at Sun Life's U.S. Headquarters or at another location designated by Sun Life.
2. The premiums due under this Policy on each premium due date are based upon the premium rates in effect for the benefit provided. The premium due is the sum of the [monthly] premiums for all insured [Employees] [and Dependents] for all benefits. [For benefits based on the [Employee's] salary, the premiums due under this Policy on each premium due date are based on each [Employee's] salary as of [January 1st] each year. The premium due for employees hired after [January 1st] of each year and before the next following [January 1st] will be based on the [Employee's] salary on his or her effective date of insurance. The premium due for [Employees] that change classes after [January 1st] of each year will be based on the [Employee's] salary on the effective date of the change in class.]
3. Premiums payable to Sun Life will be paid in United States dollars [and Canadian dollars] [and Canadian dollars at the accepted daily rate of exchange], on the premium due date.
- [4. The premium for additional or increased insurance becoming effective during a Policy month will be charged from the next premium due date.
5. The premium for insurance terminated during a Policy month will cease at the end of the Policy month in which such insurance terminates.]
- [6. The premium for additional, increased, reduced or terminated insurance will cause a pro-rata adjustment on the next premium due date.]
- [7]. Except for fraud, premium adjustments, refunds or charges will be made for only:
 - a. the current Policy Year; and
 - b. the prior Policy Year.

Premiums

C. Grace Period

The Grace Period is [31 days] following a premium due date. During the Grace Period the Policy shall continue in force, unless the Policyholder has given Sun Life written notice to discontinue this Policy. In any event, premiums are payable for any period of time the Policy remains in force.

[D. Experience Rating Refund

On each Policy Anniversary a retrospective experience rating refund process is applied to the [[Employee] Life and Dependent Life Insurance]. Sun Life allots to this Policy such amount, if any, as Sun Life determines to be available as a refund as a result of that process. Sun Life reserves the right to change the basis of that process.]

SUN LIFE ASSURANCE COMPANY OF CANADA

POLICY AMENDMENT

Effective [January 1, 2009], Sun Life Assurance Company of Canada issues this Amendment to be attached to and form part of Group Policy No. [12345] issued to [ABC Company].

The Policy is changed as follows:

[The name of the Policyholder as set forth on the Policy face page is changed to read:

Policyholder: <New Name>

Notice is hereby acknowledged by Sun Life Assurance Company of Canada that all right, title and interest of <old name> in and to the group policy has been assigned to <new name>.

It is hereby agreed that said <new name> will assume the rights and obligations of said <old name> under the policy and that the policy will continue in force and effect.]

Nothing contained in this Policy Amendment will be held to affect any of the terms of the Group Policy other than as stated herein.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

Employee Group Benefits

UNDERWRITTEN BY

SUN LIFE ASSURANCE COMPANY OF CANADA

Sun Life Assurance Company of Canada certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below [insuring certain Employees of the Employer shown below].

POLICYHOLDER: [ABC COMPANY, INC.]

[[EMPLOYER]: ABC EMPLOYER]

[All Salaried Employees]

GROUP POLICY NUMBER: [12345]

[EMPLOYER'S EFFECTIVE DATE: [January 1, 2009]

[CERTIFICATE] EFFECTIVE DATE: [January 1, 2009]

[CERTIFICATE AMENDMENT EFFECTIVE DATE: [June 1, 2009]

This Group Certificate cancels and replaces any prior Certificate issued to you that describes any coverage shown in this Certificate.

This Group Certificate contains the terms of the Group Policy that affect your insurance. This Group Certificate is part of the Group Policy.

[This Group Certificate is governed by the laws of Rhode Island, which is the state of issue of the Group Policy.]

[Group [Voluntary] Life]

[Group [Voluntary] Accidental Death and Dismemberment]

[Group [Voluntary] Short Term Disability]

[Group [Voluntary] Long Term Disability]

[Logo]

Welcome to Sun Life Assurance Company of Canada (“Sun Life”). Sun Life is pleased to be your Employer’s insurance carrier for the benefits provided in this Group Certificate. The description of Eligible Classes in the Benefit Highlights will help you determine what benefits apply to you.

The Certificate is intended to provide a summarized explanation of the current Group Benefits. In the event of any changes in benefits or group provisions, you will be provided with a new Certificate or supplement which describes any changes.

Possession of this Certificate does not necessarily mean you are insured under the Group Policy. The requirements for becoming eligible for insurance and the dates your insurance begins or ceases are explained within this Certificate.

This Certificate uses insurance terms and phrases that are listed in the Definitions Section.

For information, call the Sun Life Group Customer Service Center toll free at [1-800-247-6875] [or Medical Group Insurance Services (MGIS) toll-free at 1-800- 969-6447].

**NOTICE TO CERTIFICATEHOLDER
(APPLICABLE TO ARKANSAS RESIDENTS ONLY)**

THIS NOTICE IS TO ADVISE YOU THAT SHOULD YOU HAVE ANY QUESTIONS OR COMPLAINTS REGARDING YOUR SUN LIFE GROUP INSURANCE PLAN, YOU MAY CONTACT THE FOLLOWING:

**SUN LIFE ASSURANCE COMPANY OF CANADA
GROUP CUSTOMER SERVICE CENTER SC1219
U.S. HEADQUARTERS OFFICE
ONE SUN LIFE EXECUTIVE PARK
WELLESLEY HILLS, MA 02481**

Phone: [(800) 247-6875]

ALSO AVAILABLE TO YOU IS THE CONSUMER SERVICES DIVISION OF THE ARKANSAS INSURANCE DEPARTMENT:

**ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
*1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904***

Phone: (501) 371-2640 OR (800) 852-5494

Fax: (501) 371-2749

Email: insurance.consumers@arkansas.gov

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BENEFIT HIGHLIGHTS

**[EMPLOYEE [BASIC] [LIFE] [AND]
[ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)] INSURANCE]**

ELIGIBLE CLASSES

[Employee [Basic] [Life] [and [Basic] Accidental Death and Dismemberment] Insurance]

[All active [full-time] [United States] Employees [working in the United States] who are regularly scheduled to work at least [30] hours per week.]

[Employee [Optional] [Life] [and Accidental Death and Dismemberment] Insurance]

[All active [full-time] [United States] Salaried Employees [working in the United States] who are enrolled in Employee Basic Life Insurance and who are regularly scheduled to work at least [30] hours per week.]

[BASIC [LIFE] INSURANCE]

[CLASSIFICATION

- 1. Officers
- 2. Managers
- 3. All other Employees]

	[LIFE]	[AD&D]
1.	[[2] times your Basic Annual Earnings*]	[An amount equal to your amount of [Basic] Life Insurance in force]
2.	[[1.5] times your Basic Annual Earnings*]	[[2.5] times your Basic Annual Earnings*]
3.	[\$20,000]	[\$20,000]

	[LIFE]	[AD&D]
[You may elect one of the following Options:		
[Option I]	[\$50,000]	[None]
[Option II]	[1 times your Basic Annual Earnings*]	[2 times your Basic Annual Earnings*]]

BENEFIT HIGHLIGHTS

[OPTIONAL [LIFE] INSURANCE]

[CLASSIFICATION]

1. Officers
2. Managers
3. All other Employees]

[LIFE]

[AD&D]

[All Eligible Employees

[You may elect 1, 2, 3, 4 or
5 Times your Basic Annual
Earnings.]

[You may elect 1, 2, 3, 4 or
5 times your Basic Annual
Earnings.]]

[*rounded to the [next higher \$1,000] [, if not already a multiple of \$1,000]]

[The **[Basic] [Optional] Maximum Benefit** [for Class 1] is [\$150,000].]

[The **Combined Maximum Benefit for Basic and Optional Life Insurance** combined [for classes 1 and 2] is the lesser of:

- your Basic Life Insurance added to your Optional Life Insurance; or
- [3 times your Basic Annual Earnings; or]
- [\$100,000.]]

[The **Minimum Benefit** [for [Basic] Life Insurance] is [\$50,000].]

[(Applicable to Employees hired on or after January 1, 2009 [and Employees in the Waiting Period on January 1, 2009])]

[The **Guaranteed Issue Amount** for [Basic] [and] [Optional] Life Insurance [combined] is [the lesser of:]

- [\$150,000]; or]
- [[2] times your Basic Annual Earnings.]

[(Applicable to Employees insured for [Basic and/or Optional] Life Insurance on [December 31, 2008])]

[The **Guaranteed Issue Amount** for Basic and Optional Life Insurance is the total amount of [Basic and Optional] Life Insurance you had in force on [December 31, 2008] [or the Guaranteed Issue Amount shown above, whichever is greater].]

[Your amount of [Basic and Optional] Life [and Accidental Death and Dismemberment] Insurance will reduce [to] [67%] when you reach age [70], [to] [50%] when you reach age [75], and [to] [25%] when you reach age [80].]

[Your [Basic] Life [and [Basic] Accidental Death and Dismemberment] Insurance terminates at your retirement, unless you are eligible for Retiree [Basic] Life [and [Basic] Accidental Death and Dismemberment] Insurance.] [Your [Basic] [and] [Optional] Life [and [Basic and Optional] Accidental Death and Dismemberment] Insurance terminates at your retirement.]

[**Evidence of Insurability** satisfactory to Sun Life will be required if:

BENEFIT HIGHLIGHTS

- [- you elect no coverage and later elect [Basic] Life Insurance; or]
- [- you elect [Basic] Life Insurance only and later elect [Optional] Life Insurance [in excess of [\$10,000]]; or]
- [- you elect an increase in your amount of [Optional] Life Insurance [in excess of [\$10,000]]; or]
- [- you elect an amount of [Basic] Life Insurance in excess of [1] times your Basic Annual Earnings; or]
- [- you elect an amount of [Basic] Life Insurance [in excess of one level]; or*]
- [- your amount of [Basic] Life Insurance is in excess of the Guaranteed Issue Amount; or]
- [- any subsequent increase which exceeds [the greater of] [\$20,000] or [15%] [of your amount of [Basic] Life Insurance] if, after the increase, your amount of [Basic] Life Insurance is in excess of the Guaranteed Issue Amount; or]
- [- you decline enrollment in your Employer's medical plan and later enroll in your Employer's medical plan].]

[*However, your Evidence of Insurability will not be required if you elect [Optional] Life Insurance within [31 days] following a Family Status Change.

Family Status Change means:

- your marriage; or
- birth of your child; or
- your adoption of a child].]

[*However, you may elect to increase your amount of [Optional] Life Insurance by [\$10,000] without Evidence of Insurability only once during any [12 month] period [or within [31 days] following a Family Status Change.

Family Status Change means:

- your marriage; or
- birth of your child; or
- your adoption of a child].]

BENEFIT HIGHLIGHTS

[RETIRED EMPLOYEES [(Basic Life Insurance only)]]

CLASSIFICATION

[All [United States] Employees who retire at age [55] or over with [5] or more years of service with the Employer]

[LIFE]

[[50%] of your amount of [Basic] Life Insurance in force on the day before your Retirement.]

[Your amount of Retiree [Basic] Life Insurance will reduce [to] [67%] when you reach age [70], [to] [50%] when you reach age [75], and [to] [25%] when you reach age [80].]

[Your amount of Retiree [Basic] Life Insurance terminates at age [70].]

[RETIRED EMPLOYEES

CLASSIFICATION

[Class A Hourly Employees]

[Class B Salaried Employees]

[Class C All Employees]

[BASIC] [OPTIONAL] [LIFE] INSURANCE

	[LIFE]	[AD&D]
Class A	[[50%] of your amount of [Basic] Life Insurance in force on the day before your retirement]	[An amount equal to your amount of Retiree [Basic] Life Insurance in force]
Class B	[\$25,000]	[\$25,000]
Class C	[\$10,000]	[\$10,000]

BENEFIT HIGHLIGHTS

[Your amount of Retiree [Basic] [and Optional] Life [and [Basic] Accidental Death and Dismemberment Insurance] will reduce [to] [67%] when you reach age [70], [to] [50%] when you reach age [75], and [to] [25%] when you reach age [80].]

[Your amount of Retiree [Basic] [and Optional] Life and Accidental Death and Dismemberment Insurance terminates at age [85].]

You must elect Retiree [Optional] Life Insurance within [31 days] following Retirement.

[You may not elect Retiree [Basic] Life Insurance later than [31 days] following Retirement, nor reinstate terminated coverage.]

[You must elect Retiree [Basic] Life Insurance in order to elect Retiree [Optional] Life Insurance.]

[You may decrease your amount of Retiree [Basic] Life Insurance. You may not elect to increase your amount of Retiree [Basic] Life Insurance [unless satisfactory Evidence of Insurability is submitted to Sun Life].]

BENEFIT HIGHLIGHTS

[DEPENDENT [SPOUSE] [BASIC] [LIFE] [AND] [ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)] INSURANCE]

[(Applicable only if you elect spouse and/or child insurance)]

ELIGIBLE CLASSES

[Dependent [Basic] [Life] [and [Basic] Accidental Death and Dismemberment] Insurance]

[All active [full-time] [United States] Employees [working in the United States] who are enrolled in Employee Basic Life Insurance and who are regularly scheduled to work at least [30 hours] per week.]

[All Employees who retire at age [55] or over with [5] or more years of service with the Employer]

[Dependent [Optional] [Life] [and [Basic] Accidental Death and Dismemberment] Insurance]

[All [United States] active [full-time] [United States] Salaried Employees [working in the United States] who are enrolled in Employee Optional Life Insurance and who are regularly scheduled to work at least [30 hours] per week.]

[All [United States] Employees who retire at age [55] or over with [5] or more years of service with the Employer who elect Optional Life Insurance.]

DEPENDENT [[BASIC] [LIFE] INSURANCE]

CLASSIFICATION

[Class A Hourly Employees]

[Class B Salaried Employees]

[Class C Retired Employees]

CLASS	[Spouse]	[Child under age [19]**]
[A]	[\$10,000]	[\$5,000*]
[B]	[[50%] of your amount of [Basic] Life Insurance in force]	[[25%] of your amount of [Basic] Life Insurance in force]
[C]	[\$5,000]	[\$2,000]

BENEFIT HIGHLIGHTS

[You may elect one of the following Options:]

	[Spouse]	[Child under age [19]**]
[Option I]	[\$10,000]	[\$5,000*]
[Option II]	[You may elect an amount of Dependent spouse [Basic] Life Insurance in [\$10,000] increments.]	[You may elect an amount of Dependent child [Basic] Life Insurance in [\$2,500] increments.*]
[Option III]	[[50%] of your Basic [Annual Earnings*]]	[\$5,000]

[The Dependent spouse [Basic] **Maximum Benefit** is [\$50,000]]

[The Dependent child [Basic] **Maximum Benefit** is [\$10,000]]

[You may elect] [Your Dependent [spouse] is also insured for] an amount of [Basic] Accidental Death and Dismemberment Insurance that equals your Dependent [spouse's] amount of [Basic] Life Insurance in force.]

[*the amount of Dependent [Basic] Life Insurance for your child [under 15 days] is [none].]

[*the amount of Dependent [Basic] Life Insurance for your child [age 15 days but] under [6] [months] is [\$1,000].]

[**to age [23] if your child is an enrolled full-time student [and depends on you for [50% or more of] the child's financial support].]

[(The amount of Dependent [Basic] Life Insurance cannot exceed [[50%] of] your amount of [Basic] Life Insurance).]

[The **Guaranteed Issue Amounts** [for Employees hired on or after January 1, 2009] [and Employees in the Waiting Period on January 1, 2009] for Dependent spouse [Basic] Life Insurance are as follows:

[AGE]	GUARANTEED ISSUE AMOUNT
[Under age [60]	[\$10,000]
[Ages [60 to 69]]	[\$5,000]
[Ages [70 to 79]]	[\$2,500]
[Ages [80 or over]]	[none]]

[The **Guaranteed Issue Amount** for Employees insured for Dependent [spouse] [Basic] Life Insurance [on December 31, 2008] is the amount of Dependent [spouse] [Basic] Life Insurance you had in force on [December 31, 2008] [or the Guaranteed Issue Amount shown above, whichever is greater].]

[The **Guaranteed Issue Amount** [for Employees hired on or after [January 1, 2009] [and Employees in the Waiting Period on January 1, 2009] for Dependent [spouse] [Basic] Life Insurance] is [\$10,000].]

[The **Guaranteed Issue Amount** for Employees insured for Dependent child [Basic] Life Insurance [on

BENEFIT HIGHLIGHTS

December 31, 2008] is the amount of Dependent child [Basic] Life Insurance you had in force on [December 31, 2008].]

[The **Guaranteed Issue Amount** [for Employees hired on or after [January 1, 2009] [and Employees in the Waiting Period on January 1, 2009] [for Dependent child [Basic] Life Insurance] is [\$10,000].]

[[OPTIONAL [LIFE] INSURANCE]

CLASSIFICATION

[Class A1] [Salaried Employees [enrolled in Employee Optional Life Insurance]]

[Class A2] [Hourly Employees [enrolled in Employee Optional Life Insurance]]

[Class A3] [Retired Employees [enrolled in Employee Optional Life Insurance]]

CLASS	Spouse	Child under age [19]**
[A1]	[You may elect an amount of Dependent spouse [Optional] Life Insurance in [\$25,000] increments.]	[You may elect an amount of Dependent child [Optional] Life Insurance in [\$2,500] increments.*]
[A2]	[You may elect an amount of Dependent spouse [Optional] Life Insurance in [\$10,000] increments.]	[\$5,000*]

[You may elect one of the following options:]

	Spouse	Child under age [19]**
[Option I]	[\$10,000]	[\$5,000*]
[Option II]	[[50%] of your amount of [Optional] Life Insurance in force.]	[[25%] of your amount of [Optional] Life Insurance in force.*]
[Option III]	[[50%] of your Basic [Annual Earnings.*]]	[\$5,000]
[Option IV]	[[50%] of your amount of [Optional] Life Insurance in force.]	[[25%] of your amount of [Optional] Life Insurance in force.*]

[The Dependent spouse [**Optional**] **Maximum Benefit** is [\$50,000].]

[The Dependent child [**Optional**] **Maximum Benefit** is [\$10,000].]

[You may elect] [Your Dependent [spouse] is also insured for] an amount of [Optional] Accidental Death

BENEFIT HIGHLIGHTS

and Dismemberment Insurance that equals the Dependent [spouse]'s amount of [Optional] Life Insurance in force.]

[*the amount of Dependent [Optional] Life Insurance for your child under [15 days] is [none.]

[*the amount of Dependent [Optional] Life Insurance for your child [age 15 days but] under [6 months] is [\$1,000].]

**to age [23] if your child is an enrolled full-time student [and depends on you for [50%] or more of the child's financial support].]

[(The amount of Dependent [spouse] [Optional] Life Insurance cannot exceed [[50%] of] your [total] amount of [Basic and] [Optional] Life Insurance [combined].)]

[(Applicable to Employees hired on or after January 1, 2009 [and Employees in the Waiting Period on January 1, 2009]).]

[The **Guaranteed Issue Amounts** for Dependent spouse [Optional] Life Insurance are as follows:

[AGE	GUARANTEED ISSUE AMOUNT]
[Under age [60]]	[\$10,000]
[Ages [60 to 69]]	[\$5,000]
[Ages [70 to 79]]	[\$2,500]
[Ages [80 and over]]	[\$1,000]

[(Applicable to Employees insured for Dependent [spouse] [Optional] Life Insurance on [December 31, 2008].)]

[The **Guaranteed Issue Amount** for Dependent [spouse] [Optional] Life Insurance is the amount of Dependent [spouse] [Optional] Life Insurance you had in force on [December 31, 2008] [or the Guaranteed Issue Amount shown above, whichever is greater].]

[The **Guaranteed Issue Amount** for Employees insured for Dependent child [Optional] Life Insurance on [December 31, 2008] is the amount of Dependent child [Optional] Life Insurance you had in force on [December 31, 2008].]

[The **Guaranteed Issue Amount** [for Employees hired on or after the [January 1, 2009] [and Employees in the Waiting Period on January 1, 2009] [for Dependent child [Optional] Life Insurance] is [\$10,000].]

[[Your amount of Dependent spouse [Optional] [Life] [and [Optional] Accidental Death and Dismemberment] Insurance reduces [to] [67%] when [you reach] [your Dependent spouse reaches] age [70], [to] [50%] when you Dependent spouse reaches age [75], and [to] [25%] when your Dependent spouse reaches age [80].]

[Your amount of Dependent spouse [Optional] [Life] [and [Optional] Accidental Death and Dismemberment] Insurance cancels when [your Dependent spouse reaches [you reach] age [70].]

BENEFIT HIGHLIGHTS

[Evidence of Insurability], satisfactory to Sun Life, will be required for your Dependent [spouse] if:

- [- you elect no coverage and later elect Dependent [spouse] [Basic] Life Insurance and /or Dependent [spouse] [Optional] Life Insurance [in excess of one option]; or]
- [- you elect Dependent [spouse] [Basic] Life Insurance only and later elect Dependent [spouse] [Optional] Life Insurance [in excess of [\$10,000]]; or]
- [- you elect no Dependent Life coverage and subsequently elect Dependent [spouse] [Optional] Life Insurance; or]
- [- you elect Employee [Basic] Life Insurance only and later elect Employee [Optional] Life Insurance and Dependent [spouse] [Optional] Life Insurance; or]
- [- you elect to increase your amount of Dependent [spouse] [Optional] Life Insurance [in excess of [\$5,000] [one level]]; or]
- [- your amount of [Optional] Life Insurance for your Dependent [spouse] is in excess of the Guaranteed Issue Amount; or]
- [- any subsequent increase results in an amount which exceeds [the greater of] [\$20,000] or [15%]] [of your Dependent [spouse] [Optional] Life Insurance] if, after the increase, your amount of Dependent [spouse] [Optional] Life Insurance is in excess of the Guaranteed Issue Amount.]]
- [- you decline enrollment in your Employer's medical plan for dependent coverage and later enroll in your Employer's medical plan for dependent coverage.]

[* However, Evidence of your Dependent' [spouse]'s Insurability will not be required if you elect [an increase in your amount of] Dependent [spouse] [Optional] Life Insurance by [\$10,000] only once during any [12 month] period, or you elect the increase within [31 days] following a Family Status Change.]

[Family Status Change means:

- your marriage; or
- birth of your child; or
- your adoption of a child.]

[*However, you may elect to increase your amount of Dependent [spouse] [Optional] Life Insurance by [\$10,000] without Evidence of your Dependent [spouse]'s Insurability only once during any [12 month] period.]

BENEFIT HIGHLIGHTS

[SHORT TERM DISABILITY INCOME INSURANCE

ELIGIBLE CLASSES

[All active full-time [United States] Employees [working in the United States] who are regularly scheduled to work at least [30 hours] per week.]

[CLASSIFICATION

[Class A] [All Salaried Employees]
[Class B] [All Hourly Employees]

AMOUNT OF INSURANCE

[A]

a. The Weekly Benefit is: [[66 2/3%] (Benefit Percentage) of your Total Weekly Earnings, not to exceed the Maximum Weekly Benefit, [less Other Income Benefits].]

b. The **Maximum Weekly Benefit** is: [\$1,000].

c. [The **Guaranteed Issue Amount** is: [\$500].]

[B]

a. The Weekly **Benefit** is:

- [i. [100%] (Benefit Percentage) of your Total Weekly Earnings for the first [4 weeks] of STD benefit payments [less Other Income Benefits].]
- [ii. [80%] (Benefit Percentage) of your Total Weekly Earnings for the next [5 weeks] of STD benefit payments [less Other Income Benefits].]
- [iii. [66 2/3%] (Benefit Percentage) of your Total Weekly Earnings for the remaining STD benefit payments [less Other Income Benefits].]

b. The **Maximum Weekly Benefit** is:

- [i. [\$2,000] for the first [4 weeks] of STD benefit payments.]
- [ii. [\$1,000] for the next [5 weeks] of STD benefit payments.]
- [iii. [\$500] for the remaining STD benefit payments.]

b. [The **Maximum Weekly Benefit** is: [\$1,000].]

c. [The **Guaranteed Issue Amount** is: [\$500].]

[The **Guaranteed Issue Amount** [for Class A] [for Employees] insured on [December 31, 2008] is the amount of Short Term Disability Income Insurance you had in force on [December 31, 2008] [or the **Guaranteed Issue Amount** shown above, whichever is greater].]

BENEFIT HIGHLIGHTS

[The **Guaranteed Issue Amount** for Short Term Disability Income Insurance is the amount of Short Term Disability Income Insurance you had in force on [December 31, 2008] [or the Guaranteed Issue Amount shown above, whichever is greater].]

[Note: Your amount of insurance is also subject to reductions for your employment earnings.]

[The **Minimum Weekly Benefit** is [\$35] [or [10%] of your Gross Weekly Benefit, whichever is greater.]]

[Your **Evidence of Insurability**, satisfactory to Sun Life, will be required for any amount of insurance in excess of your Guaranteed Issue Amount.]

[STD Benefits payable for Total [or Partial] Disabilities that are subject to the Pre-Existing Condition Limitation:

The Weekly Benefit is:

the lesser of [\$50] or [50%] (Benefit Percentage) of your Weekly STD Benefit, [less Other Income Benefits];

The Maximum Benefit Period for Total [or Partial] Disabilities that are subject to the Pre-existing Conditions Limitation is:

[5 weeks].]

[STD Benefits payable for Total [or Partial] Disabilities that are subject to the Pre-Existing Condition Limitation:

The Weekly Benefit is:

- i. [50%] (Benefit Percentage) of your Total Weekly Earnings for the first [13 weeks] of STD benefit payments, not to exceed the Maximum Weekly Benefit, [less Other Income Benefits].
- ii. [60%] (Benefit Percentage) of your Total Weekly Earnings for STD benefit payments after the first [13 weeks] of benefit payments, not to exceed the Maximum Weekly Benefit, [less Other Income Benefits].]

The Maximum Weekly Benefit for Total [or Partial] Disabilities that are subject to the Pre-Existing Condition Limitation is:

- i. [\$300] for the first [13 weeks] of STD benefit payments.
- ii. [\$500] for STD benefit payments, after the first [13 weeks] of benefit payments.]

BENEFIT HIGHLIGHTS

[Core Plan

[Class A All Employees]

- a. **The Benefit Percentage** is [66 2/3%] of your Total Weekly Earnings.
- b. **The Maximum Weekly Benefit** is [\$1,000].

[Buy-Up Plan

[Class A All Employees]

- a. **The Benefit Percentage** is [70%] of your Total Weekly Earnings.
- b. **The Maximum Weekly Benefit** is [\$2,000].

You may enroll in either the Core Plan or the Buy-Up Plan. You may not enroll in both plans. [The Buy-Up Plan includes the Core Plan amount.]

[You may elect one of the following options:

Option I

- a. **The Weekly Benefit is:** [50%] (Benefit Percentage) of your Total Weekly Earnings [less Other Income Benefits].
- b. **The Maximum Weekly Benefit is:** [\$1,000] [less Other Income Benefits].
- c. **[The Guaranteed Issue Amount is:** [\$500]]

Option II

- a. **The Weekly Benefit is:** [60%] (Benefit Percentage) of your Total Weekly Earnings [less Other Income Benefits].
- b. **The Maximum Weekly Benefit is:** [\$2,000] [less Other Income Benefits].
- c. **[The Guaranteed Issue Amount is:** [\$500]]

Option III

- a. **The Weekly Benefit is:** [70%] (Benefit Percentage) of your Total Weekly Earnings [less Other Income Benefits].
- b. **The Maximum Weekly Benefit is:** [\$5,000] [less Other Income Benefits].
- c. **[The Guaranteed Issue Amount is:** [\$500]].

BENEFIT HIGHLIGHTS

[Evidence of Insurability satisfactory to Sun Life will be required if:

- [- You elect an increase in your amount of Short Term Disability Insurance; or]
- [- Your amount of Short Term Disability Insurance is in excess of the Guaranteed Issue Amount; or]
- [- You elect no coverage and later elect Short Term Disability Insurance; or]
- [- You elect the Core Plan and later elect the Buy-up Plan.]]
- [- You elect an increase in your amount of Short Term Disability Insurance in excess of one option.]

Elimination Period

(The period of time you need to be continuously Totally [or Partially] Disabled before STD benefits are payable.)

[For an Injury [, or if your Total [or Partial] Disability occurs within [72 hours] [30 days] after an accident.]

[None] [, or to the end of your [salary continuation] period, whichever is longer.]

[For Sickness [, or if your Total [or Partial] Disability begins later than [72 hours] [30 days] after an accident.]

[7 days] [, or to the end of your [salary continuation] period, whichever is longer.]

[For Hospital Confinement [, or for an Outpatient Surgical Procedure which necessitates a Total [or Partial] Disability period of at least [24 hours] following surgery.]

[None] [, or to the end of your [salary continuation] period, whichever is longer.]

Maximum Benefit Period

(The longest period of time Sun Life will pay you a STD benefit while you are Totally [or Partially] Disabled.)

[26 Weeks]

BENEFIT HIGHLIGHTS

[LONG TERM DISABILITY INCOME INSURANCE

ELIGIBLE CLASSES

[All full-time active [United States] Salaried Employees [working in the United States] who are regularly scheduled to work at least [30 hours] per week.]

[CLASSIFICATION

[Class A All Eligible Employees]

AMOUNT OF INSURANCE

[The Monthly Benefit is:]

[The lesser of:]

[60%] (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits [other than Family Social Security]]; or
[70%] ([Integrated] Benefit Percentage) of your Total Monthly Earnings, [not to exceed the Maximum Monthly Benefit,] less Other Income Benefits [including Family Social Security].]

The Maximum Monthly Benefit is [\$5,000].]

[For the first [12 months] of LTD benefit payments the Monthly Benefit is:

[Option I:] [[50%] (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits [other than Family Social Security].]

[Option II:] [[60%] (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits [other than Family Social Security].]

After the first [12 months] of LTD benefit payments the Monthly Benefit is:

[[20%] (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits [other than Family Social Security].]

[The lesser of:

[[20%] (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits [other than Family Social Security]]; or
[[50%] ([Integrated] Benefit Percentage) of your Total Monthly Earnings, [not to exceed the Maximum Monthly Benefit,] less Other Income Benefits [including Family Social Security].]

- the **Maximum Monthly Benefit** is [\$10,000].

[- the **Guaranteed Issue Amount** is [\$2,000].]

[The **Guaranteed Issue Amount** [for Class A] [for Employees] insured on [December 31, 2008] is the amount of Long Term Disability Income Insurance you had in force on [December 31, 2008] [or the Guaranteed Issue Amount shown above, whichever is greater].]

[LTD Benefits payable for Total [or Partial] Disabilities that are subject to the Pre-existing Condition

BENEFIT HIGHLIGHTS

Limitation:

[The greater of [\$50] or [50%] (Benefit Percentage) of your Monthly LTD Benefit, [less Other Income Benefits].]

The Maximum Benefit Period for Total or Partial Disabilities that are subject to the Pre-existing Conditions Limitation is:

[12 months].]

[LTD Benefits payable for Total [or Partial] Disabilities that are subject to the Pre-existing Condition Limitation:

- i. [50%] (Benefit Percentage) of your Total Monthly Earnings for the first [12 months] of LTD benefit payments, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits].]
- ii. [60%] (Benefit Percentage) of your Total Monthly Earnings for LTD benefit payments after the first [12 months] of LTD benefit payments, not to exceed the Maximum Monthly Benefit, [less Other Income Benefits].]

[The Maximum Monthly Benefit for Total [or Partial] Disabilities that are subject to the Pre-existing Condition Limitation is:

- i. [\$2,000] for the first [12 months] of LTD benefit payments.
- ii. [\$5,000] for LTD benefit payments after the first [12 months] of LTD benefit payments .]

[Core Plan]

[You may elect one of the following Options:]

[Option I]

- a. [50%] (Benefit Percentage) of your Total Monthly Earnings, [not to exceed the Maximum Monthly Benefit,] [less Other Income Benefits] [other than Family Social Security].]
- b. the **Maximum Monthly Benefit** is [\$5,000].
- c. [the **Guaranteed Issue Amount** is [\$2,000].]

[Option II]

- a. [50%] (Integrated Benefit Percentage) of your Total Monthly Earnings, [not to exceed the Maximum Monthly Benefit,] [less Other Income Benefits] [other than Family Social Security].]
- a. [60%] (Integrated Benefit Percentage) of your Total Monthly Earnings, [less Other Income Benefits] [including Family Social Security].]
- b. the **Maximum Monthly Benefit** is [\$10,000].
- [c. the **Guaranteed Issue Amount** is [\$6,000].]

[Buy-Up Plan]

BENEFIT HIGHLIGHTS

- a. [[70%] (Benefit Percentage) of your Total Monthly Earnings, [not to exceed the Maximum Monthly Benefit,] [less Other Income Benefits].
- b. the **Maximum Monthly Benefit** is [\$12,000.]
- c. the **Guaranteed Issue Amount** is [\$8,000.]

You may enroll in either the Core Plan or the Buy-Up Plan. You may not enroll in both plans. [The Buy-Up Plan includes the Core Plan Amount.]

[**Evidence of Insurability** satisfactory to Sun Life will be required for any of the following reasons:

- [- You elect an increase in your amount of Long Term Disability Insurance; or]
- [- Your amount of Long Term Disability insurance is in excess of the Guaranteed Issue Amount; or]
- [- You elect no coverage and later elect Long Term Disability Insurance; or]
- [- You elect the Core Plan and later elect the Buy-up Plan; or]
- [- You elect an increase in your amount of Long Term Disability Insurance in excess of one option.]

[Note: Your amount of insurance is also subject to reductions for your employment earnings.]

The **Minimum Monthly Benefit** is [\$50] [or [10%] of your Gross Monthly Benefit, whichever is greater].]

Elimination Period

(The period of time you need to be continuously Totally [or Partially] Disabled before LTD benefits are payable)

[[3 months] [or to the end of your [Short Term Disability] Maximum Benefit Period, whichever is later.]

Maximum Benefit Period

(The longest period of time Sun Life will pay you an LTD benefit while you are Totally [or Partially] Disabled)

[Your Maximum Benefit Period is the lesser of [5 years] or the period shown below.]

Age at Disability

Maximum Benefit Period

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
[Less than age 60	To age 65, but not less than 60 months
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months]]

BENEFIT HIGHLIGHTS

Age at Disability

Maximum Benefit Period

[Less than age 60

To age 65, but not less than 5 years

60-64

5 years, but not beyond the attainment of age 70

65 or over

1 year or to age 70, whichever is later.]]

[Your Maximum Benefit Period is the period shown below or your Normal Retirement Age under the 1983 amendments to the Federal Social Security Act, whichever is longer.]

Age at Disability

Maximum Benefit Period

[Less than age 60

To age 65, but not less than 60 months

60

60 months

61

48 months

62

42 months

63

36 months

64

30 months

65

24 months

66

21 months

67

18 months

68

15 months

69] and over

12 months]]

BENEFIT HIGHLIGHTS

<u>[Year of Birth</u>	<u>Normal Retirement Age</u>
Before 1938	Age 65
1938	Age 65 and 2 months
1939	Age 65 and 4 months
1940	Age 65 and 6 months
1941	Age 65 and 8 months
1942	Age 65 and 10 months
1943 through 1954	Age 66
1955	Age 66 and 2 months
1956	Age 66 and 4 months
1957	Age 66 and 6 months
1958	Age 66 and 8 months
1959	Age 66 and 10 months
After 1959	Age 67]

<u>[Age at Disability</u>	<u>Maximum Benefit Period</u>
[Less than age 61	60 months
61	54 months
62	48 months
63	42 months
64	36 months
65	30 months
66	27 months
67	24 months
68	21 months
69] and over	18 months]]

<u>[Age at Disability</u>	<u>Maximum Benefit Period</u>
[Less than age 64	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months]]

BENEFIT HIGHLIGHTS

[Age at Disability]

Maximum Benefit Period

[Less than age 66
66
67
68
69 and over

24 months
21 months
18 months
15 months
12 months]]

[Maximum Benefit Period]

[24 months]

[Age at Disability]

Maximum Benefit Period

[Less than age 60]

[Lifetime]]

BENEFIT HIGHLIGHTS

[WAITING PERIOD

(The period of time you must be employed in an Eligible Class before you can apply for benefits)

[Salaried Employees – [1] month]
[Hourly Employees – [3] months]]

[CONTRIBUTIONS

[Salaried Employees]

[The cost of your [[Basic] Life, [Basic] Accidental Death and Dismemberment and Long Term Disability Insurance is paid for entirely by your Employer.] [This is your non-contributory insurance.]

[However, you may elect to contribute to the cost of your Long Term Disability Insurance.]

[The cost of your [Short Term Disability Insurance is shared by both you and your Employer.] [This is your contributory insurance.]

[The cost of your [Dependent [Optional] Life Insurance is paid for entirely by you.] [This is [also] your contributory insurance.]]

[Hourly Employees]

[The cost of your [[Basic] Life, [Basic] Accidental Death and Dismemberment is paid for entirely by your Employer.] [This is your non-contributory insurance.]

[The cost of your [Short Term Disability Insurance and Long Term Disability Insurance is shared by both you and your Employer.] [This is your contributory insurance.]

[The cost of your [Dependent [Optional] Life Insurance is paid for entirely by you.] [This is [also] your contributory insurance.]]

The following Questions and Answers will help you to better understand your benefits.

Please read them carefully and refer any questions to your Employer or call the [Sun Life Group Customer Service Center toll free at [1-800-247-6875] [or [Medical Group Insurance Services (MGIS)] toll-free at 1-800- 969-6447].

[ELIGIBILITY AND EFFECTIVE DATE OF EMPLOYEE INSURANCE

When am I eligible for insurance?

If you are in an Eligible Class shown in the Benefit Highlights, you are eligible on the later[est] of:

- [- January 1, 2009] [for Life Insurance]; or
- [- June 1, 2009] [for Long Term Disability Insurance]; or
- [- your Employer's Effective Date as specified in Attachment A for your Employer; or]
- [- the first day of the month following your date of employment [for Class A]].
- [- the date you enroll in your Employer's [Medical Plan] [for Class A]].
- [- the first day of the month coincident with or next following] the [date] [day after] you complete your Waiting Period.]

[When must I apply for insurance?

You must apply within [31 days] of the date you become eligible.]

When does my insurance start?

[[For non-contributory insurance,] your insurance starts on the date you are eligible, if you are [Actively at Work] [not Hospital Confined] on that date.]

[[For contributory insurance,] your insurance starts on the later of:

- the date you apply; or
 - the date you are eligible [;
- if you are [Actively at Work] [not Hospital Confined] on that date.]

[What happens if I do not apply within [31 days]?

Your insurance will start on the date Sun Life approves your Evidence of Insurability, if you are [Actively at Work] [not Hospital Confined] on that date.]

[What if I am [not Actively at Work] [Hospital Confined]?

If you are [not Actively at Work] [Hospital Confined] on the date your insurance would normally start, your insurance will not start until you are [Actively at Work] [no longer Hospital Confined].]

[What happens if I do not want my insurance?

You need to sign a form refusing your insurance. This form is available from your Employer.]

[If you decide later you want [Life] Insurance, Sun Life must first approve your Evidence of Insurability.]]

[If you choose to limit all or a part of your [Basic] Life Insurance due to tax or other reasons, you must sign a form refusing that amount of insurance. If you later decide to increase your [Optional] Life Insurance, Sun Life must first approve your Evidence of Insurability.]

**[ELIGIBILITY AND EFFECTIVE DATE
OF EMPLOYEE INSURANCE**

[When do changes in my amount of insurance occur?

If your amount of insurance increases due to a change in your [salary or class], your increase will take effect [immediately], as long as:

- [you are [Actively at Work] [not Hospital Confined] on that date; and]
- [Evidence of Insurability is not required for the increase in your amount of insurance.]

[If your amount of insurance decreases due to a change in your [salary, class or age], the decrease will take effect [immediately].]

[If Evidence of Insurability is required for any increase in your amount of insurance, the increase in your insurance will not start until Sun Life approves the increase, but you need to be [Actively at Work] [not Hospital Confined] on that date.]

[If you are [not Actively at Work] [Hospital Confined] on the date an increase in your insurance would normally start, the increase in your insurance will not start until you are [Actively at Work] [no longer Hospital Confined.]]

[What happens if I am rehired by my Employer?

[If you are rehired by your Employer within [6 months] of the date your employment terminates, [due to lay off], your coverage may be reinstated. If your coverage is reinstated, your reinstated coverage will:

1. be the same amount for which you were insured prior to termination of employment;
2. [be subject to Evidence of Insurability if you apply for an increase in your amount of insurance after your coverage is reinstated;]
3. [be subject to a new Pre-existing Condition Exclusion if your Injury or Sickness began during the period of time between the date your employment terminated and the date you are rehired;]
4. be subject to all the terms and provisions of the Group Policy.

[You will [not] be subject to a new Pre-existing Condition [Exclusion] as of the date you are rehired.] [You will be given credit for the time you were insured prior to your termination of employment]

[If you had partially satisfied your Waiting Period prior to your termination of employment, your previous time employed with your Employer will [not] count towards completion of your Waiting Period.] [Your Eligibility Date will be the later of the date you are rehired or the day after you complete the Waiting Period.]

If you are rehired by your Employer [6 months] or later after the date your employment terminates, your coverage will not be reinstated. You will be eligible for insurance on the day after you complete a new Waiting Period.

[You must re-enroll for any amount of Contributory insurance within [31 days] of your rehire date.]]

[Coverage will not be reinstated for any amount of insurance which you converted in accordance with the Conversion Privilege or continued under the [Portability Provision], unless you cancel such coverage.]

**[ELIGIBILITY AND EFFECTIVE DATE
OF EMPLOYEE INSURANCE**

[What happens if I am rehired by my Employer?

[If you are rehired by your Employer within [6 months] of the date your employment terminates, [due to lay off], your coverage may be reinstated. If your coverage is reinstated, your reinstated coverage will:

1. be the same coverage amount in force on the date of your termination of employment;
2. not be subject to any Evidence of Insurability, unless you elect to increase coverage; and
3. be subject to all the terms and provisions of the Group Policy.

Coverage will not be reinstated for any amount of insurance which you:

1. converted in accordance with the Conversion Privilege; or
 2. continued under the Portability Provision;
- unless you cancel such coverage.]

**[ELIGIBILITY AND EFFECTIVE DATE
OF DEPENDENT [SPOUSE] [BASIC] INSURANCE**

When am I eligible for Dependent [spouse] [Basic] Life Insurance?

If you are in an Eligible Class shown in the Benefit Highlights and you have a Dependent [spouse], you are eligible on the latest of:

- [the date you are insured [for Employee [Basic] Life Insurance] [for Dependent [spouse] [Basic] Life Insurance; or]
- [the date you are insured [for Employee [Optional] Life Insurance] [for Dependent [spouse] [Optional] Life Insurance; or]
- [January 1, 2009] [for Dependent [spouse] [Basic] Life Insurance]; or
- [the date you enroll in your Employer's Medical Plan for Dependent [spouse] [Basic] coverage [for Class A]; or
- the date you first acquire a Dependent [spouse] for Dependent [spouse] [Basic] Life Insurance.]

[When must I apply for Dependent [Basic] [spouse] Life Insurance?

You must apply for Dependent [Basic] [spouse] Life Insurance within [31 days] of the date you become eligible for Dependent [Basic] [spouse] Life Insurance.]

When does the insurance for my Dependent [spouse] start?

[[For non-contributory insurance.] If your Dependent [spouse] is not Hospital Confined, the insurance for your Dependent [spouse] starts on the date you are eligible for Dependent [Basic] [spouse] Life Insurance.]

[[For contributory insurance.] Your Dependent [spouse] insurance starts on the later of:

- [the date you are eligible for Dependent [Basic] [spouse] Life Insurance; or]
- the date you apply for Dependent [Basic] [spouse] Life Insurance;

as long as your Dependent [spouse] is not Hospital Confined on that date.

[What happens if I do not apply within [31 days]?

Your Dependent [spouse]'s insurance will start on the date Sun Life approves your Dependent [spouse]'s Evidence of Insurability, if your Dependent [spouse] is not Hospital Confined on that date.]

[Do I need to enroll each Dependent?

[If you have already applied for Dependent [Basic] Life Insurance, each subsequent Dependent is automatically enrolled, as long as your Dependent is not Hospital Confined on the date your Dependent becomes a Dependent.]

[(For Dependent Optional Life Insurance)] Yes, you do need to enroll each Dependent before that Dependent can become insured.] [However, if you have enrolled your Dependent child, all subsequent children will be automatically insured on the date you acquire the Dependent child as long as the Dependent child is not Hospital Confined on that date.]

**[ELIGIBILITY AND EFFECTIVE DATE
OF DEPENDENT [SPOUSE] [BASIC] INSURANCE**

What if my Dependent [spouse] is Hospital Confined?

If your Dependent [spouse] is Hospital Confined on the date your Dependent [spouse]'s insurance would normally start, your Dependent [spouse]'s insurance will not start until your Dependent [spouse] is no longer Hospital Confined. [Hospital Confined does not apply to a newborn child.]

[What happens if I do not want Dependent [spouse] [Basic] Life Insurance?

You need to sign a form refusing your Dependent [spouse]'s insurance. This form is available from your Employer.

If you decide later that you want Dependent [spouse] [Basic] Life Insurance, Sun Life must first approve your Dependent [spouse]'s Evidence of Insurability before your Dependent [spouse] can become insured.]

[When do changes in my Dependent [spouse]'s amount of insurance occur?

If your Dependent [spouse]'s amount of insurance increases, your Dependent [spouse]'s increase will take effect [immediately], as long as:

- your Dependent [spouse] is not Hospital Confined[; and
- Evidence of Insurability is not required for the increase in your Dependent [spouse]'s amount of insurance.]

[If your Dependent [spouse]'s amount of insurance decreases, the decrease will take effect [immediately].]

[If Evidence of Insurability is required for any increase in your Dependent [spouse]'s amount of insurance, the increase in your Dependent [spouse]'s insurance will not start until Sun Life approves the increase, but your Dependent [spouse] cannot be Hospital Confined on that date.]

[If your Dependent [spouse] is Hospital Confined on the date an increase in your Dependent [spouse]'s insurance would normally start, the increase in your Dependent [spouse]'s insurance will not start until your Dependent [spouse] is no longer Hospital Confined.]]

[ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

When am I eligible for insurance?

If you are in an Eligible Class shown in the Benefit Highlights, you are eligible on the later[est] of:

- [- January 1, 2009] [for Life Insurance]; or
- [- June 1, 2009] [for Long Term Disability Insurance]; or
- [- your Employer's Effective Date as specified in Attachment A for your Employer]; or
- [- the date you enroll in your Employer's [Medical Plan] [for Class A]; or
- [- the first day of the month coincident with or next following] the [date] [day after] you complete your Waiting Period.]

[When am I eligible for Dependent [spouse] [Optional] Life Insurance?

[If you are in an Eligible Class shown in the Benefit Highlights and you have a Dependent [spouse], you are eligible on the latest of:

- [the date you are insured [for Employee [Basic] Life Insurance] [for Dependent [spouse] [Basic] Life Insurance; or]
- [the date you are insured [for Employee [Optional] Life Insurance] [for Dependent [spouse] [Optional] Life Insurance; or]
- [January 1, 2009] [for Dependent [spouse] [Basic] Life Insurance]; or
- [- the date you enroll in your Employer's Medical Plan for Dependent [spouse] [Basic] coverage [for Class A]; or
- the date you first acquire a Dependent [spouse] for Dependent [spouse] [Basic] Life Insurance]; or
- [- your Employer's Effective Date as specified in Attachment A for your Employer].]

When must I apply for insurance?

You must apply for insurance during your Initial Enrollment Period.

When is my Initial Enrollment Period?

If you are eligible for insurance on [January 1, 2009] your Initial Enrollment Period is the period [from November 1, 2008 through November 30, 2008] as designated by your Employer.

If you first become eligible for insurance after [January 1, 2009], your Initial Enrollment Period is the [31 days] immediately [after] your Eligibility Date.

When does my insurance start?

Your insurance starts on the date you are eligible on or after the date you apply for your insurance, if:

- you are [Actively at Work] [not Hospital Confined] on that date [; and
- Evidence of Insurability is not required].

[If Evidence of Insurability is required for any amount of insurance, your insurance will not start until Sun Life approves your insurance, but you need to be [Actively at Work] [not Hospital Confined] on that date.]

What if I am [not Actively at Work] [Hospital Confined] on the date my insurance starts?

If you are [not Actively at Work] [Hospital Confined] on the date your insurance would normally start, your insurance will not start until you are [Actively at Work] [no longer Hospital Confined].

[ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

What happens if I do not apply during the Initial Enrollment Period?

[If you do not apply for insurance during your Initial Enrollment Period, you will [be automatically enrolled in Basic Life Insurance.] [You will not be automatically enrolled for [Long Term Disability Insurance].]

[If you do not apply for insurance during your Initial Enrollment Period, you will not be insured.]

[When does my Dependent [spouse]'s insurance start?

Your Dependent [spouse] [Optional] insurance starts on the later of:

- [the date you are Eligible for Dependent [spouse] [Optional] Life Insurance; or]
 - the date you apply for Dependent [spouse] [Optional] Life Insurance [; or]
 - the date Sun Life approves your Dependent [spouse]'s Evidence of Insurability (if required;)]
- as long as your Dependent [spouse] is not Hospital Confined on that date.]

[If your Dependent [spouse] is Hospital Confined on the date your Dependent [spouse]'s insurance would normally start, your Dependent [spouse]'s insurance will not start until your Dependent [spouse] is no longer Hospital Confined.] [Hospital Confined does not apply to a newborn child.]

[If you do not apply for Dependent [spouse] [Optional] Life Insurance during your Initial Enrollment Period, your Dependent [spouse] will not be insured.]

Can I make any changes in my Plan Options?

No change can be made to your Plan Options until:

- the Annual Enrollment Period[; or]
- you have a Family Status Change].

When is the Annual Enrollment Period?

The Annual Enrollment Period is the period [from November 1st to November 15th] of each year as designated by your Employer. During this period of time you may make changes to your Plan Options. [However, you may only elect to increase your amount of [Optional] [Life] Insurance by [one level].]

When do changes to my Plan Option start?

If you have increased your amount of insurance, the increase starts on the later of:

- the [January 1st] following the change in your Plan Options; [or]
 - the date Sun Life approves your Evidence of Insurability (if required);]
- as long as you are [Actively at Work] [not Hospital Confined] on that date.

If you are [not Actively at Work] [Hospital Confined] on the date your insurance would normally increase, the increase in your insurance will not start until you are [Actively at Work] [no longer Hospital Confined].

[If you have increased your Dependent [spouse]'s amount of insurance, the increase starts on the later of:

- the [January 1st] following the change in your Plan Options; [or]
 - the date Sun Life approves your Dependent [spouse]'s Evidence of Insurability (if required);]
- as long as your Dependent [spouse] is not Hospital Confined on that date.]

[ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

[If your Dependent [spouse] is Hospital Confined on the date an increase in your Dependent [spouse]'s insurance would normally start, the increase in your Dependent [spouse]'s insurance will not start until your Dependent [spouse] is no longer Hospital Confined.]

Decreases in any amount of insurance will start on the [January 1st] following the change in your Plan Options.

What if I do not make any changes during the Annual Enrollment Period?

If you do not make any changes during the Annual Enrollment Period you will continue to be insured for the same Plan Options previously selected.

No change in your Plan Options can be made until the next Annual Enrollment Period, [unless you have a Family Status Change]. [However, you may elect to decrease your amount of insurance. Any decrease will be effective [on the date you elect the decrease].]

[Changes in your Plan Options due to a Family Status Change must be made within [31 days] of the change in your Family Status, and must be necessary or appropriate as a result of the Family Status Change.]

[Evidence of Insurability will be required for any amounts of insurance in excess of the Guaranteed Issue Amount that you elect due to a Family Status Change.]

[When does insurance due to Family Status Changes start?

If you have increased your amount of insurance, the increase starts on the latest of:

- the date you apply for a change in your Plan Options; or
 - the date your Family Status changes [; or
 - the date Sun Life approves your Evidence of Insurability, (if required);]
- as long as you are [Actively at Work] [not Hospital Confined] on that date .]

[If you are [not Actively at Work] [Hospital Confined] on the date your insurance would normally increase, the increase in your insurance will not start until you are [Actively at Work] [no longer Hospital Confined.]

[If you have increased your Dependent [spouse]'s amount of insurance, the increase starts on the latest of:

- the date you apply for a change in your Plan Options; or
 - the date your Family Status changes; [or;
 - the date Sun Life approves your Dependent [spouse]'s Evidence of Insurability (if required);]
- as long as your Dependent [spouse] is not Hospital Confined on that date.]

If you Dependent [spouse] is Hospital Confined on the date an increase in your Dependent [spouse]'s insurance would normally start, the increase in your Dependent [spouse]'s insurance will not start until your Dependent [spouse] is no longer Hospital Confined.

If due to the Family Status Change you decrease any amount of insurance, the decrease will start on the date you apply for the change in your Plan Options.]]

[ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

[When do changes in my amount of insurance occur?

If your amount of insurance increases due to a change in your [salary or class], your increase will take effect [immediately], as long as:

- you are [Actively at Work] [not Hospital Confined] on that date; [and
- Evidence of Insurability is not required for the increase in your amount of insurance.]

[If your amount of insurance decreases due to a change in your [salary, class or age], the decrease will take effect [immediately].]

[If Evidence of Insurability is required for any increase in your amount of insurance, the increase in your insurance will not start until Sun Life approves the increase, but you need to be [Actively at Work] [not Hospital Confined] on that date.]

If you are [not Actively at Work] [Hospital Confined] on the date an increase in your insurance would normally start, the increase in your insurance will not start until you are [Actively at Work] [no longer Hospital Confined].]

[When do changes in my Dependent [spouse]'s amount of insurance occur?

If your Dependent [spouse]'s amount of insurance increases [due to a change in your [salary or class], your Dependent [spouse]'s increase will take effect [immediately], as long as:

- your Dependent [spouse] is not Hospital Confined [; and
- Evidence of Insurability is not required for the increase in your Dependent [spouse]'s amount of insurance.]

[If your Dependent [spouse]'s amount of insurance decreases, the decrease will take effect [immediately].]

[If Evidence of Insurability is required for any increase in your Dependent [spouse]'s amount of insurance, the increase in your Dependent [spouse]'s insurance will not start until Sun Life approves the increase, but your Dependent [spouse] cannot be Hospital Confined on that date.]

[If your Dependent [spouse] is Hospital Confined on the date an increase in your Dependent [spouse]'s insurance would normally start, the increase in your Dependent [spouse]'s insurance will not start until the Dependent [spouse] is no longer Hospital Confined.]

[What happens if I am rehired by my Employer?

[If you are rehired by your Employer within [6 months] of the date your employment terminates, [due to lay off], your coverage may be reinstated. If your coverage is reinstated, your reinstated coverage will:

1. be the same amount for which you were insured prior to termination of employment;
2. [be subject to Evidence of Insurability if you apply for an increase in your amount of insurance after your coverage is reinstated;]
3. [be subject to a new Pre-existing Condition Exclusion if your Injury or Sickness began during the period of time between the date your employment terminated and the date you are rehired;]
4. be subject to all the terms and provisions of the Group Policy.

[ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

[You will [not] be subject to a new Pre-existing Condition [Exclusion] as of the date you are rehired.] [You will be given credit for the time you were insured prior to your termination of employment]

[If you had partially satisfied your Waiting Period prior to your termination of employment, your previous time employed with your Employer will [not] count towards completion of your Waiting Period.] [Your Eligibility Date will be the later of the date you are rehired or the day after you complete the Waiting Period.]

If you are rehired by your Employer [6 months] or later after the date your employment terminates, your coverage will not be reinstated. You will be eligible for insurance on the day after you complete a new Waiting Period.

[You must re-enroll for any amount of Contributory insurance within [31 days] of your rehire date.]]

[Coverage will not be reinstated for any amount of insurance which you converted in accordance with the Conversion Privilege or continued under the Portability Provision, unless you cancel such coverage.]

[What happens if I am rehired by my Employer?

[If you are rehired by your Employer within [6 months] of the date your employment terminates, [due to lay off], your coverage may be reinstated. If your coverage is reinstated, your reinstated coverage will:

1. be the same coverage amount in force on the date of your termination of employment;
2. not be subject to any Evidence of Insurability, unless you elect to increase coverage; and
3. be subject to all the terms and provisions of the Group Policy.

Coverage will not be reinstated for any amount of insurance which you:

1. converted in accordance with the Conversion Privilege; or
 2. continued under the Portability Provision;
- unless you cancel such coverage.]

TERMINATION OF EMPLOYEE INSURANCE

When does my insurance cease?

Your insurance ceases on the earliest of:

- [the date the Group Policy terminates].
- [the date your Employer's participation in the Trust terminates.]
- the date you are no longer in an Eligible Class.
- the date your class is no longer included for insurance.
- the last day for which any required premium has been paid for your insurance.
- [the [last day of the month in which] [date] you retire;] [unless you are eligible for Retiree [Basic] Life Insurance.]
- [the date you request in writing to terminate [or limit] your insurance.]
- [the date you enter active duty in any armed service during a time of war (declared or undeclared).]
- the [last day of the month in which] [date] your employment terminates.
- [the [last day of the month in which] [date] you cease to be Actively at Work due to a labor dispute, including any strike, work slowdown, or lockout.]
- the [last day of the month in which] [date] you cease to be Actively at Work.
- [the date you cease to be a member [in good standing] of [ABC Union].]
- [the date you cease to be a member of the [Board of Directors].]

Are there any conditions under which my insurance can continue?

Yes.

[Your insurance will continue during [any Elimination Period or] any period the premium for your insurance is waived under the Group Policy.]

[If you are on [temporary layoff, leave of absence or vacation], your Employer may continue your insurance by paying the required premium to Sun Life [for the length of time specified below]. [You should contact your Employer for more details.]

[Layoff – for up to [3 months].]

[Leave of Absence – for up to [6 months] [including Workers' Compensation leave and Family and Medical Leave of Absence]] .]

[Sabbatical – for up to [3 months].]

[Vacation – for up to [3 months].]

[Military Leave of Absence – for up to [12 months].]

[Any periods of continuation for [which you are eligible] will run concurrently.]

[If your insurance is being continued, your insurance benefit will be based on your benefit in effect just prior to the date your leave begins.]

[If you are absent from work due to an injury or sickness, your Employer may continue your [Life] Insurance, by paying the required premium, [for up to 12 months].] [However, if you are receiving LTD benefits from [a Sun Life group LTD policy], your Employer may continue your [Life] insurance, by paying the required premium, [for up to 24 months].]

[If you are "Totally Disabled" you may be eligible for a longer continuation of [Optional] Life Insurance. Refer to "What is the Waiver of Premium Provision" in the [Basic] Life Benefit Section. Please note that you must apply for continued benefits under the Waiver of Premium Provision within [12 months] after you cease to be Actively at Work.]

TERMINATION OF EMPLOYEE INSURANCE

[Your [Life] Insurance may be continued [for up to 6 months] pursuant to your severance agreement with your Employer]

[Your [Life] Insurance may be continued [for up to 3 months] following the date of your reduction in hours [to part-time status.]]

[If your coverage ceases because you terminate employment [for reasons other than your retirement], you may be able to continue your insurance by electing portable insurance coverage. Refer to the [Portability Provision].]

[If your coverage terminates and you are not eligible to continue your insurance under any of the previously described continuations, you may be eligible for the Conversion Privilege. Refer to the Conversion Privilege provision in the [Life or LTD] Benefit section. Please note that you need to apply for the conversion and pay the required premium within [31 days] following your termination of insurance.]

[You may be eligible to continue your insurance pursuant to the Family and Medical Leave Act of 1993, as amended [or continue coverage pursuant to a state required continuation period (if any)]. You should contact your Employer for more details.]

[You may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA). You should contact your Employer for more details.]

[If your [Basic] [Life] insurance would normally terminate because of a labor dispute, then your [Basic] [Life] insurance may be continued subject to the following conditions:

- your Employer must have paid all or a part of the insurance premium under the Group Policy.
- you must remit the premium to your Employer before each Premium Due Date. Your Employer will submit the total premium to Sun Life on each Premium Due Date. This premium is based on the current premium rate in force when the labor dispute commenced. Sun Life has the right to change this premium.

This continuation of insurance will terminate on the earliest of the following dates:

- the date you fail to make any premium payment to your Employer to continue your insurance;
- the date your Employer fails to make any premium payment to Sun Life;
- the date you begin work for your Employer or any other employer;
- the date the labor dispute ends;
- the date [6 months] following commencement of the labor dispute;
- the date your Employer does not furnish any data requested by Sun Life.]

[If your [Basic] [Life] insurance would normally terminate because you are not Actively at Work due to an employment related Injury, your [Basic] [Life] insurance coverage may be continued if you are receiving or are eligible to receive Workers' Compensation Benefits, or if you are receiving wages under a provision for sick leave payments for time lost due to an employment related injury.

If you have [Accidental Death and Dismemberment and Dependent Life insurance coverage], coverage will continue for those benefits as well.

Your insurance may be continued, subject to the following:

TERMINATION OF EMPLOYEE INSURANCE

- the amount of insurance that will be continued will be limited to the amount of insurance you had in force prior to the date you became eligible to receive Workers' Compensation Benefits;
- you must remit the total premium to Sun Life on each premium due date. The premium is based on the current premium rate in force at the time you became eligible to receive Workers' Compensation Benefits. Sun Life has the right to change the premium.

The continuation of insurance will terminate on the earliest of:

- the date you are no longer receiving Workers' Compensation Benefits or sick leave payments for time lost due to an employment related injury; or
- the date you fail to make any premium payment to Sun Life; or
- the date the Group Policy terminates.]

[TERMINATION OF DEPENDENT INSURANCE]

When does my Dependent [spouse]'s insurance cease?

Your Dependent [spouse] 's insurance ceases on the earliest of:

- [- the date the Group Policy terminates.]
- [- the date your Employer's participation in the trust terminates]
- [- the date you cease to be insured.]
- the [last day of the month in which] [date] you are no longer in an Eligible Class for Dependent [spouse] insurance.
- the [last day of the month in which] [date] your Dependent [spouse] does not qualify as a Dependent.
- the last day for which any required premium has been paid for your Dependent [spouse]'s insurance.
- the date you request in writing to terminate your Dependent [spouse]'s insurance.
- [- the date your Dependent [spouse] enters active duty in any armed service during a time of war (declared or undeclared).]
- [- the [last day of the month in which] [date] [your Dependent spouse reaches] [you reach] age [70] [for Dependent [spouse] [Basic] Life Insurance].]
- [- the [last day of the calendar year in which] [date] your Dependent child reaches age [19] [, or age [25] if your child is a full-time student].]
- [- the [last day of the month in which] [date] you retire [, unless you are eligible for Retiree Dependent [Basic] Life Insurance].]
- [- the date you die. [However, your Employer may continue your Dependent [spouse] [Basic] Life [and AD&D] Insurance for up to [12 months] after your [accidental] death.]]

Are there any conditions under which my Dependent [spouse]'s insurance can continue?

Yes.

If your Dependent [spouse]'s coverage terminates, your Dependent [spouse] may be eligible for the Conversion Privilege. Refer to the "Conversion Privilege" of the Dependent [spouse] [Optional] Life Benefit section. Please note that you or your Dependent [spouse] need to apply for the conversion and pay the required premium within [31 days] following termination of the Dependent's insurance.]

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

What is the [Basic] Life Insurance Benefit?

If you die while insured, your Beneficiary will receive the amount of your [Basic] Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

What is the amount of my [Basic] Life Insurance?

[The amount of your [Basic] Life Insurance is as determined in the Benefit Highlights.]

[The amount of your [Basic] Life Insurance is the lesser of:

1. your [Basic] amount of insurance [you elected] as determined in the Benefit Highlights; [or
2. the [Optional] Guaranteed Issue Amount shown in the Benefit Highlights, [reduced by your [Basic] Life Insurance amount,] plus any amount of insurance over your [Basic] Guaranteed Issue Amount for which Sun Life has approved your Evidence of Insurability.]]

[Your [Basic] Life Insurance cannot exceed the [Basic] Maximum Benefit shown in the Benefit Highlights.]

[[Your [Basic and Optional] Life Insurance combined cannot exceed the [Combined] Maximum Benefit shown in the Benefit Highlights.]

Your amount of [Basic] Life Insurance is subject to [the Exclusions shown below and] any [Evidence of Insurability requirements,] [age reductions] [or terminations] shown in the Benefit Highlights.]

[If you had converted your [Basic] [Optional] Life Insurance to an individual policy under the Conversion Privilege of this Policy, your amount of [Basic] [Optional] Life Insurance will be reduced by the amount of any insurance remaining in force under that individual policy.]

[EXCLUSIONS

What are the Exclusions?

If your cause of death is suicide:

- No [benefit] [amount of Optional Life Insurance] is payable if the suicide occurs within [24 months] after your [Optional] Life Insurance starts. [Any period of time you were insured for the same amount of [Optional] Life Insurance under your Employer's prior group life policy will count towards your completion of the [24 months].]
- [No increased or additional amount of your [Optional] Life Insurance is payable if the suicide occurs within [24 months] after your increased or additional amount of [Optional] Life Insurance starts.]
- [No amount of [Optional] Life Insurance is payable if the suicide occurs within [24 months] after your [Optional] Life Insurance starts.] [Any period of time you were insured for the same amount of [Optional] Life Insurance under your Employer's prior group life policy will count towards your completion of the [24 months].]
- [No amount of your [Optional] Life Insurance over your Guaranteed Issue Amount is payable if the suicide occurs within [24 months] after the amount over your Guaranteed Issue Amount starts.]]

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

[WAIVER OF PREMIUM PROVISION

What is the Waiver of Premium Provision?

If you become Totally Disabled while insured, the Waiver of Premium Provision may continue your [Basic] Life Insurance without any further payment of premiums by [you] [or your Employer].

When am I eligible for the Waiver of Premium Provision?

You are eligible if Sun Life receives Notice and Proof of Claim that you became Totally Disabled:

- while insured; and
- [on or after] [before] your [60th] birthday; and]
- [before your [70th] birthday; and]
- [before you retire;] [and
- your Total Disability has continued for at least [9 months] (the Elimination Period).]

[Premium payment is required during the Elimination Period.]

You must apply for Waiver of Premium no later than [12 months] after you become Totally Disabled.

[What is the amount of [Basic] Life Insurance that is continued under the Waiver of Premium Provision?

[For Total Disabilities that begin before age 60] Sun Life will continue the amount of your [Basic] Life Insurance in force on the last day you were Actively at Work. [This amount is subject to the same [reductions or terminations] [at specified ages and/or at retirement] that would have been applicable had you not become Totally Disabled.

[For Total Disabilities that begin on or after age [60] but before age [70]] Sun Life will continue the amount of your [Basic] Life Insurance in force on the last day you were Actively at Work for a period up to [one year]. [This amount is subject to the same [reductions or terminations] [at specified ages and/or at retirement] that would have been applicable had you not become Totally Disabled.]

[If you have [Dependent [Basic] Life Insurance or Accidental Death or Dismemberment Insurance], the premium will [not] [also] be waived for [those] [that] benefit[s].]

If you have converted your [Basic] Life Insurance to an individual policy, the continued insurance will be reduced by that converted amount unless you exchange that individual policy for a full refund of premiums paid.

[What if I die during the Elimination Period?

If you die during the [9 month] Elimination Period, a death benefit will be paid to your Beneficiary if Sun Life receives Proof of Claim that you had been continuously Totally Disabled from the date you last worked until the date you died.

The death benefit is the amount of your [Basic] Life Insurance in force on the day before you became Totally Disabled.]

[What happens if the Group Policy terminates during my Elimination Period?

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

[You must convert your amount of [Basic] Life Insurance when the Group Policy terminates.]

[You must continue to pay premium to Sun Life to continue your amount of [Basic] Life Insurance until your Waiver of Premium is approved.] [If your Waiver of Premium is approved, a refund of premium will be given back to your first date of Total Disability.]

[What happens if my Waiver of Premium is not approved?

You will be given [31 days] to convert your amount of [Basic] Life Insurance.]

When does my Waiver of Premium cease?

Your Waiver of Premium ceases on the earliest of:

- the date you are no longer Totally Disabled.
- the date you do not provide Proof that you continue to be Totally Disabled.
- the date you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- the date you do not submit to an examination by a Physician of Sun Life's choice.
- [the date you reach age [70]] [if your Total Disability began before you reached age [60] [, unless you are eligible for Retiree Life Insurance].]
- [the first anniversary after your Total Disability began] [for Total Disabilities that begin on or after you reach age [60]].]
- [the date you reach age [65] [or for [12 months], whichever is later], if your Total Disability began before you reached age [65] [, unless you are eligible for Retiree [Basic] Life Insurance].]
- [the date you reach your Social Security Normal Retirement Age.]

[For the purposes of this Waiver of Premium Provision, you are considered retired when you receive any compensation from a Retirement Plan of your Employer, [or when you reach age [70], whichever is earlier.] [A plan of deferred compensation is not considered to be a Retirement Plan].]

If your Waiver of Premium ceases and you do not return to work with your Employer, your [Basic] Life Insurance will terminate. You may be eligible to convert your [Basic] Life Insurance under the Conversion Privilege.]

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

[ACCELERATED BENEFIT

What is the Accelerated Benefit?

If Sun Life receives satisfactory Proof that you are Terminally Ill, part of your [Basic] Life Insurance may be payable to you while you are still living.

When am I eligible for an Accelerated Benefit?

You are eligible if:

- [you [were Actively at Work on the Effective Date of [the Group Policy] [your Employer's participation in the trust] and] have been insured for [Basic] Life Insurance for at least [60 days]. This 60 day period is waived for qualifying events due to accidental injury. (This includes any period of time you were insured under the prior insurer's group life policy); and]
- you are certified as Terminally Ill with a life expectancy of [12] months or less; and
- [you are insured for at least [\$20,000] of [Basic] Life Insurance].

How do I receive an Accelerated Benefit?

You need to submit a written request to Sun Life.

If you have assigned your [Basic] Life Insurance, named an irrevocable Beneficiary or have a former spouse named as Beneficiary as part of a divorce decree, you must have a signed agreement from those parties.

What is the amount of the Accelerated Benefit?

You may request up to [75%] of the amount of your [Basic] Life Insurance currently in force. The maximum amount you may request is [\$500,000]. [The minimum amount you may request is [\$10,000.]

[If you have received an Accelerated Benefit under the prior insurer's group life policy, you may request up to [75%] of your [Basic] Life Insurance currently in force, reduced by the amount of the Accelerated Benefit you have previously received.]

How is the Accelerated Benefit paid?

The Accelerated Benefit is paid in [a single lump sum amount.]

Can I receive more than one Accelerated Benefit?

You may request the Accelerated Benefit only once under Sun Life's Group Policy.

Are there any charges if an Accelerated Benefit is requested?

No.

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

What happens to my [Basic] Life Insurance if I receive an Accelerated Benefit?

If you have received an Accelerated Benefit [from Sun Life or the prior insurer's group life policy,] your [Basic] Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid [by Sun Life], [and an amount equal to the Accelerated Benefit paid by the prior insurer's group life policy.]

[If you are insured for [Basic] Accidental Death and Dismemberment Insurance, that amount shall not be affected by the payment of any Accelerated Benefit.]

Some Important Notes about your Accelerated Benefit

Your Accelerated Benefit is not a long term care policy. The amount of the Accelerated Benefit Sun Life would pay may not be enough to cover nursing home expenses or other bills. The money received from the Accelerated Benefit may be used for any purpose.

Receipt of your Accelerated Benefit may affect your Medicaid eligibility.

No Accelerated Benefit payment will be processed if required to do so by a third party, including any creditor, governmental agency, trustee in bankruptcy or any other person, or as the result of a court order.

Benefits payable under this provision MAY be taxable. You should consult your tax advisor. Sun Life does not give tax or legal advice.]

[PERMANENT TOTAL DISABILITY INCOME BENEFIT

What is the Permanent Total Disability Income Benefit?

If you become Permanently Totally Disabled, your [Basic] Life Insurance may be payable to you while you are still living.

When am I eligible for the Permanent Total Disability Income Benefit?

You are eligible if Sun Life receives Notice and Proof of Claim that you became Permanently Totally Disabled:

- while insured; and
- [before your [60th] birthday; and]
- [before you retire;] [and]
- your Permanent Total Disability has continued for at least [12 consecutive months].]

You must apply for the Permanent Total Disability Income Benefit no later than [12 months] after you become Permanently Totally Disabled.

What is the amount of the Permanent Total Disability Income Benefit?

Your Permanent Total Disability Income Benefit is based on your [Basic] Life Insurance in force on the day before you became Permanently Totally Disabled [, multiplied by [0.0167].]

If you have converted your [Basic] Life Insurance to an individual policy, no Permanent Total Disability Income Benefit is payable unless you exchange that individual policy for a full refund of premiums paid.

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

How is the Permanent Total Disability Income Benefit paid?

Your Permanent Total Disability Income Benefit will be paid to you [in a fixed number of installments over a period of [5 years]]. [However, if your [Basic] Life Insurance amount in force is less than [\$10,000], your Permanent Total Disability Benefit will be paid to you in a single lump sum amount.]

What if I die before I receive all of my [installment] payments?

If you die before all of your Permanent Total Disability Income [installments] are paid, a death benefit will be paid to your Beneficiary. The death benefit equals the amount of your [Basic] Life Insurance in force on the day before you became Permanently Totally Disabled, reduced by the total amount you have received as Permanent Total Disability Income Benefits.

What if I die before I receive any [installment] payments?

If you die within [12 months] after you cease to be Actively at Work, a death benefit will be paid to your Beneficiary if Sun Life receives Notice and Proof of Claim that you had been continuously Permanently Totally Disabled from the date you last worked until the date you died.

The death benefit is the amount of your [Basic] Life Insurance in force on the day before you became Permanently Totally Disabled.]

What if my Life Insurance ceases while I am Totally Disabled?

You may continue your Life Insurance for up to 6 months.

If you elect to continue your Life Insurance while you are Totally Disabled, you need to inform your Employer and pay any required premium payment to your Employer within 31 days after your Life Insurance ceases. Your Employer will send your continuation premium to Sun Life.

When does this continuation of my Life Insurance end?

Your continuation of Life Insurance will end on the earliest of:

- the date you do not send the required premium payment to your Employer;
- the date your Employer does not send the required premium payment on your behalf to Sun Life;
- 6 months after your Life Insurance first ceased [; or
- the date you are approved for continuation of you Life Insurance under the Waiver of Premium Provision.]]

[LINE OF DUTY BENEFIT

What is the Line of Duty Benefit?

If a [Basic] Life Insurance benefit is payable and the loss of life is the result of a Line of Duty Accident, Sun Life will pay a Line of Duty Benefit if you meet all of the following requirements:

You die while insured as a result of:

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

1. an Accidental Bodily Injury; or
2. accidental exposure to the elements that results in death within [365] days of the Accidental Bodily Injury; and
3. you are acting in your capacity as a Public Safety Officer.

The Line of Duty Benefit is [the lesser of]:

- [[100%] of the amount of [Basic] Life insurance Benefit payable, or]
- [\$50,000].

Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.]

[Public Safety Officer means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes [police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

[Line of Duty Death means an accidental death that occurs while you are taking any action which by rule, regulation, law, or condition of your employment you are obligated or authorized to perform as a Public Safety Officer, including accidental exposure to adverse weather conditions, in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while on duty.]

[If you are a Public Safety Officer whose primary job duties are, controlling or reducing crime, criminal law enforcement or fire suppression, Line of Duty Death includes death that occurs while you are on duty at a social, educational, ceremonial or athletic function to which you have been assigned, or for which you are paid as a Public Safety Officer.]]

[FATAL HEART ATTACK OR STROKE BENEFIT

What is the Fatal Heart Attack or Stroke Benefit?

If you are a Public Safety Officer and you die as a direct and proximate result of a heart attack or stroke, an additional Fatal Heart Attack or Stroke Benefit is payable, if a [Basic] Life Insurance benefit is payable, provided that you meet all of the following requirements:

- While on duty as a Public Safety Officer, you engaged in line of duty activity that involves law enforcement, fire suppression, rescue activity, hazardous material response, emergency medical services, disaster relief activity, or other emergency response activity; or
- You participated in a formal training exercise that involved non-routine stressful or strenuous physical activity; and
- The heart attack or stroke occurred while you were engaging in this activity or training while on the same duty shift, or within [24 hours] after the conclusion of this activity or training.

The Fatal Heart Attack or Stroke Benefit payable is [\$50,000].

Non-routine stressful or strenuous physical activity is activity that:

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

- is not performed as a matter of routine;
- involves non-negligible physical exertion;
- for line-of-duty activity, poses or appears to pose significant threats or hazards, or involves reasonable foreseeable risks of such threats or hazards;
- for training exercises, realistically simulates significant threats or hazards; and
- provokes or causes an unusually high level of alarm, fear or anxiety.

[Public Safety Officer means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes [police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

[PORTABILITY PRIVILEGE

What is the Portability Privilege?

If [, prior to age [70],] your Employee [Optional] Life Insurance ceases because you terminate employment, you may apply for coverage on your own life (the “Portable Coverage”) up to the amount of Employee [Optional] Life Insurance that ceased to a maximum of [\$500,000]. Amounts in excess of the maximum may be converted to an individual life insurance policy under the Conversion Privilege.

Are there reasons why I would not be eligible to apply for [Optional] Portable Life coverage?

You are not eligible to apply for Portable Coverage if:

- [you are age [70] or older; or]
- [your employment or Employee [Optional] Life Insurance ceased because:
 - [(a) you retired; or]
 - [(b) the hours you work for your Employer have been reduced; or]
 - [(c) you remain employed with your Employer on a part-time basis; or]
 - [(d) you are on military leave; or]]
- [prior to termination of employment, you suffer an injury or sickness that results in a life expectancy of less than [12] months; or]
- [your insurance is being continued under the Waiver of Premium Provision; or]
- you are not a United States citizen or legal resident; or]
- you are residing outside the United States [or Canada] on the date your insurance terminated.

What kinds of insurance are portable?

If you are entitled to apply for Portable Coverage, you may also continue any [Employee [Optional] Accidental Death and Dismemberment Insurance, Dependent [spouse] [Optional] Life Insurance, Dependent [spouse] [Optional] Accidental Death and Dismemberment Insurance] that ceased due to the termination of your employment [subject to the restrictions for Dependent Portable [spouse] Coverage below].

When does my portable coverage start?

If your application is approved and the first premium is paid when due, your coverage will start on the day after the [31 day] conversion period. If your application is declined, you will be given a [31 day] period to apply for an individual [permanent] life policy under the Conversion Privilege.

[When can my Dependent [spouse] apply for portable coverage?

Your Dependent [spouse] can apply for portable coverage and pay the first premium within [31 days] of the date your Dependent [spouse]’s Life Insurance ceases due to:

- [- your death;]
- [- divorce; or]
- [- termination of your domestic partnership or civil union partnership; or]
- [- your Dependent child reaching the maximum age.]

If your Dependent [spouse]’s application is declined, your Dependent [spouse] will be given a [31 day] period to apply for an individual [permanent] life policy

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

Are there reasons I [or my Dependent spouse] would not be able to apply for Dependent [spouse] [Optional] Portable Life coverage?

You are not eligible to apply for Portable Coverage on your Dependent [spouse] if:

- [your Dependent spouse is age [70] or older; or]
- [your Dependent [spouse] is on military leave; or]
- [on or before the date of your termination of employment, your Dependent [spouse] suffers an injury or sickness that results in a life expectancy of less than [12] months; or]
- your Dependent [spouse] is not a citizen or legal resident of the United States; or
- your Dependent [spouse] is residing outside of the United States [or Canada] on the date your employment terminated.]

If you had previously exercised your rights under the Group Policy's Conversion Privilege or Portability Privilege, the amount of any Employee [or Dependent] Insurance that you can apply for under the Portability Privilege will be reduced by the amount of any insurance remaining in force under any policy issued to you as a result of the exercise of those rights under the Group Policy.

If you convert your coverage under the Conversion Privilege you will not be eligible to apply for Portable Coverage for that same coverage under the Group Policy.

If you apply for Dependent [spouse] coverage under the Portability Privilege, your Dependent [spouse] may not also apply for Dependent [spouse] coverage.

How do I [or my Dependent [spouse] apply for Portable Coverage?

To apply for Portable Coverage, you [or your Dependent [spouse] must submit a written application to Sun Life within [31 days] from the date your Employee or Dependent [Optional] Life Insurance ceased.

[Evidence of Insurability must be provided to Sun Life in order to qualify for Portable Coverage.]

Portable Coverage will not take effect until Sun Life approves your [or your Dependent [spouse]'s application for Portable Coverage and receives the first premium payment.

Portable Coverage will be provided under a group term life insurance policy that provides group term life [and accidental death and dismemberment] insurance only. The Portable Coverage insurance policy does not provide any other benefit.

The premium will be the current rate Sun Life charges for the standard class of risk and age to which you [or your Dependent [spouse] belong under the Portable Group Life Policy.

If the application for Portable Coverage is declined by Sun Life, you [or your Dependent [spouse] will be given [31] days, commencing on the date the application is declined, to convert to an individual policy under the Conversion Privilege.

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

When does Portable Coverage cease?

Portable Coverage will terminate on the occurrence of the earliest of the following:

- the date for which the last premium has been paid by you; or
- [- the date you attain age [70]; or]
- [- the expiration of [10] years from the date your Portable Coverage begins; or]
- [- the date your Dependent spouse attains age [70] [for Dependent spouse Portability Coverage]; or]
- the date the insurance policy that provides the Portable Coverage terminates.

When Portable Coverage terminates, you will have the right to convert the amount of coverage to an individual policy.

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your [Basic] Life Insurance ceases or reduces, you may be able to convert your [Basic] Life Insurance to an individual life insurance policy. You need to apply for the individual policy within [31 days]. See question "How do I convert my [Basic] Life Insurance?"

When can I convert my [Basic] Life Insurance?

1. You can convert if all or part of your [Basic] Life Insurance ceases or reduces due to:
 - termination of your employment;
 - termination of your membership in an Eligible Class;
 - [- your retirement;]
 - [- your reaching a certain age; or]
 - your changing to a different Eligible Class; or
 - [- termination of your coverage under the Waiver of Premium Provision; or]
 - your continuation period ending as specified in the Termination of Employee Insurance section.

Notwithstanding any provision of subsection "1." to the contrary, if all or part of your [Basic] Life Insurance ceases or reduces as a result of the termination of the Policy, you may exercise the Conversion Privilege only if you meet the requirements of subsection "2." below.

2. You can convert if [you have been continuously insured [for 5 or more years] under Sun Life's Group Life Insurance Policy and] all or part of your [Basic] Life Insurance ceases or reduces due to:
 - termination of the Employee [Basic] Life Insurance Benefit Provision;
 - termination of the Group Policy;
 - an amendment to the Group Policy to reduce the amount of Employee [Basic] Life Insurance in your Eligible Class; or
 - an amendment to the Group Policy to terminate your Eligible Class.

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

What amount of [Basic] Life Insurance can I convert?

The amount of Employee [Basic] Life Insurance you can convert depends on the reason your [Basic] Life Insurance ceased or reduced.

If your amount of [Basic] Life Insurance ceased or reduced for the reasons stated in #1 "When can I convert my [Basic] Life Insurance?" you can convert up to the amount of Employee [Basic] Life Insurance that ceased or reduced. [If your amount of [Basic] Life Insurance that ceased or reduced is [\$10,000] or more, the minimum amount of your individual life insurance policy must be [\$10,000].]

If your amount of [Basic] Life Insurance ceased or reduced for the reasons stated in #2 "When can I convert my [Basic] Life Insurance?" you can convert up to the lesser of:

- [\$10,000]; or
- the amount of Employee [Basic] Life Insurance that ceased or reduced minus any amount of life insurance you become eligible for under any group insurance policy within [31 days] after your [Basic] Life Insurance ceased or reduced.

You will be issued an individual life insurance policy without Evidence of Insurability.

How do I convert my [Basic] Life Insurance to an individual life insurance policy?

You convert by making a written application to Sun Life for an individual life insurance policy along with sending payment of the first premium within [31 days] after any part of your [Basic] Life Insurance ceases or reduces. This is your [31 Day] Conversion Period. However, if you are not notified by your Employer of the Conversion Privilege within [15 days] from the date your Life Insurance ceased or reduced, but you are given notice prior to the [forty-sixth] day after your [Basic] Life Insurance ceased or reduced, you will have an additional [15 days] from the date notice is given to exercise the Conversion Privilege. In no event, whether you are given timely notice, late notice or no notice will you have the right to exercise the Conversion Privilege once [30 days] have elapsed following the end of your [31 Day] Conversion Period.

What type of individual policy is available?

You can convert to any plan of [permanent] life insurance made available by Sun Life for conversion under the Conversion Privilege. The individual life insurance policy will be issued at your attained age for the amount you request, but will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

The premium charged for the individual life insurance policy will be the rate Sun Life charges for your standard class of risk and age as of the individual life insurance policy's effective date.

When does my individual policy start?

If your application for the individual life insurance policy is received and the first premium is paid when due, your individual life insurance policy starts on the day after the [31 Day] Conversion Period.

BENEFIT PROVISIONS

[EMPLOYEE [BASIC] LIFE INSURANCE

What happens if I die during the [31 Day] Conversion Period?

If you die within the [31 Day] Conversion Period and Sun Life receives Notice and Proof of Claim, a Death Benefit is payable to your Beneficiary, whether or not you had applied for an individual life insurance policy or had paid the first premium.

The death benefit is the amount of Employee [Basic] Life Insurance you would have been eligible to convert.

If the period of time for you to exercise this Conversion Privilege is extended as stated in “How do I convert my [Basic] Life Insurance to an individual life insurance policy?” and you die during or after that extension period, no Death Benefit is payable unless you had submitted a written application for conversion to an individual life insurance policy and paid the first premium prior to your death.

[CONTINUITY OF COVERAGE

[What happens when my Employer transfers insurance coverage to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on [January 1, 2009 [or your Employer’s Effective Date as shown in Attachment A, if applicable,]] you will be insured if:

1. you were insured under the prior insurer’s group Life policy at the time of transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer’s group Life policy.

Any [Basic] Life benefit payable will be the lesser of:

- the [Basic] Life benefit payable under the Group Policy; or
- the [Basic] Life benefit payable under the prior insurer’s group Life policy had it remained in force.

All other provisions of Sun Life’s Group Policy will apply.]]

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

What is my Dependent [spouse] [Basic] Life Insurance Benefit?

If your Dependent [spouse] dies while insured, you will receive the amount of your Dependent [spouse] [Basic] Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

What is the amount of my Dependent [spouse] [Basic] Life Insurance?

[The amount of your Dependent [spouse] [Basic] Life Insurance is the lesser of:

1. the amount of [Basic] Life Insurance [you elected] for your Dependent [spouse] as determined in the Benefit Highlights; [or
2. the [Basic] Guaranteed Issue Amount shown in the Benefit Highlights, [reduced by your Dependent [spouse]'s [Basic] Life Insurance amount,] plus any amount of insurance over your Dependent [spouse]'s [Basic] Guaranteed Issue Amount for which Sun Life has approved your Dependent [spouse]'s Evidence of Insurability.]

[Your Dependent [spouse]'s [Basic] Life Insurance cannot exceed the [Basic] Maximum Benefit shown in the Benefit Highlights.]

[Your Dependent [spouse]'s [Basic and Optional] Life Insurance combined cannot exceed the [Combined] Maximum Benefit shown in the Benefit Highlights.]

[The amount of your Dependent [spouse]'s [Basic] Life Insurance is subject to [the Exclusions shown below and] any [Evidence of Insurability requirements], [age reductions] [or terminations] shown in the Benefit Highlights.]

EXCLUSIONS

[What are the Exclusions?

If your Dependent [spouse]'s cause of death is suicide:

- No [death benefit] [amount of Dependent [spouse] [Basic] Life Insurance] is payable if your Dependent [spouse]'s suicide occurs within [24 months] after your Dependent [spouse]'s [Basic] Life Insurance first starts. [Any period of time your Dependent [spouse] was insured for the same amount of [Basic] Life Insurance under your Employer's prior group life policy will count towards your Dependent [spouse]'s completion of the [24 months];]
- [No increased or additional amount of Dependent [spouse] [Optional] Life Insurance is payable if your Dependent [spouse]'s suicide occurs within [24 months] after your Dependent [spouse]'s increased or additional amount of [Optional] Life Insurance starts;]
- [No amount of Dependent [spouse] [Optional] Life Insurance is payable if your Dependent [spouse]'s suicide occurs within [24 months] after your Dependent [spouse]'s [Optional] Life Insurance starts.] [Any period of time your Dependent [spouse] was insured for the same amount of [Optional] Life Insurance under your Employer's prior group life policy will count towards your Dependent [spouse]'s completion of the [24 months];]
- [No amount of Dependent [spouse] [Optional] Life Insurance over your Dependent's Guaranteed Issue Amount is payable if your Dependent [spouse]'s suicide occurs within [24 months] after the amount

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

over your Dependent [spouse]'s Guaranteed Issue Amount starts.]

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your Dependent [spouse]'s Life Insurance ceases or reduces, you or your Dependent [spouse] may be able to convert your Dependent [spouse]'s Life Insurance to an individual life insurance policy. You or your Dependent [spouse] need to apply for the Conversion Privilege within [31 days]. See question "How does my Dependent [spouse] convert his or her Life Insurance?"

When can my Dependent [spouse] convert his or her Life Insurance?

1. You or your Dependent [spouse] can convert if all or part of your Dependent [spouse]'s Life Insurance ceases or reduces due to:
 - termination of your employment;
 - termination of your membership in an Eligible Class;
 - termination of your Employer's participation in the Trust;
 - [- your retirement;]
 - your death;
 - [- your reaching a certain age;]
 - your changing to a different Eligible Class; or
 - your Dependent [spouse] no longer qualifying as a Dependent.

Notwithstanding any provision of subsection "1." to the contrary, if all or part of your Dependent [spouse]'s Life Insurance ceases or reduces as a result of the termination of the Group Policy, you or your Dependent [spouse] may exercise the Conversion Privilege only if your Dependent [spouse] meets the requirements of subsection "2." below.

2. You or your Dependent [spouse] can convert if your dependent [spouse] has been continuously insured [for 5 or more years] under Sun Life's Group Life Insurance Policy and all or part of your Dependent's [Basic] Life Insurance ceases or reduces due to:
 - termination of the Employee Life Insurance Benefit Provision;
 - termination of the Group Policy;
 - an amendment to the Group Policy to reduce the amount of Dependent [spouse] [Basic] Life Insurance in your Eligible Class; or
 - an amendment to the Group Policy to terminate your Eligible Class.

What amount of [Optional] Life Insurance can my Dependent [spouse] convert?

The amount of Dependent Life Insurance you or your Dependent [spouse] may convert depends on the reason your Dependent [spouse]'s Life Insurance ceased or reduced.

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

If your Dependent [spouse]'s amount of [Basic] Life Insurance ceased or reduced for the reasons stated in #1 "When can my Dependent [spouse] convert?" you or your Dependent [spouse] may convert up to the amount of Dependent [spouse] [Basic] Life Insurance that ceased or reduced. If your Dependent [spouse]'s amount of [Basic] Life Insurance that ceased or reduced is [\$10,000] or more, the minimum amount of your Dependent [spouse]'s individual life insurance policy must be [\$10,000].

If you exercise the Conversion Privilege, your Dependent [spouse] may not also exercise it.

If your Dependent [spouse]'s amount of [Basic] Life Insurance ceased or reduced for the reasons stated in #2 "When can my Dependent [spouse] convert"?, you or your Dependent [spouse] may convert up to the lesser of:

- [\$10,000]; or
- the amount of Dependent [Basic] Life Insurance that ceased or reduced minus any amount of life insurance your Dependent [spouse] may become eligible for under any group insurance policy within [31 days] after your Dependent [spouse]'s Life Insurance ceased or reduced.

How does my Dependent [spouse] convert his or her Life Insurance to an individual life insurance policy?

You or your Dependent [spouse] can convert by making a written application to Sun Life for an individual life insurance policy along with sending payment of the first premium within [31 days] after any part of your Dependent [spouse]'s [Basic] Life Insurance ceases or reduces. This is your Dependent's [31 Day] Conversion Period. However, if you or your Dependent [spouse] is not notified by your Employer of this Conversion Privilege within [15 days] from the date your Dependent [spouse]'s [Basic] Life Insurance ceased or reduced, but your Dependent [spouse] is given notice prior to the [forty-sixth] day after your Dependent [spouse]'s [Basic] Life Insurance ceased or reduced, you or your Dependent [spouse] will have an additional [15 days] from the date notice is given to exercise this Conversion Privilege. In no event, whether your Dependent [spouse] is given timely notice, late notice or no notice will you or your Dependent [spouse] have the right to exercise this Conversion Privilege once [30 days] has elapsed following the end of your Dependent [spouse]'s [31 Day] Conversion Period.

What type of individual policy is available?

Your Dependent [spouse] may convert to any plan of [permanent] life insurance made available by Sun Life for conversion under the Conversion Privilege. The individual life insurance policy will be issued at your Dependent [spouse]'s attained age for the amount you or your Dependent [spouse] requests, but will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

The premium charged for the individual life insurance policy will be the rate Sun Life charges for your Dependent [spouse]'s standard class of risk and age as of the individual life insurance policy's effective date.

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

The individual life insurance policy on the life of your Dependent [spouse] will be issued without Evidence of Insurability.

When does my Dependent [spouse]'s individual policy start?

If your Dependent [spouse]'s application for the individual life insurance policy is received and the first premium is paid when due, your Dependent [spouse]'s individual life insurance policy starts on the day after the [31 Day] Conversion Period.

What happens if my Dependent [spouse] dies during the [31 Day] Conversion Period?

If your Dependent [spouse] dies within the [31 Day] Conversion Period and Sun Life receives Notice and Proof of Claim, a Death Benefit is payable to you, whether or not you or your Dependent [spouse] had applied for an individual life insurance policy on the life of your Dependent [spouse] within the [31 day] Conversion Period, or had paid the first premium.

The death benefit is the amount of [Basic] Life Insurance you or your Dependent [spouse] would have been eligible to convert on the life of your Dependent [spouse].

If the period of time for you or your Dependent [spouse] to exercise this Conversion Privilege is extended as stated in "How does my Dependent [spouse] convert his or her Life Insurance to an individual life insurance policy?" and your Dependent [spouse] dies during or after that extension period, no Death Benefit is payable unless you or your Dependent [spouse] had submitted a written application for conversion to an individual life insurance policy, and paid the first premium prior to your Dependent spouse's death.

[ACCELERATED BENEFIT

What is the Dependent [spouse] Accelerated Benefit?

If Sun Life receives satisfactory Proof that your Dependent [spouse] is Terminally Ill, part of your Dependent [spouse]'s [Optional] Life Insurance may be payable to your Dependent [spouse] at your request.

When is my Dependent [spouse] eligible for an Accelerated Benefit?

Your Dependent [spouse] is eligible if:

- your Dependent [spouse] has been insured for [Optional] Life Insurance for at least [30 days]. (This includes any period of time your Dependent [spouse] was insured under the prior insurer's group life policy); and]
- your Dependent [spouse] is certified as Terminally Ill with a life expectancy of [12 months] or less [; and
- your Dependent [spouse] is insured for at least [\$10,000] of [Optional] Life Insurance].

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

How can my Dependent [spouse] receive an Accelerated Benefit?

You need to submit a written request to Sun Life while your Dependent [spouse]'s [Optional] Life Insurance is in force.

What is the amount of Accelerated Benefit that I can request?

The amount of Accelerated Benefit that you can request is up to [75%] of the amount of your Dependent [spouse]'s [Optional] Life Insurance currently in force. The maximum amount that may be requested is [\$100,000]. The minimum amount that may be requested is [\$5,000].

How is the Accelerated Benefit paid?

The Accelerated Benefit is paid [in a single lump sum amount].

Can more than one Accelerated Benefit be requested?

The Accelerated Benefit can be requested for your Dependent [spouse] only [once] under Sun Life's Group Policy.

Are there any charges if an Accelerated Benefit is requested?

No.

What happens to my Dependent [spouse]'s amount of [Optional] Life Insurance if an Accelerated Benefit is requested?

Once an Accelerated Benefit is paid, your Dependent [spouse]'s amount of [Optional] Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid by Sun Life.

[If your Dependent [spouse] is insured for [Basic] Accidental Death and Dismemberment Insurance, that amount shall not be affected by the payment of any Accelerated Benefit.]

Some Important Notes about Accelerated Benefit

The Accelerated Benefit is not a long term care policy. The amount of the Accelerated Benefit Sun Life would pay may not be enough to cover nursing home expenses or other bills. The money received from the Accelerated Benefit may be used for any purpose.

Receipt of an Accelerated Benefit may affect eligibility for Medicaid.

No Accelerated Benefit payment will be processed if required to do so by a third party, including any creditor, governmental agency, trustee in bankruptcy or any other person, or as the result of a court order.

Benefits payable under this provision MAY be taxable. You should consult your tax advisor. Sun Life does not give tax or legal advice.]

BENEFIT PROVISIONS

[DEPENDENT [SPOUSE] [BASIC] LIFE INSURANCE

[CONTINUITY OF COVERAGE

What happens when my Employer transfers insurance coverage to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If your Dependent [spouse] is Hospital Confined on [January 1, 2009 [or your Employer's Effective Date as shown in Attachment A, if applicable,]] your Dependent [spouse] will be insured if:

1. your Dependent [spouse] was insured under the prior insurer's group Life policy at the time of transfer; and
2. you are a member of an Eligible Class; and
3. premiums for your Dependent [spouse] are paid up to date; and
4. your Dependent [spouse] is not receiving or eligible to receive benefits under the prior insurer's group Life policy.

Any Dependent [spouse] [Basic] Life benefit payable will be the lesser of:

- the Dependent [spouse] [Basic] Life benefit payable under the Group Policy; or
- the Dependent [spouse] [Basic] Life benefit payable under the prior insurer's group Life policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.]]

BENEFIT PROVISIONS

**[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC]
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)**

What is the [Basic] Accidental Death and Dismemberment Benefit?

If Sun Life receives written Notice and Proof of Claim that [you] [an Insured Person]:

- died from an accidental drowning while insured; or
- sustained an Accidental Bodily Injury while insured, which results in loss of life, sight or limb within [365 days] of the date of that Accidental Bodily Injury; or
- sustained a loss of life, sight or limb within [365 days] due to an accidental exposure to the elements while insured;

A [n][Basic] Accidental Death and Dismemberment benefit may be payable to you or to your Beneficiary.

What is the amount of the [Basic] Accidental Death and Dismemberment Benefit?

The benefit is a percentage of the amount of [Basic] Accidental Death and Dismemberment Insurance in force for your class shown in the Benefit Highlights on the date of the Accidental Bodily Injury. The following is a list of percentages payable for the applicable loss.

Life	[100%]
Sight of one eye.....	[50%]
[One arm or leg	[50%]]
[One hand or foot	[50%]]
[More than one [of the above] loss[es] from any one accident.....	[100%]]
[Speech and hearing	[100%]]
[Speech or hearing.....	[50%]]
[Hearing in one ear	[25%]]
[Thumb [and index finger] of [the same] hand	[25%]]
[Four fingers of the same hand	[25%]]
[Four toes of the same foot	[25%]]
[Quadriplegia.....	[100%]]
Paraplegia	[75%]]
Hemiplegia	[50%]]
[[Monoplegia] [Uniplegia].....	[50%]]
[Diplegia.....	[50%]]

BENEFIT PROVISIONS

**[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC]
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)**

[Brain Damage [10%]]

[The maximum amount of [Dependent] [spouse] [Basic] Accidental Death and Dismemberment Benefit payable for losses resulting from any one accident is [100%.]

[Loss of arm or leg means a total physical separation of the limb into two pieces, occurring at or above the elbow or knee joint and resulting in irreparable and total loss of function.] Loss of [hand or foot] means a total physical separation of the limb into two pieces, occurring at or above the wrist or ankle joint and resulting in irreparable and total loss of function. Loss of sight must be total and irrecoverable. [Loss of speech means the total and irrecoverable loss of speech.] [Loss of hearing means the total and irrecoverable loss of hearing.] [Loss of thumb and/or [index] finger means a total physical separation of the thumb or finger into two pieces, occurring through or above the metacarpophalangeal joints and resulting in irreparable and total loss of function.] [Loss of toe means a total physical separation of the toe into two pieces, occurring through or above the metatarsophalangeal joint and resulting in irreparable and total loss of function.]

[Quadriplegia means the total and permanent paralysis of both upper and lower limbs. Paraplegia means the total and permanent paralysis of both lower limbs. Hemiplegia means the total and permanent paralysis of the upper and lower limbs on one side of the body.] [[Monoplegia] [Uniplegia] means the total and permanent paralysis of one arm or one leg.] [Diplegia means the total and permanent paralysis of both arms.]

[Brain Damage] means the permanent and irreversible physical damage to the brain causing the inability to perform without assistance [2] or more of the Activities of Daily Living. Such damage must manifest itself within [30 days] of the Accidental Bodily Injury, require hospitalization of at least [5 days] and must persist for at least [12] consecutive months after the date of the Accidental Bodily Injury.]

[COMMON CARRIER BENEFIT

What is the Common Carrier Benefit?

If [your] [an Insured Person’s] loss of life occurs while traveling as a fare-paying passenger on a public conveyance operated by a common carrier, an additional Common Carrier benefit will be payable. The Common Carrier Benefit is [[100%] of] the amount of [Basic] Accidental Death Benefit payable.]

[BUSINESS TRAVEL BENEFIT

What is the Business Travel Benefit?

If your loss of life occurs while traveling on business for your Employer an additional Business Travel Benefit will be payable. The Business Travel Benefit is the lesser of:

- [\$25,000]; or
- [25% of] the amount of [Basic] Accidental Death Benefit payable [; reduced by any benefit payable under the Common Carrier Benefit].

Business Travel means traveling to another location to conduct your Employer’s business other than your normal workplace. Business Travel starts from the time you leave your place of residence to commence your Employer’s business and continues until you return to your place of residence. Business Travel does not include [salespeople who regularly travel to conduct the Employer’s business,] Personal Deviations, or your vacation.

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Personal Deviation means an activity that is not reasonably related to your Employer's business and not incidental to the business trip.

[Your place of residence will change to the location of the Business Travel if your stay at that location exceeds [60 days].]

[SEAT BELT BENEFIT

What is the Seat Belt Benefit?

If [your] [an Insured Person's] loss of life occurs as a result of an automobile accident and [you were] [the Insured Person was] wearing a seat belt at the time of the accident, an additional Seat Belt Benefit is payable. This Seat Belt Benefit is [the lesser of [100% of] the amount of [Basic] Accidental Death Benefit payable, or] [\$50,000].

Sun Life must receive satisfactory written Proof that [your] [the Insured Person's] death resulted from an automobile accident and that [you were] [the Insured Person was] wearing a seat belt at the time of the accident. A copy of the police report is required.

[AIR BAG BENEFIT

What is the Air Bag Benefit?

[If [your] [an Insured Person's] loss of life occurs as a result of an Automobile accident, [you were] [the Insured Person was] wearing a Seat Belt and [you were] [the Insured Person was] positioned in a seat protected by a Supplemental Restraint System which inflated on impact, an additional Air Bag Benefit is payable. The Air Bag Benefit is [the lesser of [25%] of the amount of [Basic] Accidental Death Benefit payable, or] [\$5,000].

Sun Life must receive satisfactory written Proof that [your] [the Insured Person's] death resulted from an automobile accident and that the Supplemental Restraint System properly inflated. A copy of the police report is required.]

[Seat Belt means a properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.]

[Supplemental Restraint System means a factory installed air bag which inflates for added protection to the head and chest areas.]

[Automobile means a motor vehicle licensed for use on public highways.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

[HELMET BENEFIT

What is the Helmet Benefit?

If [your] [an Insured Person's] loss of life occurs as a result of a Motorcycle accident, [you were] [the Insured Person was] wearing a Helmet and the driver of the Motorcycle held a valid driver's license with a Motorcycle endorsement, an additional Helmet Benefit is payable.

The Helmet Benefit is [50% of] the amount of [Basic] Accidental Death Benefit payable, or [\$25,000], whichever is less.]

Sun Life must receive satisfactory written Proof that [your] [the Insured Person's] death resulted from a Motorcycle accident and that [you were] [the Insured Person was] wearing a Helmet at the time of the accident. A copy of the police report is required.

Helmet means a protective head covering made of a hard material to resist impact and which is approved by the American National Safety Institute (ANSI) and/or Snell.

Motorcycle means a motor vehicle licensed for use on public highways which requires a Motorcycle endorsement on a driver's license to operate the vehicle.]

[DISAPPEARANCE BENEFIT

What happens if I [or my Dependent [spouse]] Disappears?

Sun Life will presume, subject to no objective evidence to the contrary, that [you are] [the Insured Person is] dead and death is a result of an Accidental Bodily Injury if:

- [you disappear] [the Insured Person disappears] as a result of an accidental wrecking, sinking or disappearance of a [public] conveyance in which [you were] [the Insured Person was] known to be a [fare-paying] passenger; and
- [your] [the Insured Person's] body is not found within [365 days] after the date of the conveyance's disappearance.

[Sun Life will not presume death if [you were] [the Insured Person was] a pilot or a crew member of the [public] conveyance.]]

[COMMON ACCIDENT BENEFIT

What is the Common Accident Benefit?

If you and your Dependent spouse both die as a result of a Common Accident within [365 days] of the date of that accident, a Common Accident Benefit is payable.

The Common Accident Benefit will increase your Dependent spouse's death benefit to equal your amount of [Optional] Accidental Death Benefit payable or [\$100,000], whichever is less.

Common Accident means the same accident or separate accidents occurring within a [24 hour] period.

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

If an [Optional] Accidental Death Benefit is not payable for both you and your Dependent spouse, no Common Accident Benefit is payable. [If you do not have a Dependent child, no Common Accident Benefit is payable.] [If you do not have a Dependent child, [\$1,000] will be payable to your estate.]

[FELONIOUS ASSAULT BENEFIT

What is the Felonious Assault Benefit?

If you die or lose a limb as a result of a felonious assault while at your Employer's place of business or while traveling on business for your Employer, an additional Felonious Assault Benefit is payable.

The Felonious Assault Benefit is [25% of] the [Basic] Accidental Death and Dismemberment Benefit payable or [\$25,000], whichever is less.

[The Felonious Assault cannot be inflicted by an Employee of the Employer [or a member of your family or household].]

[Your family includes your spouse, child, parent, brother, sister, [your spouse's child, parent, brother or sister] [or your current or previous spouse, girlfriend or boyfriend].]

[Your household includes any person residing with you whether or not related to you by blood or marriage.]

Felonious Assault means an action that would be characterized as a felony in the jurisdiction where the assault occurred.]

[SURGICAL REATTACHMENT BENEFIT

What is the Surgical Reattachment Benefit?

If [you have] [an Insured Person has] a limb severed and an [Optional] Accidental Dismemberment Benefit would normally have been payable under the Group Policy, but [you have] [the Insured Person has] the limb surgically reattached, a Surgical Reattachment Benefit will be payable.

The Surgical Reattachment Benefit is [25% of] the [Optional] Accidental Death and Dismemberment Benefit shown in the Benefit Highlights or [\$5,000], whichever is less.

What happens if the Surgical Reattachment fails?

If the surgical reattachment fails, or [you have] [the Insured Person has] complete loss of use of the limb within [365 days] of the reattachment, [you] [the Insured Person] will receive the balance of any [Optional] Accidental Dismemberment Benefit payable for that limb if Proof of the reattachment failure or loss of use is received by Sun Life.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

[COMA BENEFIT

What is the Coma Benefit?

If, while insured, you [or your Dependent spouse] suffer[s] an Accidental Bodily Injury that results in your [or your Dependent spouse] being in a coma for at least [31 days], a Coma Benefit will be payable.

The Coma Benefit is payable [for 100 months in equal monthly installments] based on your [or your Dependent spouse's] amount of [Optional] Accidental Death and Dismemberment insurance shown in the Benefit Highlights at the time of the accident [reduced by any amount previously payable as a result of the same accident].

When does the Coma Benefit cease?

The Coma Benefit will cease to be payable when:

- you [or your Dependent spouse] regain consciousness;
- you [or Dependent spouse] die; or
- [100 monthly installments] have been paid.

What happens if I [or my Dependent spouse] die while in a coma?

If you [or Dependent spouse] die without regaining consciousness, your [or your Dependent spouse's] remaining [Optional] Accidental Death and Dismemberment Benefit (if any) will be payable.

Sun Life will require [monthly] Proof of the continuance of your [or Dependent spouse's] coma, but after [one year] Sun Life will not ask for Proof more often than [twice a year].]

[REPATRIATION BENEFIT

What is the Repatriation Benefit?

If [your] [an Insured Person's] accidental death occurs at least [100 miles] from [your] [an Insured Person's] permanent place of residence, a Repatriation Benefit will be payable if an [Optional] Accidental Death Benefit is payable. The Repatriation Benefit will reimburse the Executor or Administrator of [your] [the Insured Person's] estate for the reasonable and customary expenses incurred for the preparation of the body and its transportation to the place of burial or cremation up to a maximum benefit of [\$2,000] [, or [\$4,000] if [you are] [the Insured Person is] insured for Optional AD&D Insurance]. Written Proof of the expenses incurred must be submitted to Sun Life prior to payment.]

[FAMILY TRAVEL BENEFIT

What is the Family Travel Benefit?

If [you receive] [an Insured Person receives] an Accidental Bodily Injury and as a result [you die or are] [the Insured Person dies or is] hospitalized [for 3 or more consecutive days], a Family Travel Benefit will be payable. Death or hospitalization must occur at least [100 miles] from [your] [the Insured Person's] place of residence.

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

The Family Travel Benefit will pay for [one] member of [your] [the Insured Person's] family to travel to:

- [your] [the Insured Person's] bedside within [72 hours] of the date of the accident; or
- make funeral arrangements.

[Your] [The Insured Person's] family member means a spouse, child, parent, brother or sister.

[No Family Travel Benefit is payable if an [Optional] Accidental Death or Accidental Dismemberment Benefit is not payable.]

What types of expenses are reimbursed under the Family Travel Benefit?

The Family Travel Benefit reimburses the family member for the family member's hotel expenses [meals] and method of transportation expenses.

The Family Travel Benefit payable is the lesser of:

- the usual and reasonable expenses for the hotel room, [meals] and method of transportation; or
- the actual expenses for the [hotel room, [meals] and method of transportation]; or
- [\$1,000] [, or [\$2,000] if the Insured Person is insured for [Optional] AD&D Insurance].

Method of transportation must be the most direct route to and from the hospital or where funeral arrangements need to be made. If the family member travels by automobile, Sun Life will reimburse at [the current mileage reimbursement rate allowable by the IRS].

Sun Life must receive receipts for the family member's expenses prior to payment of a Family Travel Benefit.

Expenses for air transportation will be limited to the lesser of the normal coach fare or the medical emergency ticket fare.]

[HOME ALTERATION OR VEHICLE MODIFICATION BENEFIT

What is the Home Alteration or Vehicle Modification Benefit?

If [you receive] [an Insured Person receives] an [Optional] Accidental Death and Dismemberment Benefit under the Group Policy for:

- the loss of both feet or legs; or
- the loss of both hands or arms; or
- [- the loss of sight; or]
- Quadriplegia, Paraplegia or Hemiplegia;

a Home Alteration or Vehicle Modification Benefit will be payable.

What types of expenses are reimbursed under the Home Alteration and Vehicle Modification Benefit?

The Home Alteration or Vehicle Modification Benefit is payable for the out-of-pocket reasonable and necessary expenses incurred within [3 years] of the date of [your] [the Insured Person's] loss for:

- the cost of alterations of [your] [the Insured Person's] principal residence; or
- the cost of modification to [one] motor vehicle utilized by [you] [the Insured Person] when such modification is approved by licensing authorities where required.

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

The Home Alteration or Vehicle Modification Benefit is the lesser of:

- [the actual expenses incurred for the modification or alteration reduced by any reimbursement [you receive] [the Insured Person receives] from other sources; or
- the reasonable and necessary expenses for the modification or alteration reduced by any reimbursement [you receive] [the Insured Person receives] from other sources; or
- [50% of the [Basic] Accidental Dismemberment Benefit payable [plus 50% of the [Optional] Accidental Dismemberment Benefit payable]; or
- [\$5,000] [, or [\$10,000] if the Insured Person is insured for [Optional] AD&D Insurance].

Proof of the expenses incurred to modify [your] [the Insured Person's] residence or vehicle must be submitted to Sun Life, prior to payment. The Home Alteration or Vehicle Modification Benefit is payable once per person's lifetime.

[Reasonable and necessary expenses means the average cost of the alteration or modification charged by most contractors in the locality where [you reside] [the Insured Person resides].]

[BEREAVEMENT COUNSELING BENEFIT

What is the Bereavement Counseling Benefit?

A Bereavement Counseling Benefit is payable for up to [12 months] of an Immediate Family Member's period of bereavement if [you die] [an Insured Person dies] and an [Basic] Accidental Death Benefit is payable under the Group Policy.

Immediate Family Member means you, your spouse or your child under age [21] [or age [24] if a full-time student].

What expenses are reimbursed under the Bereavement Counseling Benefit?

The Bereavement Counseling Benefit is the Immediate Family Member's incurred expenses for counseling [reduced by any reimbursement the Immediate Family Member receives for counseling from other sources].

The Maximum Bereavement Counseling Benefit payable is [\$250 per Immediate Family Member, to a maximum of [\$1,000] [, or \$2,000] per [insured's] [Insured Person's] death if the Employee is insured for [Optional] AD&D Insurance].

Written Proof of the actual out of pocket counseling expenses incurred must be submitted to Sun Life prior to payment.]

[REHABILITATIVE TRAINING BENEFIT

What is the Rehabilitative Training Benefit?

If you receive a [n] [Basic] Accidental Dismemberment Benefit under the Group Policy, you are eligible to receive a Rehabilitative Training Benefit.

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Rehabilitative Training means any occupational training which is required due to your Accidental Bodily Injury payable under the Group Policy.

What is the amount payable for the Rehabilitative Training?

The Rehabilitative Training Benefit is the lesser of:

- [\$5,000] [, \$10,000] if [you are] [the Insured Person is] insured for Optional AD&D Insurance]; or
- [50% of] the amount of [Basic] Accidental Dismemberment Benefit payable [plus [50% of] the amount of [Optional] Accidental Dismemberment Benefit payable]; or
- your actual Expense Incurred for Rehabilitative Training [reduced by any amount you receive from other sources].

Expense Incurred means your actual out-of-pocket cost for:

- the Rehabilitative Training; and
- the materials necessary for the Rehabilitative Training.

The Rehabilitative Training expenses must be incurred within [2 years] following the date of the accident that caused your Accidental Bodily Injury. Sun Life must receive written Proof of Expenses Incurred prior to payment of the Rehabilitative Training Benefit.]

[DEPENDENT [CHILD] EDUCATION BENEFIT

What is the Dependent [Child] Education Benefit?

If you die and a [n] [Basic] Accidental Death Benefit is payable under the Group Policy, your Dependent [child] may be eligible for a Dependent Education Benefit.

[What is the Education Benefit for my Dependent child?

A Dependent child is eligible for an Education Benefit if the Dependent child enrolls as a full-time student at a post-secondary school before reaching age [24] and within [one year] after your date of death.

The annual Dependent Child Education Benefit is the lesser of:

- Incurred Expenses; or
- [\$5,000] [, or \$10,000] if [you are] [the Insured Person is] insured for [Optional] AD&D Insurance]; or
- [5%] of your amount of [Basic] Accidental Death Benefit payable [plus [5%] of your amount of [Optional] Accidental Death Benefit payable].

The Dependent Child Education Benefit is payable [at the end of each semester] per Dependent child, for a maximum of [four consecutive years] per child. Proof of the child's enrollment and Incurred Expenses are required each [semester] prior to payment of the benefit.

Incurred Expenses include tuition, fees, cost of books, room and board, transportation and any other costs paid directly to the school.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)]

[What is the Education Benefit for my Dependent spouse?

A Dependent spouse is eligible for an Education Benefit if the Dependent spouse enrolls in any school for the purpose of retraining or developing skills needed for employment within [1 year] after your date of death.

The Dependent spouse's Education Benefit is [equal to the expenses paid directly to such school or] [\$3,000] [, or [\$10,000] if [you are] insured for Optional AD&D Insurance, whichever is less]. Proof of enrollment and expenses are required prior to payment of the benefit.]]

[CHILD CARE BENEFIT

What is the Child Care Benefit?

If you [die] [or your Dependent spouse dies] and a [n] [Basic] Accidental Death Benefit is payable under the Group Policy, a Child Care Benefit is payable if:

- your Dependent child is enrolled in a legally licensed Child Care Center on the date of the accident; or
- your Dependent child enrolls in a legally licensed Child Care Center within [365 days] after your [or your Dependent spouse's] death; and
- your Dependent child is under age [13].

What is the amount of the Child Care Benefit?

The Child Care Benefit is [the lesser of:

- the actual cost charged by the Child Care Center per year; or
- [\$3,000] [or \$6,000] if the [Insured Person] is insured for [Optional] AD&D Insurance; or
- [5%] of your [or your Dependent spouse's] [Basic] Accidental Death Benefit payable, [plus [5%] of your [or your Dependent spouse's [Optional] Accidental Death Benefit payable].]

The Child Care Benefit is payable each year [for a maximum of [4 years] per Dependent child or until the child attains age [13], whichever is less]. The Child Care Benefit is payable upon receipt of satisfactory Proof of paid expenses and that your Dependent child is enrolled in a legally licensed Child Care Center.

Child Care expenses do not include:

- expenses incurred prior to your [or your Dependent spouse's] death; or
- charges for room and board; or
- charges for ordinary living, traveling or clothing expenses.

Child Care Center means a provider that is duly licensed, certified or accredited by the jurisdiction in which it is located, is run according to the laws and regulations applicable to child care facilities and which provides child care and supervision for children in a group setting on a regular basis. Child Care Center does not include a Hospital, the child's home or care provided during the child's normal school hours.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

[PERMANENT TOTAL DISABILITY BENEFIT

What is the Permanent Total Disability Benefit?

If you become Permanently Totally Disabled, you may be eligible to receive part of your [Basic] Accidental Death and Dismemberment Insurance as a Permanent Total Disability Benefit if:

- within [365 days of the accident] you have a Permanent Total Disability that is a result of an Accidental Bodily Injury payable under the Group Policy [; and
- you have been continuously Permanently Totally Disabled for at least [12 consecutive months]].

You must apply for Permanent Total Disability Income Benefits no later than [12 months] after you cease to be Actively at Work. Proof of Claim is required no later than [15 months] after you cease to be Actively at Work. Sun Life has the right to designate a Physician to examine you prior to payment of the Permanent Total Disability Benefit.

What is the amount of the Permanent Total Disability Benefit?

The Permanent Total Disability Benefit is based on your amount of [Basic] Accidental Death and Dismemberment Insurance in force on the date prior to your Accidental Bodily Injury. The [monthly] Permanent Total Disability Benefit payable will be the lesser of:

- [1%] of the [Basic] Accidental Death and Dismemberment Insurance in force on the date of your Accidental Bodily Injury; and
- [\$2,000];

reduced by any amount previously paid for your same Accidental Bodily Injury.

[The Permanent Total Disability Benefit is payable [monthly for 60 months] [as a single lump sum payment.]

When does my Permanent Total Disability Benefit cease?

Your Permanent Total Disability Benefit ceases on the earliest of:

- the date you cease to be Permanently Totally Disabled;
- the date the amount of [Basic] Accidental Death and Dismemberment Benefit has been exhausted;
- the date all Permanent Total Disability Benefits have been paid;
- the date you fail to furnish any required Proof that you continue to be Permanently Totally Disabled;
- the date you fail to submit to any required Examinations;
- [- any period during which you are not under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition;]
- [- the date you retire;]
- [- the date you attain age [70];]
- the date you die.

[You are deemed to be retired when you receive [any compensation from a Retirement Plan of your Employer.]]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

[CRITICAL BURN BENEFIT

What is the Critical Burn Benefit?

Sun Life will pay a Critical Burn Benefit if you are Critically Burned due to an accident and require reconstructive surgery.

The Critical Burn Benefit is the lesser of:

1. the actual cost for the expense of the reconstructive surgery; or
2. [5%] of your [Basic] AD&D [plus [5%] of your [Optional] AD&D Insurance; or
3. [\$5,000] [or [\$10,000] if [you are] [the Insured person is] insured for [Optional] AD&D Insurance].

Benefits are payable when Sun Life receives Proof that you require reconstructive surgery due to being Critically Burned from an accident.

[No benefit is payable for any loss from the same accident which has been paid to you under the Accidental Death and Dismemberment Benefit.]

Critically Burned means that you have suffered burns which:

1. are certified by a Physician as more severe than second degree burns; and
2. result in scarring over at least [25%] of your body which will last indefinitely and can only be corrected through reconstructive surgery.]

[LINE OF DUTY BENEFIT

What is the Line of Duty Benefit?

Sun Life will pay a Line of Duty Benefit if you meet all of the following requirements:

1. You are a Public Safety Officer; and
2. You suffer a loss for which an AD&D benefit is payable; and
3. The loss is the result of a Line of Duty Accident.

The Line of Duty Benefit is [the [lesser] of:]

- [- [100%] of the amount [Basic] Accidental Death and Dismemberment Benefit payable] [; plus
- [100% of the amount of [Optional] Accidental Death and Dismemberment Benefit payable]; or
- [- [\$50,000].]

[Public Safety Officer means an employee whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes [police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

[Line of Duty Accident] means an accident, including accidental exposure to adverse weather conditions that occurs while you are taking any action which by rule, regulation, law, or condition of your employment you are obligated or authorized to perform as a Public Safety Officer. Line of Duty Accident includes an accident that occurs while you are on duty at a social, educational, ceremonial or athletic function to which you have been assigned, or for which you are paid as a Public Safety Officer.]

[WAIVER OF PREMIUM PROVISION

What is the Waiver of Premium Provision?

If you become Totally Disabled while insured, the Waiver of Premium Provision may continue your [Basic] AD&D Insurance without any further payment of premiums by [you] [or your Employer].

When am I eligible for the Waiver of Premium Provision?

You are eligible if Sun Life receives Notice and Proof of Claim that you became Totally Disabled:

- while insured; and
- [on or after] [before] your [60th] birthday; and]
- [before your [70th] birthday; and]
- [before you retire;] [and
- your Total Disability has continued for at least [9 months] (the Elimination Period).]

[Premium payment is required during your Elimination Period.]

You must apply for Waiver of Premium no later than [12 months] after you become Totally Disabled.

[What is the amount of [Basic] AD&D Insurance that is continued under the Waiver of Premium Provision?

[For Total Disabilities that begin before age [60]] Sun Life will continue the amount of your [Basic] AD&D Insurance in force on the last day you were Actively at Work. [This amount is subject to the same [reductions or terminations] [at specified ages and/or at retirement] that would have been applicable had you not become Totally Disabled.

[For Total Disabilities that begin on or after age [60] but before age [70]] Sun Life will continue the amount of your [Basic] AD&D Insurance in force on the last day you were Actively at Work for a period up to [1 year]. [This amount is subject to the same [reductions or terminations] [at specified ages and/or at retirement] that would have been applicable had you not become Totally Disabled.]

[If you have Dependent [Basic] AD&D Insurance, the premium will [not] [also] be waived for that benefit.]

[What if I die during the Elimination Period?

If you die during the [9 month] Elimination Period, a death benefit will be paid to your Beneficiary if Sun Life receives Proof of Claim that you had been continuously Totally Disabled from the date you last worked until the date you died.

The death benefit is the amount of your [Basic] AD&D Insurance in force on the day before you became

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

Totally Disabled.]

[What happens if the Group Policy terminates during my Elimination Period?

[You must continue to pay premium to Sun Life to continue your amount of [Basic] AD&D Insurance until your Waiver of Premium is approved.] [If your Waiver of Premium is approved, a refund of premium will be given back to your first date of Total Disability.]

When does my Waiver of Premium cease?

Your Waiver of Premium ceases on the earliest of:

- the date you are no longer Totally Disabled.
- the date you do not provide Proof that you continue to be Totally Disabled.
- the date you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- the date you do not submit to an examination by a Physician of Sun Life's choice.
- [the date you reach age [70]] [if your Total Disability began before you reached age [60] [, unless you are eligible for Retiree AD&D Insurance].]
- [the first anniversary after your Total Disability began] [for Total Disabilities that begin on or after you reach age [60]].]
- [the date you retire] [, unless you are eligible for Retiree AD&D Insurance].]

[For the purposes of this Waiver of Premium Provision, you are considered retired when you receive any compensation from a Retirement Plan of your Employer, [or when you reach age [70], whichever is earlier.] [A plan of deferred compensation is not considered to be a Retirement Plan].]

If your Waiver of Premium ceases and you do not return to work with your Employer, your [Optional] AD&D Insurance will terminate.

EXCLUSIONS

What are the Exclusions?

No [Basic] AD&D benefit will be payable for [your] [an Insured Person's] loss that is due to or results from:

- suicide while sane or insane.
- intentionally self-inflicted injuries.
- bodily or mental infirmity or disease of any kind, or an infection unless due to an accidental cut or wound.
- [- [your] [an Insured Person] committing or attempting to commit a [n] [assault,] felony [or other criminal act].]
- [- [your] [an Insured Person's] active participation in a war (declared or undeclared) or [your] [an Insured Person's] active duty in any armed service during a time of war.]
- [- [your] [an Insured Person's] active Participation in a Riot, Rebellion, or Insurrection.]
- [- injury for which [you are] [an Insured Person is] entitled to benefits under any Workers' Compensation, Occupational Disease or similar law.]
- [- injury sustained while [you are] [an Insured Person is] doing any act or thing pertaining to any occupation or employment for wage or profit.]

[This exclusion will not apply if [you are] [the Insured Person is] a partner or a sole proprietor and cannot be covered by law under any Workers' Compensation, Occupational Disease or any similar law.]

BENEFIT PROVISIONS

[EMPLOYEE [AND DEPENDENT] [SPOUSE] [BASIC] ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

- [- injury sustained from any aviation activities, other than [your] [an Insured Person] traveling on business for the Employer [in the Employer's corporate aircraft as a passenger [or crew member,]] [or riding as a fare-paying passenger] [and other than riding in a life saving medevac or similar medical air transport service].]
- [- [your] [an Insured Person's] 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 taken as prescribed.]
- [- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a physician, or while intoxicated.]

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, [automobiles, motorcycles, boats and snowmobiles].]

[CONTINUITY OF COVERAGE

What happens when my Employer transfers insurance coverage to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on [January 1, 2009 [or your Employer's Effective Date as shown in Attachment A, if applicable,]] you will be insured if:

1. you were insured under the prior insurer's group AD&D policy at the time of transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer's group AD&D policy.

Any [Basic] AD&D benefit payable will be the lesser of:

- the [Basic] AD&D benefit payable under the Group Policy; or
- the [Basic] AD&D benefit payable under the prior insurer's group AD&D policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.]]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

What is the Short Term Disability Benefit?

Short Term Disability Benefits (STD) partially replace your income if you become Totally [or Partially] Disabled while insured.

When do STD benefits become payable?

Sun Life will pay a weekly STD benefit after the end of your Elimination Period, if Sun Life receives Proof that you are:

- Totally Disabled due to an Injury or Sickness; or
- [- Partially Disabled due to [the same] [an] Injury or Sickness [that caused Total Disability], [within [14 days] of the end of the period during which you receive Total Disability Benefits; and]
- under the regular and continuing care of a Physician that provides appropriate treatment by means of examination and testing in accordance with your disabling condition; and
- not engaged in any occupation or employment for wage or profit [other than Partial Disability employment] [with your Employer].

What conditions must be met for STD benefits to continue?

Sun Life will pay you an STD benefit, up to the Maximum Benefit Period, if you provide Proof that you continue to be Totally [or Partially] Disabled and you still require the regular and continuing care of a Physician. You need to provide Proof when Sun Life asks for it, but the Proof is at your expense.

How is the STD benefit calculated?

If you are Totally Disabled, your weekly STD benefit will be calculated based on the Total Disability Benefit formula. [If you are Partially Disabled, your weekly STD benefit will be calculated based on the Partial Disability Benefit formula. You need to provide Sun Life with Proof of your weekly earnings on a monthly basis.]

What is the Total Disability Benefit formula?

To determine your Total Disability Benefit:

[1.] Take [the lesser of:]

- [a. your Total Weekly Earnings multiplied by the Benefit Percentage [you elected] (shown in the Benefit Highlights); or
- b.] the Maximum Weekly Benefit [you elected] (shown in the Benefit Highlights); [then]
- [c. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over the Guaranteed Issue Amount that Sun Life has approved your Evidence of Insurability; then]

[2. Subtract Other Income Benefits from the amount determined in Step 1.]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

[What is the Partial Disability Benefit formula?

[If you return to work in your Own [Occupation] [Job] [or another occupation] and you are earning more than [20%] of your Total Weekly Earnings, an STD benefit will be paid.]

To determine your Partial Disability Benefit:

[Take the lesser of:

1. [[50%] of your Total Disability Benefit; or]
2. your Total Weekly Earnings less [your Partial Disability employment earnings] [and Other Income Benefits].]

[A Total Disability Benefit will be paid if you are earning [20%] or less of your Total Weekly Earnings.]

[To determine your Partial Disability Benefit [for the first [13 weeks] of your Partial Disability]:]

1. calculate the STD benefit you would receive if you were Totally Disabled; then
add your [Disability Earnings] [earnings from employment] [plus your income received from Other Income Benefits] to your Total Disability Benefit.
2. if this sum is more than [100%] of your Total Weekly Earnings, subtract the amount in excess of [100%] [of your Total Weekly Earnings] from your Total Disability Benefit. This result is your Partial Disability Benefit; or
if the sum is less than [100%] of your Total Weekly Earnings, your Total Disability Benefit is your Partial Disability Benefit.]

[A Total Disability Benefit will be paid if you are earning [20%] or less of your Total Weekly Earnings.]

[If you continue to be Partially Disabled after [13 weeks] of Partial Disability Benefits, your Partial Disability Benefit will be recalculated based on the following formula:]

[If you return to work in your Own [Occupation] [Job] [or another occupation] and you are earning more than [20%] of your Total Weekly Earnings, an STD benefit will be paid. The following proportionate loss formula will be used to determine your STD benefit:]

[(A divided by B) multiplied by C

where:

A = your Total Weekly Earnings minus your weekly earnings received from your employment.

B = your Total Weekly Earnings.

C = your Total Disability Benefit.

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

[A Total Disability Benefit will be paid if you are earning [20%] or less of your Total Weekly Earnings.]

[After [12 weeks] of Partial Disability Benefits have been paid, you will continue to receive a Partial Disability Benefit if you continue to be Partially Disabled and earn more than [20%] of your Total Weekly Earnings. The higher result of the following proportionate loss formula and [50%] benefit formula will be used to determine the Net Weekly Benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = your Total Weekly Earnings minus your weekly Disability Earnings.

B = your Total Weekly Earnings.

C = your Total Disability Benefit.

[50%] Benefit Formula

The Total Disability Benefit will be reduced by [50%] of your weekly Disability Earnings.

[If the sum of your Partial Disability Benefit, your weekly Disability Earnings and Other Income Benefits exceeds [100% of] your Total Weekly Earnings, your Partial Disability Benefit will be further reduced by the excess amount.]]

[OTHER INCOME BENEFITS

What are Other Income Benefits?

Other Income Benefits are those benefits provided [or available] to you while your weekly STD benefit is payable. These Other Income Benefits [, other than retirement benefits,] must be provided to you as a result of the same Total [or Partial] Disability payable under the Group Policy. Other Income Benefits include:

- [1. The amount [you are eligible for] [paid to you] under:
 - [a. Workers' Compensation Law; or]
 - [b. Occupational Disease Law; or]
 - [c. Unemployment Compensation Law; or]
 - [d. Compulsory Benefit Act or Law; or]
 - [e. an automobile insurance policy providing disability wage loss benefits; or]
 - [f. any other act or law of like intent.]]
- [2. The Railroad Retirement Act [(including any dependent benefits)].]
- [3. Any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer.]
- [4. Any disability income benefits [you are eligible for] [paid to you] under:
 - a. any other group plan of your Employer [, except for one or more individual disability insurance policies for which you are the policyholder, owner or beneficiary where premiums are wholly or

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

partially paid by your Employer];

- [b. One or more individual disability insurance policy (ies) for which you are the policyholder, owner or beneficiary where premiums are wholly or partially paid by your Employer, except that for purposes of this subparagraph 4(b), Other Income Benefits includes only the amount of such benefits which, when combined with your Net Weekly Benefit, [and] Other Income Benefits [and your Disability Earnings], exceeds [100%] of your Total Weekly Earnings. The amount in excess of [100%] of your Total Weekly Earnings will be used to reduce the Net Weekly Benefit.];
 - c. any governmental retirement system as a result of your job with your Employer.]
- [5. The benefits you receive under your Employer's Retirement Plan as follows:
- a. any disability benefits;
 - b. the Employer-paid portion of any Retirement Benefits.

Disability benefits that reduce your accrued retirement benefit will be treated as a retirement benefit. Retirement benefits do not include any amount rolled over or transferred to any other retirement plan as defined in Section 402 of the Internal Revenue Code.]

[Retirement benefits do not include any amount you receive from any state or public retirement or disability plan including the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS).]

- [6. The disability [or retirement benefits] under the United States Social Security Act, [the Canada Pension Plan, the Quebec Pension Plan,] or any similar plan or act, as follows:]
- [a. Disability benefits you [are eligible to] receive;]
 - [b. [[50%] of any] Disability benefits your spouse, child or children [are eligible to] receive because of your Total [or Partial] Disability, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse.]
 - [c. Retirement benefits received by you;]
 - [d. [[50%] of any] Retirement benefits your spouse, child or children [are eligible to] receive because of your receipt of retirement benefits, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse.]

[If your Total [or Partial] Disability begins after your Social Security Normal Retirement Age, your Social Security Retirement Benefits will not apply if, prior to your Total [or Partial] Disability, you were already receiving Social Security Retirement Benefits.]

[For the first [12 months] following the first date your Total [or Partial] Disability begins, any disability benefits you or your dependent spouse, child or children receive from [Social Security] [or] [any Employer's retirement plan including [the Public Employees' Retirement System (PERS)] [or] [the State Teachers' Retirement System (STRS)]] will not be considered Other Income.]

- [7. The amount you receive from any accumulated sick leave [, vacation pay or any other paid time off].]
- [8. Any [accumulated sick leave or] salary continuation paid to you by your Employer [which causes your Net Weekly Benefit, plus Other Income Benefits and any [accumulated sick leave and] salary continuation, to exceed [100%] of your Total Weekly Earnings. The amount in excess of [100%] of

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

your Total weekly Earnings will be used to reduce your Net Weekly Benefit].]

- [9. Any amount due to income replacement or lost wages paid to you by compromise, settlement, or other method as a result of a claim for any Other Income Benefit. Such amount includes any amount received as a result of malpractice or similar litigation.]
- [10. Any amount you receive from a voluntary separation of employment agreement from your Employer, including severance pay or other income in settlement of an employment contract.]
- [11. Any amount you receive under any individual disability income policy [which causes your Net Weekly Benefit plus Other Income Benefits and the amount received under your individual disability policy to exceed [100%] of your Total Weekly Earnings. The amount in excess of [100%] of your Total Weekly Earnings will be used to reduce your Net Weekly Benefit].]
- [12. Any [renewal] commissions you receive from your Employer.]
- [13. Any amount you receive from a partnership, proprietorship or similar draws.]
- [14. Any disability benefits you receive from the Veterans Administration for the same disability, if you begin to receive these benefits after you become disabled under this STD plan.]
- [15. Any amount you receive from any paid employment [other than Partial disability employment with your Employer.]
- [16. Any amount you receive from any state or public retirement or disability plan, including the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS).

[Other Income Benefits will include any amount described above which would have been available to you had you applied for that benefit.]

[LUMP SUM PAYMENT

What if I receive payment of Other Income Benefits in a lump sum?

If you receive a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a weekly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a weekly basis over your expected lifetime as determined by Sun Life.]

[REQUIRED APPLICATION FOR OTHER INCOME BENEFITS

Am I required to apply for Other Income Benefits?

You must apply for any Other Income Benefits for which you may be eligible. If such benefits are denied, you must appeal the denial to all administrative levels that Sun Life deems necessary. Sun Life has the right to receive from you written documentation of your pursuit of Other Income Benefits.]

[SOCIAL SECURITY DISABILITY INCOME ASSISTANCE PROGRAM

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)

What is the Social Security Disability Income Assistance Program?

At your request, Sun Life will assist you (if appropriate) through the various levels of the Social Security claims process. Sun Life will assist you with your application and also through the appeals process.]

[ESTIMATED OTHER INCOME

Are any of my Other Income Benefits estimated?

Sun Life has the right to estimate the amount of any Other Income Benefits you are eligible to receive during your Total [or Partial] Disability, and to reduce the STD benefit payments by the estimated amount. Sun Life will estimate the amount if, at the time of calculating any STD benefit payments, the Other Income benefits you may be eligible to receive have not been awarded nor denied, or if the Other Income Benefits have been denied and are being appealed. This estimate will be used to reduce the amount of your weekly STD benefit payments until the Other Income Benefits have been awarded or denied. However, the estimate will not be used if you meet both of the following conditions:

- you have applied for the Other Income Benefits; and
- you agree to appeal any denials of Other Income Benefits to all administrative levels Sun Life deems necessary; and
- you complete and sign the Sun Life Reimbursement Agreement.]

[ADJUSTMENT OF BENEFITS

What happens when the Other Income Benefits have been awarded or have been denied?

You must notify Sun Life of the amount of Other Income Benefit when it is approved or adjusted (other than cost of living increases) or if it has been denied on final appeal. Sun Life will make an adjustment to the net weekly benefit when Sun Life receives written notice of the amount of the Other Income Benefit or when it has been denied. Written Notice must be sent within [31 days] after receipt of the Other Income Benefit award or denial.

If after Sun Life makes an adjustment your net weekly benefit has been underpaid, Sun Life will make a lump sum refund to you of the amount that has been underpaid.

If after Sun Life makes an adjustment your net weekly benefit has been overpaid, you must reimburse Sun Life the amount of the overpayment within [31 days] of the award. Sun Life has the option to reduce or eliminate future STD benefit payments instead of requiring reimbursement in a lump sum. [During the overpayment reimbursement period the minimum weekly benefit will not apply.]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

[COST OF LIVING FREEZE

What happens if I receive increases in my Other Income Benefits?

After the first deduction for each of your Other Income Benefits, Sun Life will not reduce your weekly STD benefit payments due to cost of living increases.] [This does not apply to any increase in earnings you receive from employment.]

[WAIVER OF PREMIUM

Am I required to pay premiums while I am Totally [or Partially] Disabled?

Sun Life will waive your STD premium payments during any period STD benefits are payable under the Group Policy. If the Group Policy is in force when your Total [or Partial] Disability ends, you will remain insured if you return to an Actively at Work status in an Eligible Class and your premium payments are resumed.]

[SURVIVOR BENEFIT

What happens to my STD benefit if I die?

[A Survivor Benefit equal to [3 times] your last Gross Weekly Benefit is payable in a lump sum to your Eligible Survivor if Sun Life receives satisfactory Proof that you died:

- after your Total [or Partial] Disability had continued for [[30] or more consecutive days]; and
- you were eligible to receive a weekly STD benefit.

[A Survivor Benefit equal to [66 2/3%] of your last full weekly STD benefit is payable to your Eligible Survivor for [12 weeks] if Sun Life receives satisfactory Proof that you died:

- after your Total [or Partial] Disability had continued for [14 or more consecutive days]; and
- you were eligible to receive a monthly STD benefit.

[If you do not have an Eligible Survivor [at any time during the [12 weeks],] no Survivor Benefit is payable.]]

[A Survivor Benefit is payable in a lump sum to your Eligible Survivor if Sun Life receives satisfactory proof that you died:

- after your Total [or Partial] Disability had continued for [14 or more consecutive days]; and
- you were eligible to receive a weekly STD benefit.

The benefit will be [calculated as follows:

1. Take the number of weeks shown in the Benefit Highlights for your Eligible Class and subtract the number of weeks paid to you; then
2. Multiply your last Gross Weekly Benefit by the result shown in Step 1.
3. This result will be paid to your Eligible Survivor in a lump sum.]

[Each day for which a benefit is payable will be equal to 1/7 of a week.]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)

[The benefit will be 3 times your last Gross Weekly Benefit.]

[Who are my Eligible Survivors?

- [- Your spouse, if living [including your [domestic partner] [or civil union partner]];
- [- Your unmarried child who, on the date of your death, is under age [18] [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation]];
- [- Your unmarried child who, on the date of your death, is under age [23] and is an enrolled full-time student, [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation.] [A full-time student includes your child who is attending college outside the United States.];
- [- Your unmarried child who, on the date of your death, is incapable of self-sustaining employment because of mental retardation, developmental disability or physical handicap, and depends on you for [50%] or more of the child's support as evidenced by your federal income tax return or other appropriate documentation.

[Child includes your unmarried step-child, [foster child] [, child under your legal guardianship] [, child of your domestic partner [or civil union partner,]] or adopted child, if the child [depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation] [, and is living with you in a regular parent-child relationship]. A child is considered adopted if the child is in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.]

How will the Survivor Benefit be paid?

The Survivor Benefit will be paid to your spouse [, domestic partner [or civil union partner], if living. If you do not have a spouse [, domestic partner [or civil union partner]] on the date of your death, the Survivor Benefit will be paid to your eligible surviving children in equal shares.

[If you do not have an Eligible Survivor, the Survivor Benefit will be payable to your estate.] [If an eligible survivor is a minor child, Sun Life may pay a benefit up to [\$1,000] as indicated in the Claim Provisions section. Such benefit may be payable to a custodian designated pursuant to the Uniform Transfers to Minors Act.]]

[TERMINATION OF SHORT TERM DISABILITY BENEFITS

When does my weekly STD benefit cease?

Your weekly STD benefit will cease on the earliest of:

- the date you are no longer Totally [or Partially] Disabled;
- the date you die;
- the end of your Maximum Benefit Period;
- the date you do not provide Proof that you continue to be Totally [or Partially] Disabled as requested;
- [the date you refuse to complete a rehabilitative assessment, or the date you cease to participate in the Sun Life approved Rehabilitation Program without Good Cause;]
- [the date on which you are incarcerated;]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

- [- the date your [Partial Disability employment earnings] [Disability Earnings] are more than [80%] of your Total Weekly Earnings; or]
- [- the date Sun Life determines you are able to perform all of the material and substantial duties of your Own [Occupation] [Job] on a Full-time Basis, even if you choose not to work.]

Full-time Basis means you are able or have the capacity to perform the Material and Substantial Duties of your Own [Occupation] [Job] for the number of hours you normally performed your Own [Occupation] [Job] prior to your Total [or Partial] Disability.]

[However, if you normally performed your Own [Occupation] [Job] on an average in excess of [40 hours] per week, Sun Life will consider you as being able to perform that requirement if you work or have the capacity to work [40 hours] per week.]

SUCCESSIVE PERIODS OF DISABILITY

What happens if I return to [full-time] work and become [Totally] Disabled again?

Sun Life will treat this new [Total] Disability as part of your prior Total [or Partial] Disability if you returned to work and were Actively at Work for less than:

- [two consecutive weeks], if due to the same or related causes;
- [one day], if due to an entirely unrelated cause.

You will not have to complete a new Elimination Period.

Your weekly STD benefit will be subject to the same terms and conditions applicable to the original Total [or Partial] Disability.

Your weekly STD benefit will not continue if:

- you become eligible for benefits under any other group STD policy; or
- the Group Policy terminates.

If your new [Total] Disability begins later than the time periods specified, you will need to complete a new Elimination Period.

[REHABILITATION SERVICES

What are the Rehabilitation Services?

If you become Totally [or Partially] Disabled, Sun Life may determine that you are a suitable candidate to receive vocational Rehabilitation Services. In order for you to be eligible for such services, you must have the functional capacity to successfully complete a Rehabilitation Program. These services include, but are not limited to:

- job modification;
- job placement;
- retraining;
- other activities reasonably necessary to help you return to work.

[Sun Life may require you to participate in a rehabilitation assessment or Rehabilitation Program at Sun Life's expense.] Sun Life will work with you, your Employer, your Physician and others, as appropriate, to develop

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)

a Rehabilitation Program.]

[You decide, with your Physician's approval, whether to participate in a Rehabilitation Program. Participation in a rehabilitation assessment or a Rehabilitation Program is at Sun Life's expense. Sun Life will work with you, your Employer, your Physician and others, as appropriate, to develop a Rehabilitation Program.]

Eligibility for vocational Rehabilitation Services is based on your education, training, experience and physical/mental capabilities. Sun Life determines whether you are eligible for vocational Rehabilitation Services.

[The Rehabilitation Program may, at Sun Life's sole discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you are participating in the Rehabilitation Program.]

Rehabilitation Program means a written agreement between you and Sun Life in which Sun Life agrees to provide, arrange or authorize vocational, physical or psychiatric rehabilitation services and you agree to participate in the Rehabilitation Program.

[What happens if I participate in a Rehabilitation Program?

If you participate in a Sun Life approved Rehabilitation Program, you will receive the greater of:

- your Benefit Percentage (as shown in the Benefit Highlights) multiplied by [1.05]; or
- your current net weekly benefit multiplied by [1.05].

To calculate the increased benefit:

1. Take your current Benefit Percentage and multiply that percentage by [1.05]. Then calculate your Total [or Partial] Disability Benefit including any deductions for Other Income Benefits.
2. Take your current net weekly benefit payable and multiply that number by [1.05]

The greater of 1 or 2 is the rehabilitation increased amount.

This increased amount will cease on the earliest of:

- the date you complete the Rehabilitation Program; or
- the date you cease to participate in the Rehabilitation Program [without Good Cause]; or
- the date your STD benefits cease; or
- [9 weeks] after your Rehabilitation Program began[.]

[What happens if I refuse Rehabilitation Services?

If you refuse to participate in your rehabilitation efforts or you refuse to participate or cease to participate in a Rehabilitation Program without Good Cause, your STD benefits will cease.]

[**Good Cause** means documented physical or mental impairments which prevent you from participating in or completing the Rehabilitation Program. Good Cause may also mean a necessary medical program which prevents or interferes with your participation in or completion of the Rehabilitation Program.]

LIMITATIONS

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

What are the Limitations?

No STD benefit will be payable to you for any Total [or Partial] Disability during any of the following periods:

- [- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.]
- [- any period you do not submit to any medical Examination [or clinical assessment] requested by Sun Life.]
- [any period you engage in any occupation or employment for wage or profit] [other than Partial Disability employment [with the Employer.]
- [- any period of your Total [or Partial] Disability that is due to Mental Illness unless you are under the continuing care of a specialist in psychiatric care.]
- [any period of your Total [or Partial] Disability that is due to Drug and Alcohol Illness, unless you are actively supervised by a Physician or Rehabilitation Counselor and are receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life.]
- [- any period during which you are incarcerated.]
- [- any period during which you are receiving vacation or holiday pay from your Employer. Any period of time for which you are receiving vacation or holiday pay during a period of Total [or Partial] Disability will not count towards the Maximum Benefit Period shown in the Benefit Highlights.]
- [- any period during which you would not receive regular pay from your Employer if you were not Totally [or Partially] Disabled. Any period during which benefits are suspended will not count towards the Maximum Benefit Period.]
- [- any period during which you would not receive regular pay from your Employer [if you are a [teacher] [contracted to work for a full school year].] (Any period during which benefits are suspended will not count towards the Maximum Benefit Period). [Teacher includes paraprofessionals, principals, vice-principals, custodians, social workers, school psychologists and other employees who are similarly employed with the Employer.]

[Pre-Existing Condition Limitation

A limited STD benefit may be payable if your disability is caused by or results from a pre-existing condition.

Pre-Existing Condition means during the [90 days] prior to your Effective Date of Insurance or the Effective Date of an increase in your amount of insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

EXCLUSIONS

What are the Exclusions?

No STD benefit is payable for any Total [or Partial] Disability that is due to:

- [- intentionally self-inflicted injuries;]
- [- war, declared or undeclared, or any act of war;]
- [- your active Participation in a Riot, Rebellion or Insurrection;]
- [- your committing or attempting to commit an assault, felony or other criminal act;]
- [- Injury or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease or similar law; or]
- [- Injury or Sickness sustained while you are doing any act or thing pertaining to any occupation for wage or profit.]
[This exclusion will not apply if you are a partner or a sole proprietor and cannot be covered by law under any Workers' Compensation, Occupational Disease or any similar law.]
- [- your 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 taken as prescribed.]
- [- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a physician, or while intoxicated.

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, [automobiles, motorcycles, boats and snowmobiles].]

- [- a Pre-Existing Condition. [This exclusion applies only to the first [12 months] after your Effective Date of Insurance [or the Effective Date of an increase in your amount of insurance].]

[Pre-Existing Condition means during the [90 days] prior to your Effective Date of Insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

[Pre-Existing Condition for increases in amounts of insurance means during the [90 days] prior to your Effective Date of any increase in your amount of insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

[Pre-Existing Condition Exclusion Exception

The Pre-Existing Condition Exclusion will not apply if your Total [or Partial] Disability begins later than

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

[12 months] after your Effective Date of Insurance [or later than [12 months] after your Effective Date of any increase in your amount of insurance].

[The Pre-Existing Condition Exclusion also will not apply to [the initial amount of insurance or for any subsequent increases] if you have been insured under the Group Policy for the immediately preceding [3 consecutive months] prior to your Total [or Partial] Disability and during that period you have not:

- received any medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- taken prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

[- any period of your Total [or Partial] Disability that is caused by, contributed to by, or resulting from a Pre-Existing Condition until you have performed the Material and Substantial Duties of your Own [Occupation] [Job] on a full-time basis for at least [5 consecutive days] after your initial Effective Date of Insurance [or for any subsequent increases in your amount of increase].

Pre-Existing Condition means any Injury or Sickness for which you have received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition within [30 days] prior to your initial Effective Date of Insurance [or for any subsequent increases in your amount of insurance].]

[However, the Pre-Existing Condition Exclusion for increases does not apply to cost of living, contract or periodic salary review increases.]

[To determine satisfaction of the above Pre-Existing Condition Exclusion, you will be given credit for the time you were insured under a previous group, blanket or employer STD plan, if your previous coverage was continuous to a date not more than [60 days] prior to your Effective Date of Insurance under the Group Policy. The credit shall apply to the extent that the previous coverage or level of benefits was substantially similar to the new coverage or level of benefits under the Group Policy.

Total or Partial Disability Benefits that would have otherwise been payable during a benefit period subject to a Pre-Existing Condition restriction will not be paid. Any remaining Total [or Partial] Disability Benefits will commence when the Pre-Existing Condition period ends.]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

[CONTINUITY OF COVERAGE

[What happens when my Employer transfers insurance coverage to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on [January 1, 2009] [or the Employer Effective Date as shown in Attachment A, if applicable], you will be insured if:

- you were insured under the prior insurer's group STD policy at the time of the transfer; and
- you are a member of an Eligible Class; and
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the prior insurer's group STD policy.]

If you continue to be not Actively at Work and subsequently become Totally [or Partially] Disabled on or after [January 1, 2009], any STD benefit payable will be the lesser of:

- the STD benefit payable under the Group Policy; or
- the STD benefit payable under the prior insurer's group STD policy, had it remained in force.

All other provisions of Sun Life's Group Policy will apply.]

[TOTAL OR PARTIAL DISABILITIES DUE TO A PRE-EXISTING CONDITION

Are Disabilities due to a Pre-existing Condition covered?

STD benefits may be payable if you become Totally [or Partially] Disabled on or after [January 1, 2009] due to a Pre-Existing Condition provided you were:

- insured under the [prior insurers group STD policy] at the time of transfer; and
- Actively at Work and insured under the Group Policy on [January 1, 2009].

Any benefit payable will be determined as follows:

1. if you have satisfied the Pre-Existing Condition Exception under the Group Policy, the STD benefit will be based on the Group Policy's benefit provision.
2. if you cannot satisfy the Pre-Existing Condition Exception under the Group Policy, the prior Employer's plan's pre-existing condition provision will be applied.
 - a. if you would have satisfied the prior insurer's pre-existing condition provision, considering time insured under both group policies, any benefit payable will be the lesser of:
 - i. the STD benefit payable under the Group Policy; or
 - ii. the STD benefit payable under the [prior insurer's group STD policy] had it remained in force.
 - b. if you cannot satisfy the Pre-Existing Condition Exception of the Group Policy or if the pre-existing condition provision [under the [prior insurer's group STD policy]] would apply, no STD benefit will be paid.]

[All other provisions of Sun Life's Group Policy will apply]

BENEFIT PROVISIONS

[SHORT TERM DISABILITY INCOME INSURANCE (STD)]

RECURRENT OR CONCURRENT CONDITION

Are Total [or Partial] Disabilities due to a Recurrent or Concurrent Condition Covered?

If you received a weekly Total [or Partial] Disability benefit under your Employer's prior STD plan and:

- you returned to work for the Employer as an active [Full-time] Employee prior to the [January 1, 2009]; and
- within [6 months] of your return to active [Full-time] employment, you become Totally [or Partially] Disabled due to a Recurrent Condition for which STD benefits were payable under your Employer's prior STD plan; or
- within [6 months] of your return to active [Full-time] employment you become Totally [or Partially] Disabled due to a Concurrent Condition for which STD benefits were payable under your Employer's prior STD plan; and
- you do not qualify for Total [or Partial] Disability benefits for your Recurrent or Concurrent Condition under your Employer's prior STD plan;

then you will not be required to satisfy a new Elimination Period under the Group Policy if Total [or Partial] Disability benefits would have been payable for your Recurrent or Concurrent Condition under your Employer's prior STD Plan, without having to satisfy any further Elimination Period if your Employer's prior STD plan had remained in force.

Any STD benefit payable will be the lesser of:

1. the STD benefit payable under the Group Policy, reduced by any STD benefit payable under your Employer's prior STD plan; or
2. the STD benefit that would have been payable under your Employer's prior STD plan had it remained in force, less any benefit payable under your Employer's prior STD plan.

Recurrent Condition means your Total [or Partial] Disability that is caused by a worsening in your condition and is due to the same cause as your prior Total [or Partial] Disability for which an STD benefit has been paid under your Employer's prior STD plan.

Concurrent Condition means your Total [or Partial] Disability is due to an Injury or Sickness unrelated to your prior Total [or Partial] Disability for which an STD benefit has been paid under your Employer's prior STD plan.

[All other provisions of Sun Life's Group Policy will apply.]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

What is the Long Term Disability Benefit?

Long Term Disability Benefits (LTD) partially replace your income if you become Totally [or Partially] Disabled while insured.

When do LTD benefits become payable?

Sun Life will pay a monthly LTD benefit after the end of your Elimination Period, if Sun Life receives Proof that you are:

- Totally [or Partially] Disabled due to an Injury or Sickness; [or
- Partially Disabled due to the same Injury or Sickness that caused Total Disability, [within [31 days] after Total Disability Benefits cease;]] and
- under the regular and continuing care of a Physician that provides appropriate treatment and regular examination and testing in accordance with your disabling condition.

What conditions must be met for LTD benefits to continue?

Sun Life will pay you an LTD benefit, up to the Maximum Benefit Period, if you provide Proof that you continue to be Totally [or Partially] Disabled, and you require the regular and continuing care of a Physician. You need to provide Proof when Sun Life asks for it, but the Proof is at your expense. You need to provide Sun Life with Proof of your monthly earnings on a [monthly] basis.

What is the Total Disability Benefit?

If you are Totally Disabled, your net monthly benefit will be calculated based on the Total Disability Benefit formula. You will qualify for this benefit if:

- you are not working or you are working but your Disability Earnings are less than [20%] of your [Indexed] Total Monthly Earnings; and
- [during your Elimination Period and the next [24 months],] you, because of your Injury or Sickness, [are unable to perform [one or more of] the Material and Substantial Duties of your Own Occupation.]

[After Total [or Partial] Disability LTD benefits [combined] have been paid to you for [24 months], you will continue to qualify for this benefit if you are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience.]

[After Total [or Partial] Disability LTD benefits [combined] have been paid to you for [24 months], you will continue to qualify for this benefit if you:

- are unable to safely and completely perform [2] or more Activities of Daily Living without another person's assistance or verbal cueing; or
- are Cognitively Impaired; and
- are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonable qualified by education, training or experience.]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

How is the Total Disability Benefit calculated?

To determine your Total Disability Benefit [for the first [12 months] of LTD benefit payments:]

- [1. Take the lesser of:
 - a. your Total Monthly Earnings multiplied by the Benefit Percentage [you elected] (shown in the Benefit Highlights); or
 - b. your Maximum Monthly Benefit [you elected] (shown in the Benefit Highlights) [; or
 - c. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved]; then
2. Subtract Other Income Benefits from the amount determined in Step 1.]

[To determine your Total Disability Benefit for the remaining LTD benefit payments:]

[Take the lesser of:

1. your Total Monthly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
2. your Total Monthly Earnings multiplied by the Integrated Benefit Percentage (shown in the Benefit Highlights) and subtract Other Income Benefits; or
3. your Maximum Monthly Benefit (shown in the Benefit Highlights) [; or
4. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved].]

[To determine your Total Disability Benefit for the remaining LTD benefit payments:]

[Take the lesser of:

1. your Total Monthly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights) and subtract Other Income Benefits other than Family Social Security; or
2. your Total Monthly Earnings multiplied by the Integrated Benefit Percentage (shown in the Benefit Highlights) and subtract Other Income Benefits including Family Social Security[; or
3. your Maximum Monthly Benefit (shown in the Benefit Highlights) [; or
4. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved].]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[To determine your Total Disability Benefit [for the first [30 months] of LTD benefit payments]:]

[1. Take the lesser of:

- a. your Total Monthly Earnings multiplied by the Benefit Percentage [you elected] for the first [30 months] of benefit payments] (shown in the Benefit Highlights)[and subtract Other Income Benefits]; or
- b. the Maximum Monthly Benefit [elected by the Employee] (shown in the Benefit Highlights) [; or
- c. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved]; then

[2. [Subtract Other Income Benefits from the amount determined in Step 1].]

[To determine your Total Disability Benefit [for LTD benefit payments after the first [30 months] of LTD benefit payments, if you are receiving benefits under Social Security Disability or Social Security Retirement plans or any other similar federal, state or municipal plan]:]

[1. Take the lesser of:

- a. your Total Monthly Earnings multiplied by the Benefit Percentage [you elected for the first [30 months] of benefit payments (shown in the Benefit Highlights); or
- b. your Maximum Monthly Benefit [you elected] (shown in the Benefit Highlights) [; or
- c. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved]; then

2. Subtract Other Income Benefits from the amount determined in Step 1.]

[To determine your Total Disability Benefit [for LTD benefit payments after the first [30 months] of LTD payments, if you are not receiving benefits under Social Security Disability or Social Security Retirement plans or any other similar federal, state or municipal plan]:]

[1. Take the lesser of:

- a. your Total Monthly Earnings multiplied by the Benefit Percentage for the remaining benefit payments (shown in the Benefit Highlights); or
- b. your Maximum Monthly Benefit [you elected] (shown in the Benefit Highlights) [; or
- c. the Guaranteed Issue Amount (shown in the Benefit Highlights) plus any amount of insurance over your Guaranteed Issue Amount that Sun Life has approved]; then

2. Subtract Other Income Benefits from the amount determined in Step 1.]

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[What happens if I am not receiving Social Security benefits after the first [30 months] of LTD benefit payments?

If you are unable to perform the Material and Substantial duties of any occupation after the first [30 months] of LTD benefit payments, but your claim for Social Security benefits or an alternative plan for federal, state or municipal employees has been denied because you have not worked long enough under these systems, your monthly benefit will be calculated based on the benefit percentage you elected for the first [30 months] of LTD disability payments.

If you are unable to perform the Material and Substantial duties of any occupation after the first [30 months] of LTD benefit payments, but your claim for Social Security benefits or an alternative plan for federal, state or municipal employees is still pending, you may receive monthly benefit payments based on the benefit percentage you elected for the first [30 months] of disability payments, until the earlier of the following:

- a. [12 months] following the initial [30 months] of LTD benefit payments; or
- b. the date on which the final decision on your claim for Social Security benefits or an alternative plan for federal, state or municipal employees has been made.]

[What is the Partial Disability Benefit?

If you are Partially Disabled, your net monthly benefit will be calculated based on the Partial Disability Benefit formula. You will qualify for this benefit if:

- you are working and have Disability Earnings of more than [20%] but less than [80%] of your [Indexed] Total Monthly Earnings; and
- [during your Elimination Period and the next [24 months],] [after at least one Total Disability Benefit has been paid and during the first [24 months] of Total or Partial Disability combined,] you, because of your Injury or Sickness, are unable to perform [one or more of] the Material and Substantial Duties of your Own Occupation.]

[[After Total or Partial Disability LTD benefits combined have been paid to you for [24 months], you will continue to qualify for this benefit if you] are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience and you have Disability Earnings of less than [60%] of your [Indexed] Total Monthly Earnings.]

What if there is a fluctuation in Disability Earnings?

If your Disability Earnings fluctuate, we may average your Disability Earnings over the most recent [three months] to determine if your claim should continue subject to all other terms and conditions under the Group Policy

How is the Partial Disability Benefit calculated?

[To determine your Partial Disability Benefit [for the first [12 months] of benefit payments]:

1. add your Disability Earnings and income received from Other Income Benefits to the Total Disability Benefit.
2. if this sum is more than [100%] of your [Indexed] Total Monthly Earnings, subtract the amount in excess of [100%] of your [Indexed] Total Monthly Earnings from your Total Disability Benefit. This result is your

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Partial Disability Benefit; or

3. if the sum is less than [100%] of your [Indexed] Total Monthly Earnings, your Partial Disability Benefit is your Total Disability Benefit.]

[If you continue to be Partially Disabled [after [12 months] of Partial Disability benefit payments], your Partial Disability Benefit will be recalculated based on the following formula:]

(A divided by B) multiplied by C

where:

A = your [Indexed] Total Monthly Earnings minus your monthly Disability Earnings.

B = your [Indexed] Total Monthly Earnings.

C = your Total Disability Benefit.

[After [24 months] of Partial Disability Benefits have been paid, you will continue to receive a Partial Disability Benefit if you continue to be Partially Disabled and earn more than [20%] of your [Indexed] Total Monthly Earnings. The higher result of the following proportionate loss formula and [50%] benefit formula will be used to determine the net monthly benefit:

Proportionate Loss Formula

(A divided by B) multiplied by C where:

A = your [Indexed] Total Monthly Earnings minus your monthly Disability Earnings

B = your [Indexed] Total Monthly Earnings

C = the Total Disability Benefit

[50%] Benefit Formula

The Total Disability Benefit will be reduced by [50%] of your monthly Disability Earnings.

[Take the lesser of:

1. [50%] of you Total Disability Benefit; or
2. your Total Monthly Earnings less Disability Earnings [and Other Income Benefits].]

[If the sum of your Partial Disability Benefit, your monthly Disability Earnings and Other Income Benefits exceeds [80% of] your [Indexed] Total Monthly Earnings, your Partial Disability Benefit will be further reduced by the excess amount.]]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[OTHER INCOME BENEFITS]

What are Other Income Benefits?

Other Income Benefits are those benefits provided or available to you while your monthly LTD benefit is payable. These Other Income Benefits, [other than retirement benefits,] must be provided to you as a result of the same Total [or Partial] Disability payable under the Group Policy. Other Income Benefits include:

- [1. The amount [you are eligible for] [paid to you] under:
 - [a. Workers' Compensation Law; or]
 - [b. Occupational Disease Law; or]
 - [c. Unemployment Compensation Law; or]
 - [d. Compulsory Benefit Act or Law; or]
 - [e. an automobile insurance policy providing disability wage loss benefits; or]
 - [f. any other act or law of like intent.]]
- [2. The Railroad Retirement Act [(including any dependent benefits)].]
- [3. Any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer.]
- [4. Any disability income benefits [you are eligible for] [paid to you] under:
 - a. any other group plan of your Employer [, except for one or more individual disability insurance policies for which you are the policyholder, owner or beneficiary where premiums are wholly or partially paid by your Employer];
 - b. One or more individual disability insurance policies for which you are the policyholder, owner or beneficiary where premiums are wholly or partially paid by your Employer, except that for purposes of this subparagraph 4(b), Other Income Benefits includes only the amount of such benefits which, when combined with your net monthly benefit, Other Income Benefits [and your Disability Earnings], exceeds [100%] of your [Indexed] Total Monthly Earnings. The amount in excess of [100%] of your [Indexed] Total Monthly Earnings will be used to reduce the net monthly benefit.];
 - c. any governmental retirement system as a result of your job with your Employer.]
- [5. The benefits you receive under your Employer's Retirement Plan as follows:
 - a. any disability benefits;
 - b. the Employer-paid portion of any Retirement Benefits.]

[Disability benefits that reduce your accrued Retirement Benefit will be treated as a retirement benefit. Retirement benefits do not include any amount rolled over or transferred to any other retirement plan as defined in Section 402 of the Internal Revenue Code.]

[Retirement benefits do not include any amount you receive from any state or public retirement or disability plan including Public Employees' Retirement System (PERS) or State Teachers' Retirement System (STRS).]
- [6. The disability [or retirement benefits] under the United States Social Security Act, [the Canada Pension Plan, the Quebec Pension Plan,] or any similar plan or act, as follows:]

BENEFIT PROVISIONS

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- a. Disability benefits you [are eligible to] receive;
- b. [[50%] of any] Disability benefits your spouse, child or children [are eligible to] receive because of your Total [or Partial] Disability, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse;]
- c. Retirement benefits received by you;
- d. [[50%] of any] Retirement benefits your spouse, child or children [are eligible to] receive because of your receipt of retirement benefits, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse.]

[If your Total [or Partial] Disability begins after your Social Security Normal Retirement Age, your Social Security Retirement Benefits will not be offset if, prior to your Total [or Partial] Disability, you were already receiving Social Security Retirement Benefits.]

[For the first [12 months] following the first date your Total [or Partial] Disability begins, any disability benefits you or your dependent spouse, child or children receive from [Social Security] [or] [any Employer's retirement plan including [the Public Employees' Retirement System (PERS)] [or] [the State Teachers' Retirement System (STRS)]] will not be considered Other Income.]

- [7. The amount you receive from any accumulated sick leave [, vacation pay or any other paid time off].]
- [8. Any [accumulated sick leave or] salary continuation paid to you by your Employer [which causes your net monthly benefit, plus Other Income Benefits and any [accumulated sick leave or] salary continuation, to exceed [100%] of your [Indexed] Total Monthly Earnings. The amount in excess of [100%] of your [Indexed] Total Monthly Earnings will be used to reduce your net monthly benefit].]
- [9. Any amount you receive due to income replacement or lost wages paid to you by compromise, settlement or other method as a result of a claim for any Other Income Benefit. Such amount includes any amount received as a result of malpractice or similar litigation.]
- [10. Any amount you receive from a voluntary separation of employment agreement from your Employer including severance pay or any other income settlement of an employment contract.]
- [11. Any amount you receive under any individual disability income policy [which causes your net monthly benefit plus Other Income Benefits and the amount received under your individual disability policy to exceed [100%] of your [Indexed] Total Monthly Earnings. The amount in excess of [100%] of your [Indexed] Total Monthly Earnings will be used to reduce your net monthly benefit].]
- [12. Any [renewal] commissions you receive from your Employer.]
- [13. Any amount you receive from a partnership, proprietorship or similar draws.]
- [14. Any disability benefits you receive from the Veterans Administration for the same disability, if you begin to receive these benefits after you become disabled under this LTD plan.]
- [15. Any amount you receive from any paid employment [other than Partial disability employment with your Employer].]
- [16. Any amount you receive from any state or public retirement or disability plan including the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS).]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[Other Income Benefits will include any amount described above which would have been available to you had you applied for that benefit.]

[LUMP SUM PAYMENT

What if I receive payment of Other Income Benefits in a lump sum?

If you receive a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a monthly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a monthly basis over a reasonable period of time as determined by Sun Life.]

[REQUIRED APPLICATION FOR OTHER INCOME BENEFITS

Am I required to apply for Other Income Benefits?

You must apply for any Other Income Benefits for which you may be eligible. If such benefits are denied, you must appeal the denial to all administrative levels that Sun Life deems necessary. Sun Life has the right to receive from you written documentation of your pursuit of Other Income Benefits.]

SOCIAL SECURITY DISABILITY INCOME ASSISTANCE PROGRAM

What is the Social Security Disability Income Assistance Program?

At your request, Sun Life will assist you (if appropriate) through the various levels of the Social Security claims process. Sun Life will assist you with your application and also through the appeals process.

[ESTIMATED OTHER INCOME

Are any of my Other Income Benefits estimated?

Sun Life has the right to estimate the amount of any Other Income Benefits you are eligible to receive during your Total [or Partial] Disability, and to reduce the LTD benefit payments by the estimated amount. Sun Life will estimate the amount if, at the time of calculating any LTD benefit payments, the Other Income Benefit you may be eligible to receive has not been awarded nor denied, or if the Other Income Benefit has been denied and is being appealed. This estimate will be used to reduce the amount of your monthly LTD benefit payments until the Other Income Benefit has been awarded or denied. However, the estimate will not be used if you meet the following conditions:

- you have applied for the Other Income Benefits; and
- you agree to appeal any denials of Other Income Benefits to all administrative levels Sun Life deems necessary; and
- you complete and sign the Sun Life Reimbursement Agreement.]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[ADJUSTMENT OF BENEFITS]

What happens when the Other Income Benefits have been awarded or have been denied?

You must notify Sun Life in writing, within [31 days] of receipt of notice, of the amount of Other Income Benefits when it is approved or if the amount is adjusted (other than for cost of living increases). Sun Life will make an adjustment to the net monthly benefit when Sun Life receives written notice of the amount of the Other Income Benefit.

If after Sun Life makes an adjustment to your net monthly benefit you have been underpaid, Sun Life will immediately make a lump sum refund to you of the amount that has been underpaid.

If after Sun Life makes an adjustment to your net monthly benefit you have been overpaid, you must reimburse Sun Life the amount of the overpayment within [31 days] of the award. Sun Life has the right to reduce or eliminate your future LTD benefit payments until the amount of the overpayment has been repaid. [During the overpayment reimbursement period, the Minimum Monthly Benefit will not apply.]

[COST OF LIVING FREEZE]

What happens if I receive increases in my Other Income Benefits?

After the first deduction for each of your Other Income Benefits, Sun Life will not reduce your monthly LTD benefit payments due to cost of living increases you receive from any sources described as Other Income Benefits. [This does not apply to any increase in earnings you receive from employment.]

[WAIVER OF PREMIUM]

Am I required to pay premiums while I am Totally [or Partially] Disabled?

Sun Life will waive your LTD premium payments during any period LTD benefits are payable under the Group Policy. If the Group Policy is in force when your Total [or Partial] Disability ends, you will remain insured if you return to an Actively at Work status in an Eligible Class and your premium payments are resumed.]

TERMINATION OF LONG TERM DISABILITY BENEFITS

When does my monthly LTD benefit cease?

Your monthly LTD benefit will cease on the earliest of:

- the date you are no longer Totally [or Partially] Disabled;
- the date you die;
- the end of your Maximum Benefit Period;
- the date you do not provide [adequate employment earnings information or] Proof that you continue to be Totally [or Partially] Disabled as requested; or
- [the date you refuse to complete a rehabilitative assessment, or the date you cease to participate in the Sun

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[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

Life approved Rehabilitation Program without Good Cause;]

- [the date on which you are incarcerated;]
- [during the first [24 months] of Partial Disability,] the date your Disability Earnings are more than [80%] of your [Indexed] Total Monthly Earnings;]
- [after [24 months] of Partial Disability,] the date your Disability Earnings are more than [60%] of your [Indexed] Total Monthly Earnings;]
- [for the first [24 months] of Total [or Partial] Disability,] the date Sun Life determines you are able to perform on a full-time basis, the Material and Substantial Duties of your Own Occupation, even if you choose not to work;]
- [after the first [24 months] of Total [or Partial] Disability,] the date Sun Life determines that you are able to perform on a full-time basis any Gainful Occupation for which you are or become reasonably qualified by education, training or experience, even if you choose not to work.]

[Full-time basis] means [for the first [24 months] of Total [or Partial] Disability,] [you are able or have the capacity to perform the Material and Substantial Duties of your Own Occupation for the number of hours you normally performed your Own Occupation prior to your Total [or Partial] Disability.] [After [24 months] of Total [or Partial] Disability,] [you are able or have the capacity to perform any Gainful Occupation for the number of hours that you normally performed your Own Occupation prior to your Total [or Partial] Disability.]

[However, if you normally performed your Own Occupation on an average in excess of [40 hours] per week, Sun Life will consider you as being able to perform that requirement if you work or have the capacity to work [40 hours] per week.]

SUCCESSIVE PERIODS OF DISABILITY

What happens if I return to [full-time] work and become disabled again?

Sun Life will treat this new Total [or Partial] Disability as part of your prior Total [or Partial] Disability if you returned to work and were Actively at Work for less than:

- [six months], if due to the same or related causes;
- [one day], if due to an entirely unrelated cause.]

You will not have to complete a new Elimination Period.

Your monthly LTD benefit will be subject to the same terms and conditions as were applicable to the original Total [or Partial] Disability.]

Your monthly LTD benefit will not continue if:

- you become eligible for coverage under any other group LTD policy; or
- the Group Policy terminates; or
- your coverage under the Group Policy terminates [; or
- you refuse to complete a rehabilitative assessment or you cease to participate in the Sun Life approved Rehabilitation Program without Good Cause].

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[If your new disability begins later than the time periods specified, you will need to complete a new Elimination Period.]

[REHABILITATION SERVICES

What are the Rehabilitation Services?

If you become Totally [or Partially] Disabled, Sun Life may determine that you are a suitable candidate to receive vocational Rehabilitation Services. In order for you to be eligible for such services, you must have the functional capacity to successfully complete a Rehabilitation Program. These services include, but are not limited to:

- job modification;
- job placement;
- retraining;
- other activities reasonably necessary to help you return to work.

[Sun Life may require you to participate in a rehabilitation assessment or a Rehabilitation Program at Sun Life's expense.] Sun Life will work with you, your Employer, your Physician and others, as appropriate, to develop a Rehabilitation Program.

[You decide, with your Physician's approval, whether to participate in a Rehabilitation Program. Participation in a rehabilitation assessment or a Rehabilitation Program is at Sun Life's expense.]

Eligibility for vocational Rehabilitation Services is based on your education, training, experience and physical/mental capabilities. Sun Life determines whether you are eligible for vocational Rehabilitation Services.

[The Rehabilitation Program may, at Sun Life's sole discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you are participating in the Rehabilitation Program.]

Rehabilitation Program means a written agreement between you and Sun Life in which Sun Life agrees to provide, arrange or authorize vocational, physical or psychiatric rehabilitation services and you agree to participate in the Rehabilitation Program.]]

[What happens if I participate in a Rehabilitation Program?

If you participate in a Sun Life approved Rehabilitation Program, you will receive the greater of:

- your Benefit Percentage (as shown in the Benefit Highlights) multiplied by [1.10]; or
- your current net monthly benefit multiplied by [1.10].

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

To calculate the increased benefit:

1. Take your current Benefit Percentage and multiply that percentage by [1.10]. Then calculate your Total [or Partial] Disability Benefit including any deductions for Disability Earnings or Other Income Benefits.
2. Take your current net monthly benefit payable and multiply that number by [1.10].

The greater of 1 or 2 is the rehabilitation increased amount.

This increased amount will cease on the earliest of:

- the date you complete the Rehabilitation Program; or
- the date you cease to participate in the Rehabilitation Program [without Good Cause]; or
- the date your LTD benefits cease; or
- [12 months] after your Rehabilitation Program began.]

[What happens if I refuse Rehabilitation Services?

If you refuse to participate in your rehabilitation efforts or you refuse to participate or cease to participate in a Rehabilitation Program without Good Cause, your LTD benefits will cease.]

[**Good Cause** means documented physical or mental impairments which prevent you from participating in or completing the Rehabilitation Program. Good Cause may also mean a necessary medical program which prevents or interferes with your participation in or completion of the Rehabilitation Program.]

[SURVIVOR BENEFIT

What happens to my LTD benefit if I die?

[A Survivor Benefit equal to [3 times] your last Gross Monthly Benefit is payable in a lump sum to your Eligible Survivor if Sun Life receives satisfactory Proof that you died:

- after your Total [or Partial] Disability had continued for [180 or more consecutive days]; and
- you were eligible to receive a monthly LTD benefit.]

[A Survivor Benefit equal to [66 2/3%] of your last full monthly LTD benefit is payable to your Eligible Survivor for [12 months] if Sun Life receives satisfactory Proof that you died:

- after your Total [or Partial] Disability had continued for [180 or more consecutive days]; and
- you were eligible to receive a monthly LTD benefit.]

[If you do not have an Eligible Survivor at any time during the [12 months], no Survivor Benefit is payable.]]

[Who are my Eligible Survivors?

- [- Your spouse, if living [including your [domestic partner] [or civil union partner]];
- [- Your unmarried child who, on the date of your death, is under age [18] [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation]];
- [- Your unmarried child who, on the date of your death, is under age [23] and is an enrolled full-time student, [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation].] [A full-time student includes your child who is attending college outside the United States.];
- [- Your unmarried child who, on the date of your death, is incapable of self-sustaining employment because of

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[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

mental retardation, developmental disability or physical handicap, and depends on you for [50%] or more of the child's support as evidenced by your federal income tax return or other appropriate documentation.

[Child includes your unmarried step-child, [foster child] [, child under your legal guardianship] [, child of your domestic partner or civil union partner,] or adopted child, if the child [depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation] [, and is living with you in a regular parent-child relationship]. A child is considered adopted if the child is in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.]

How will the Survivor Benefit be paid?

The Survivor Benefit will be paid to your spouse [, domestic partner [or civil union partner], if living. If you do not have a spouse [, domestic partner [or civil union partner] on the date of your death, the Survivor Benefit will be paid to your eligible surviving children in equal shares.

[If you do not have an Eligible Survivor, the Survivor Benefit will be payable to your estate. If an eligible survivor is a minor child, Sun Life may pay a benefit up to [\$1,000] as indicated in the Claim Provisions section. Such benefit may be payable to a custodian designated pursuant to the Uniform Transfers to Minors Act.]

[COST OF LIVING ADJUSTMENT BENEFIT

What is the Cost of Living Adjustment Benefit?

Sun Life will pay an additional benefit to you to help against increases in costs due to inflation.

When am I eligible for a Cost of Living Adjustment Benefit?

You are eligible for a Cost of Living Adjustment Benefit on the first anniversary of your Total [or Partial] Disability Benefit payments and each following anniversary thereafter [, [up to [5] Cost of Living Adjustments],] [as long as you are receiving a Total [or Partial] Disability Benefit.]

How is my Cost of Living Adjustment Benefit calculated?

To determine your Cost of Living Adjustment Benefit multiply your Total [or Partial] Disability monthly LTD benefit by [3%].

Your monthly LTD benefit adjusted by the Cost of Living Adjustment Benefit is not subject to the Maximum Monthly Benefit.

[Your monthly LTD benefit will include any prior years Cost of Living Adjustments.]

When does my Cost of Living Adjustment Benefit terminate?

Your Cost of Living Adjustment Benefit will terminate on the earliest of:

- the date you are no longer eligible to receive Total [or Partial] Disability Benefits; or
- the date you die; or
- the end of your Maximum Benefit Period; or
- the date you do not provide Proof that you continue to be Totally [or Partially] Disabled as requested.[: or
- the date you have received [5] Cost of Living Adjustment Benefits].]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[RETRO DISABILITY BENEFIT]

What is a Retro Disability Benefit?

If you are receiving a Total Disability Benefit, an additional Retro Disability Benefit may be payable if Sun Life receives Proof that you had a Retro Disability that was due to the same Injury or Sickness that caused your Total Disability.

What is the amount of the Retro Disability Benefit?

The Retro Disability Benefit is your Gross Monthly Benefit multiplied by the number of months (each 30 days) in your Elimination Period. This amount is not subject to reduction due to Other Income.

[If a Total Disability Benefit is payable and your disability is due to a Felonious Assault, the Retro Disability Benefit, as described above, will be increased by an additional [10%].

To calculate the increased benefit, take your Gross Monthly Benefit and multiply that number by the number of months (each 30 days) in your Elimination Period, then multiply that number by [1.10].

Felonious Assault means an action that would be characterized as a felony in the jurisdiction where the assault occurred.]]

When is the Retro Disability Benefit Paid?

If Sun Life receives Proof within [90 days] following completion of your Elimination Period of your Retro Disability, the Retro Disability Benefit will be paid immediately to you in a single lump sum amount.

Any Long Term Disability Benefits payable after completion of your Elimination Period will be subject to the terms of the Group Policy, including reductions by any Other Income.

Definitions

Retro Disability means an Injury or Sickness that results in:

1. Hospital Confinement that begins on the date you become Totally Disabled or within [48 hours] of the date your Total Disability begins; and
2. such Hospital Confinement continues for at least [14 consecutive days]; and
3. your Total Disability remains continuous throughout your Elimination Period.

Hospital Confinement means admission to a Hospital as a registered inpatient due to an Injury or Sickness. The confinement must be on the advice of a Physician and medically necessary according to generally accepted medical standards. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a Hospital Confinement.

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 place of convalescence, rehabilitative care, custodial care or a place primarily for the treatment of drug addiction or alcoholism.

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[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[REASONABLE ACCOMMODATION BENEFIT

What is the Reasonable Accommodation Benefit?

If you would be able to return to part-time or full-time work with your Employer with a modification to your Employer's workplace, Sun Life may reimburse your Employer (if appropriate) for the reasonable expenses to modify your Employer's workplace up to a maximum of [\$2,000] unless Sun Life otherwise approves in writing.

Reasonable Accommodation means expenses your Employer incurs to accommodate your Total [or Partial] Disability. This includes expenses for tools, equipment, furniture, or any other changes to your work environment that Sun Life agrees will allow you to return to work.

Sun Life may pay (if appropriate) a Reasonable Accommodation Benefit if:

1. Sun Life approves, in writing, the workplace modification; and
2. your Employer incurs expenses to make the modification to your Employer's workplace; and
3. you return to work for your Employer on a part-time or full-time basis; and
4. you were insured under the Group Policy on the date your Total [or Partial] Disability began.

[LTD CONVERSION PRIVILEGE

What is the LTD Conversion Privilege?

If your LTD insurance ceases due to termination of your employment, you may be eligible to participate in a group LTD conversion policy.

How am I eligible for the LTD Conversion Privilege?

You are eligible if:

- your LTD insurance ceases because of termination of your employment [; and
- you have been insured for at least [12 consecutive months] immediately before your LTD insurance under the Group Policy terminated].

How do I apply for the LTD Conversion Privilege?

You apply by making a written application to Sun Life to participate in the group LTD conversion policy along with payment of the first premium, within [31 days] after the date your employment terminates.

When is the Conversion Privilege not available?

The Conversion Privilege is not available to you if:

- the LTD insurance under the Group Policy has terminated; or
- you have retired; or
- you have reached age [70]; or
- you are not in an Eligible Class under the Group Policy; or
- the Group Policy has been amended to exclude your Eligible Class; or
- you have failed to make any required premium contributions; or
- you are Totally [or Partially] Disabled under the terms of the LTD Benefit Provision; or

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- you become insured for LTD insurance under another employer's LTD plan within [31 days] after your insurance terminates under the Group Policy.]

[ASSISTED LIVING BENEFIT

What is the Assisted Living Benefit?

An Assisted Living Benefit may be payable if you are receiving a Total Disability Benefit and you are also Cognitively Impaired or you are unable to safely and completely perform [2] or more of the Activities of Daily Living without another person's assistance or verbal cueing. Your Cognitive Impairment, or your inability to perform [2] or more of the Activities of Daily Living must begin on or after your date of Total Disability and be expected to continue for [90] or more days.

How is the Assisted Living Benefit Calculated?

The monthly Assisted Living Benefit is the lesser of:

- [- [20%] of your Total Monthly Earnings; or]
- [- the Maximum Monthly Benefit as shown in the Benefit Highlights; or]
- [- [\$5,000.]]

The Assisted Living Benefit is payable in addition to the Total Disability Benefit and is not reduced by Other Income Benefits.

When does the Assisted Living Benefit cease?

The Assisted Living Benefit ceases on the earliest of:

- the date you are no longer eligible to receive Total Disability Benefits; or
- the date you are no longer Cognitively Impaired or you are able to perform all of the Activities of Daily Living without another person's assistance or verbal cueing; or
- the date you die.

Sun Life may require periodic Proof of the continuance of your Cognitive Impairment or your inability to perform [2] or more of the Activities of Daily Living.

Activities of Daily Living means:

- Bathing - the ability to wash, either in the tub or shower or by sponge bath, with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.
- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
 - voluntarily control bowel and bladder function; or
 - if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

Cognitively Impaired means an individual has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age or Alzheimer's disease and similar forms of irreversible dementia and the

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individual needs another person's assistance or verbal cueing for the individual's protection or for the protection of others.

The extent of Cognitive Impairment is determined by clinical evidence and standardized tests which reliably measure the deterioration or loss in the following areas:

- short or long term memory;
- orientation as to person, place or time; and
- deductive or abstract reasoning.]

[CHILD CARE BENEFIT

What is the Child Care Benefit?

If you participate in a Sun Life approved Rehabilitation Program, a Child Care Benefit is payable if:

- you are receiving a monthly LTD benefit; and
- [you have completed at least [3 months] of Rehabilitative Employment; and]
- your Dependent child is enrolled in a legally licensed Child Care Center; and
- your Dependent child is under age [13].

Dependent child means your natural, adopted or step child who is under age [13], [dependent upon you for [50% or more of] the child's financial support [and living with you in a parent-child relationship.]

What is the amount of the Child Care Benefit?

The monthly Child Care Benefit is the lesser of:

1. [50%] of the actual charges by the Child Care Center incurred by you for your Child Care expenses; or
2. [\$750].

The Child Care Benefit is payable upon receipt of satisfactory Proof of paid expenses and that you have a Dependent child enrolled in a legally licensed Child Care Center.

Child Care expenses do not include:

- charges for room and board; or
- charges for ordinary living, traveling or clothing expenses.

Child Care Center means a provider that is duly licensed, certified or accredited by the jurisdiction in which it is located, is run according to the laws and regulations applicable to child care facilities and which provides child care and supervision for children in a group setting on a regular basis. Child Care Center does not include a Hospital, the child's home or care provided during the child's normal school hours.

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When does my Child Care Benefit cease?

The Child Care Benefit will cease on the earliest of:

- the date you cease to be Totally [or Partially] Disabled;
- the date you cease to participate in a Sun Life approved Rehabilitation Program;
- the date you have received [24] monthly Child Care Benefit payments;
- the end of your Maximum Benefit Period;
- the date you become eligible for any Group Long Term Disability coverage with another Employer;
- the date you die;
- the date you do not provide Proof to Sun Life that you continue to be Totally [or Partially] Disabled;
- the date you no longer have a Dependent child under age [13]; or
- the date you fail to provide Proof to Sun Life that you have an eligible Dependent child enrolled in a Child Care Center.

What happens when my Child Care Benefits cease?

If you cease to be eligible for a Child Care Benefit, any amounts due to you or to Sun Life will be calculated based on 1/30th of the monthly benefit for each period of Total [or Partial] Disability which is less than a full month.]

[[COBRA] CONTINUANCE PREMIUM BENEFIT

What is the [COBRA] Continuation Premium Benefit?

Sun Life will pay you a [COBRA] Continuation Premium Benefit if you are receiving Total [or Partial] Disability benefits and you elect to continue your Medical and /or Dental insurance [as permitted under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)].

When am I eligible for the [COBRA] Continuation Premium Benefit?

You are eligible to receive the [COBRA] Continuation Premium Benefit if you satisfy all of the following conditions:

1. you are Totally [or Partially] Disabled and are receiving a monthly LTD Benefit; and
2. you have elected the [COBRA] Continuation under the Medical and/or Dental insurance plan sponsored by your Employer; and
3. you provide Sun Life with satisfactory Proof on a quarterly basis that you are making premium payments to your Employer for the [COBRA] Continuation of Medical and /or Dental insurance.

What is the amount of the [COBRA] Continuation Premium Benefit?

The [COBRA] Continuation Premium Benefit is the lesser of:

1. [\$400] per month; or
2. The actual amount you pay to your Employer to continue your Medical and/or Dental insurance [pursuant to COBRA].

Payment of the [COBRA] Continuation Premium Benefit will not result in a reduction of your Monthly LTD Benefit.

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When does my [COBRA] Continuation Benefit cease?

The [COBRA] Continuation Benefit will cease on the earliest of:

1. the date you are no longer Totally [or Partially] Disabled; or
2. the end of your Maximum Benefit Period; or
3. the date your [COBRA] Continuation under your Employer sponsored Medical and/or Dental plan ends; or
4. the date you fail to give Sun Life the required Proof that you are making premium payments to your Employer for the [COBRA] Continuation of your Medical and/or Dental insurance; or
5. [the date [18] [COBRA] Continuation Benefit payments have been made.]

What happens when my [COBRA] Continuation Benefit ceases?

If you discontinue making premium payments to your Employer to continue your Medical and/or Dental insurance [pursuant to COBRA], any amounts due to you or refundable to Sun Life will be calculated based on 1/30th of the monthly benefit for each day of a period of Total [or Partial] Disability that is less than a full month.]

[DEPENDENT CHILD CONTINUING EDUCATION BENEFIT

What is the Dependent Child Continuing Education Benefit?

If you are Totally [or Partially] Disabled [or participating in a Sun Life approved Rehabilitation Program], you may be eligible for a Dependent Child Continuing Education Benefit.

When am I eligible for a Dependent Child Continuing Education Benefit?

You are eligible for a Dependent Child Continuing Education Benefit if:

- you have been Totally [or Partially] Disabled for at least [6 months]; or
- [you have been a participant in a Sun Life approved Rehabilitation Program for at least [6 months]; and]
- you have a Dependent Child who is enrolled as a full-time student at a post-secondary school.

Dependent Child means your natural, adopted or step child who is under age [25], [dependent upon you for [50% or more of] the child's financial support [and living with you in a parent-child relationship.]

What is the Dependent Child Continuing Education Benefit?

Your monthly Dependent Child Continuing Education Benefit is the lesser of:

- a) [\$250] for each full-time student; or
- b) [\$500] if you have [3] or more full-time students.

After the first monthly Dependent Child Continuing Education Benefit, you may elect in writing an alternative payment method. The alternative payment method will pay the Dependent Child Continuing Education Benefit twice a year. The payments will be paid at the start of the semester and represent [3 months] in arrears and [3 months] in advance from the start of the semester. A semester starts on [February 1st] and [August 1st].

Sun Life will require Proof each semester that you have an eligible Dependent Child prior to payment of the benefit.

When does my Dependent Child Continuing Education Benefit cease?

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The Dependent Child Continuing Education Benefit will cease on the earliest of:

- the date you cease to be Totally [or Partially] Disabled; or
- [the date you cease to participate in a Sun Life approved Rehabilitation Program; or]
- the end of your Maximum Benefit Period; or
- the date you become eligible for Group Long Term Disability coverage with another Employer; or
- the date you die; or
- the date you do not provide Proof that you continue to be Totally [or Partially] Disabled; or
- the date you do not have a child who is a full-time student attending a post-secondary school; or
- the date you no longer have a Dependent Child; or
- the date [48] Dependent Child Continuing Education Benefit payments have been paid.

What happens when my Dependent Child Education Benefit ceases?

If you cease to be eligible for a Dependent Child Continuing Education Benefit, any amounts due to you or to Sun Life will be calculated based on 1/30th of the monthly benefit for each period of Total [or Partial] Disability that is less than a full month.]

[EXTENDED EARNINGS PROTECTION BENEFIT

What is the Extended Earnings Protection Benefit?

The Extended Earnings Protection Benefit protects your earnings level after you have returned to work following a period of Total [or Partial] Disability.

If you return to full-time work following a period of Total [or Partial Disability] and continue to have an earnings loss, an Extended Earnings Protection Benefit may be payable.

To qualify for the Extended Earnings Protection Benefit, you must:

- have been Totally [or Partially] Disabled under the Group Policy and received at least one net monthly benefit from Sun Life; and
- have returned to full-time work [for your Employer]; and
- be performing all of the Material and Substantial Duties of your Own Occupation; and
- be currently earning less than [100%] of your [Indexed] Total Monthly Earnings.

How is the Extended Earnings Protection Benefit calculated?

[To determine the Extended Earnings Benefit for the first [12 months] of your return to full-time work:

1. add your current monthly earnings from employment to the Total Disability Benefit that would be payable if you were Totally Disabled.
2. if this sum is in excess of [100%] of your [Indexed] Total Monthly Earnings, subtract the amount in excess of [100%] of your [Indexed] Total Monthly Earnings from the Total Disability Benefit that would be payable if you were Totally Disabled. This result is the Extended Earnings Benefit; or

if the sum is less than [100%] of your [Indexed] Total Monthly Earnings, the Extended Earnings Benefit is the Total Disability Benefit that would be payable if you were Totally Disabled.]

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[After the Extended Earnings Benefit has been paid for [12 months] and you continue to earn less than [100%] of your [Indexed] Total Monthly Earnings, the following proportionate loss formula will be used to determine the Extended Earnings Benefit:]

[The Extended Earnings Benefit will be calculated as follows:]

[(A divided by B) x C, where:

A = your [Indexed] Total Monthly Earnings minus your current monthly earnings from employment

B = your [Indexed] Total Monthly Earnings

C = the Total Disability Benefit that would be payable if you were Totally Disabled]

[The Extended Earnings Benefit is not subject to the Minimum Monthly Benefit.]

How long will the Extended Earnings Benefit be payable?

The Extended Earnings Benefit will cease on the earliest of:

- the date you receive [12] Extended Earnings Benefits; or
- the date you [earn] [are capable of earning] at least [100%] of your [Indexed] Total Monthly Earnings; or
- the date you fail to provide adequate monthly employment earnings information as requested by Sun Life; or
- the date you are eligible for Total [or Partial] Disability benefits under the Group Policy; or
- [the date the Group Policy terminates; or]
- [[12 months] following the date you initially returned to work on a full-time basis; or]
- [the date you cease to be an Employee of the Employer].]

[PENSION CONTRIBUTION BENEFIT

What is the Pension Contribution Benefit?

Sun Life will pay an additional benefit to the Plan Administrator for deposit into your Employer Sponsored [401(k)] or other approved qualified deferred compensation plan. Sun Life will make payments in accordance with the rules and regulations of the Internal Revenue Service and the provisions of your Pension Plan. Any payment that cannot be made to the trustee or Plan Administrator of your Pension Plan will be made to a qualified deferred annuity account that you designate.

When am I eligible for a Pension Contribution Benefit?

You are eligible if:

- you are receiving Total [or Partial] Disability Benefit Payments; and
- you are a participant in your Employer Sponsored Plan; and
- [you have been a participant in you Employer Sponsored Plan for at least [12 months] before your Total [or Partial] Disability began.]

How much is my Pension Contribution Benefit?

Your Pension Contribution Benefit is [the lesser of]:

- [[6%] of your Total Monthly Earnings; or]
- [The actual contribution percentage that [you] [your Employer] [you and your Employer] deposited monthly

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- in your Employer Sponsored Plan; or]
- [\$2,500].

When does my Pension Contribution Benefit terminate?

Your Pension Contribution Benefit will terminate on the earliest of:

- the date you are no longer eligible to receive Total [or Partial] Disability Benefits;
- [the date you are no longer an eligible participant in your Employer Sponsored Plan;]
- [the date your Employer Sponsored Plan is frozen or terminated;]
- the end of your Maximum Benefit Period;
- the date you die; or
- the date you do not provide Proof that you continue to be Totally [or Partially] Disabled as requested.

Pension Plan for the purpose of this Pension Contribution Benefit means a qualified defined contribution Pension Plan, profit sharing plan or other qualified plan approved by Sun Life, in which you are participating as a result of your employment with your Employer.]

[[RELOCATION EXPENSE BENEFIT

What is the Relocation Expense Benefit?

If you are able to return to active full-time employment, but not with your Employer, a Relocation Expense benefit may be payable.

When am I eligible for a Relocation Expense Benefit?

You are eligible for a Relocation Expense Benefit if:

1. you are receiving a Total [or Partial] Disability Benefit; and
2. you are unable to return to work for your Employer, work for another employer, or work on a self-employment basis within a [50 mile] radius of your residence; and
3. you have the opportunity to return to active full-time employment at another job or on a self-employment basis more than [50 miles] from your residence; and
4. Sun Life approves in writing the Relocation Expense, prior to the date it is incurred.

Sun Life reserves the right to determine whether relocation will enable you to return to active full-time employment or become self-employed for the purposes of this Benefit.

What is the amount of my Relocation Expense Benefit?

The Relocation Expense Benefit is the lesser of:

1. [\$5,000]; or
2. [3] times your Gross Monthly Benefit.

If Relocation Expenses are approved by Sun Life in writing and paid by an employer on your behalf, Sun Life will pay the Relocation Expense Benefit to that employer.

Payment of a Relocation Expense Benefit will not reduce the net monthly benefit amount for which you are eligible.

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Relocation Expense means an expense you incur in the process of relocating your primary residence due to a change in your employment. Relocation Expenses are limited to the following expenses:

1. Temporary living, house hunting, and relocation travel.
2. Closing costs for home purchase and sale, including real estate agent commissions, attorneys fees, documentation of real estate tax and property title, lender mortgage fees, tax on property transfer levied by the state or local tax authority, and lender-imposed penalty for mortgage prepayment.
3. Shipment and storage of household goods.
4. Release from a lease payment on your current residence, if required.]

[LTD PORTABILITY PRIVILEGE]

What is the LTD Portability Privilege?

If your [Voluntary] LTD Insurance ceases because you terminate employment, you may apply for coverage on your own life (the "Portable Coverage") up to the amount of [Voluntary] LTD Insurance that ceased.

Are there reasons why I would not be eligible to apply for Portable LTD Coverage?

You are not eligible to apply for Portable Coverage if:

- you have not been continuously insured under your Employer's Sun Life Group [Voluntary] Long Term Disability Income Insurance Policy for at least [12] consecutive months; or
- your LTD Insurance ceases because you voluntarily terminate employment due to retirement, Injury or Sickness; or
- your Employer's Group [Voluntary] LTD Insurance Policy has terminated; or
- [- you are age [65] or older; or]
- you are Totally [or Partially] Disabled on the date your employment ceases; or
- [- you are on military leave; or]
- [- the hours you work for your Employer have been reduced; or]
- [- you remain employed with your Employer on a part-time basis; or]
- [- you secure new employment on a full-time basis with a subsequent employer within [60] days after your insurance ceases; or]
- [- you are not a United States citizen or legal resident; or]
- [- you are residing outside the United States [or Canada] on the date your [Voluntary] LTD Insurance ceased; or]
- [- you have not converted your [Voluntary] LTD Insurance under the LTD Conversion privilege of the Group Policy; or]
- [- you are insured under any other [employer-paid] [individual,] group or employer-sponsored LTD plan.]

How do I apply for Portable LTD Coverage?

1. To apply for Portable LTD Coverage, you must submit a written application to Sun Life within [31] days from the date your [Voluntary] LTD Insurance ceased. The application is available from your Employer.
2. Portable LTD Coverage will not take effect until Sun Life approves your application for Portable LTD Coverage and receives your first premium payment.

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3. Portable LTD Coverage will be provided under a group term insurance policy that provides group term LTD insurance only. The Portable LTD Coverage insurance policy does not provide any other benefit.
4. The premium will be the current rate Sun Life charges for the standard class of risk and age to which you belong under the Portable Group LTD Policy and will be billed directly to you.

What is the amount of my Portable LTD Coverage?

You may apply for portable LTD Coverage up to the amount of [Voluntary] LTD Insurance you had in force on the date your coverage ceases. Your Elimination Period, Monthly Benefit Percentage and the Maximum Monthly Benefit will remain the same as you had under your Employer's Group Policy. [However, you may elect a lower Maximum Monthly Benefit.] [However, the Maximum Monthly Benefit will not be more than \$10,000.] The Maximum Benefit Period under the Portable LTD Policy is [12] months.

Your Total Monthly Earnings will be the amount in force on the day prior to the date your [Voluntary] LTD Coverage ceases [but will not exceed [\$4,167] per month].

Your LTD Coverage under the insurance policy providing Portable LTD Coverage is subject to the same Limitations and Exclusions as specified under your Employer's Group LTD Policy.

When does my Portable LTD Coverage start?

Your Portable LTD Coverage starts on the day after your LTD insurance under your Sun Life Group [Voluntary] LTD Policy ceases, if Sun Life approves your application and payment of the first premium is made.

When does my Portable LTD Coverage Terminate?

Your Portable LTD Coverage will terminate on the earliest of:

- the date for which the last premium has been paid by you;
- [- the date you reach age [65];]
- the date the insurance policy that provides the Portable LTD Coverage terminates;
- [- [12] months from the date your Portable LTD Coverage starts;]
- [- the date you return to work as an active full-time Employee for the Employer under the Group Policy; or
- [- the end of [60] days from the effective date of the Portable LTD Coverage if you are an Active Full-time Employee with another employer at the end of the [60] day period].

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[ACCIDENTAL DISMEMBERMENT AND LOSS OF SIGHT BENEFIT

What is the Accidental Dismemberment and Loss of Sight Benefit?

If Sun Life receives Notice and Proof of Claim that while insured you:

- sustain an Accidental Bodily Injury; and
 - incur one of the following losses within [365 days] of the date of the Accidental Bodily Injury;
- Sun Life will pay a Monthly Benefit to you for the number of months specified for that loss.

Type of Loss	Number of Monthly Benefit Payments
Loss of both hands	[48 months]
Loss of both feet	[48 months]
Loss of the entire sight of both eyes	[48 months]
Loss of one hand and the entire sight of one eye	[48 months]
Loss of one foot and the entire sight of one eye.....	[48 months]
Loss of one hand and one foot	[24 months]
Loss of the entire sight of one eye	[12 months]
Loss of one hand or one foot	[12 months]

[Loss of hand or foot means severance at or above the wrist or ankle joint. Loss of sight must be total and irrecoverable. Loss of thumb and index finger means severance through or above the metacarpophalangeal joints.]

[Loss of hand or foot means a total and permanent physical separation of the limb from the body, occurring at or above the wrist or ankle. Loss of sight means a total (i.e., 100%) and irrecoverable loss of sight. Loss of thumb and index finger means a total and permanent physical separation of the thumb and finger from the hand, occurring through or above the metacarpophalangeal joint.] [Regardless of a finger, hand or foot's, residual function level (i.e., 0%-100%), if a limb is surgically reattached, no benefit is payable.]]

Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.

If you incur more than one of the above losses from any one accident, only the loss with the greatest amount of months will be payable.

How is the Monthly Benefit calculated?

To determine your Monthly Benefit for the specific loss, take the lesser of:

- your Total Monthly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
- the Maximum Monthly Benefit (shown in the Benefit Highlights).

[This amount is not subject to reductions from sources referred to as Other Income.]

[If the specific loss is caused by an On the Job Assault, then the number of monthly benefits for that specific loss will be increased by an additional [6] months. All other Policy provisions will apply.]

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On the Job Assault means an assault that results in a dismemberment or loss of sight while working at your Employer's normal place of business or while traveling for your Employer, and would be considered a felony in the jurisdiction where the assault occurred.]

No LTD benefit is payable for Total [or Partial] Disability during any period Sun Life is paying a Monthly Benefit for the specific loss. If you are Totally [or Partially] Disabled after the expiration of the Monthly Benefit for the specific loss, an LTD benefit may be payable according to the terms of the Group Policy. Any period you have received a Monthly Benefit for the specific loss will count towards satisfaction of the Maximum Benefit Period and Total [or Partial] Disability benefit period.

What happens if I die before receiving all of the monthly benefit payments?

If you die while receiving a Monthly Benefit for the specific loss, the remaining amount of monthly payments, if any, will be payable in a lump sum to your estate. No Monthly Benefit for a specific loss is payable beyond the number of months specified above.]

LIMITATIONS

What are the Limitations?

No benefit will be payable to you under this Benefit Provision during any of the following periods:

- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your disabling condition, unless you have reached your maximum point of recovery and are still Totally [or Partially] Disabled.
- any period you do not submit to any medical examination or clinical assessment requested by Sun Life.
- [- any period of your Total [or Partial] Disability that is due to Mental Illness, unless you are under the continuing care of a specialist in psychiatric care.]

[After you complete your Elimination Period, LTD benefits are payable for [24 months].]

[Benefits after the first [24 months] are payable only if you are confined in a Hospital or Institution licensed to provide psychiatric treatment.]

[If you continue to be Totally [or Partially] Disabled when discharged from a Hospital or Institution licensed to provide psychiatric treatment, Sun Life will continue your LTD Benefit payment for up to [90 days]. If you become reconfined in a Hospital or Institution during the [90 day] period and remain confined for at least [14 consecutive days], Sun Life will continue your LTD benefit payments during your reconfinement. Upon discharge, you will be eligible for up to an additional [90 days] of LTD benefit payments if you continue to be Totally [or Partially] Disabled.]

- [- any period of your Total [or Partial] Disability that is due to Drug and Alcohol Illness, unless you are actively supervised by a Physician or rehabilitation counselor and are receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life]

[After you complete your Elimination Period, LTD benefits are payable for [24 months] if, during the Elimination Period you:

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- become confined in a Hospital or Institution licensed to provide Drug or Alcohol treatment; or
- begin participation in a drug or alcohol rehabilitation program acceptable to Sun Life.]

[Benefits after the first [24 months] are payable only if you are confined in a Hospital or Institution licensed to provide Drug or Alcohol treatment.]

[- any period during which you are incarcerated.]

[- any period during which you are receiving vacation or holiday pay from your Employer. Any period of time for which you are receiving vacation or holiday pay during a period of Total [or Partial] Disability will not count towards the Maximum Benefit Period shown in the Benefit Highlights.]

[- any period during which you would not receive regular pay from your Employer if you were not Totally [or Partially] Disabled. Any period during which benefits are suspended will not count towards the Maximum Benefit Period.]

[- any period of your Total [or Partial] Disability that is due to Chemical and Environmental Illness, unless you are under the continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your disabling condition.]

[After you complete your Elimination Period, LTD benefits are payable for [12 months].]

[Benefits after the first [12 months] are payable only if you are confined in a Hospital or Institution.]

[- any period of your Total [or Partial] Disability that is due to Chronic Fatigue Illness unless you are under the continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your disabling condition.]

[After you complete your Elimination Period, LTD benefits are payable for [12 months].]

[Benefits after the first [12 months] are payable only if you are confined in a Hospital or Institution.]

[- any period of your Total [or Partial] Disability that is due to Musculoskeletal and Connective Tissue Illness unless you are under the continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your disabling condition.]

[After you complete your Elimination Period, LTD benefits are payable for [12 months].]

[Benefits after the first [12 months] are payable only if you are confined in a Hospital or Institution.]

[The Maximum Benefit Period for all successive or aggregated periods of Total [or Partial] Disability due to Chemical and Environmental Illness, Chronic Fatigue Illness or Musculoskeletal and Connective Tissue Illness combined shall be [12 months].]

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[- any period during which you would not receive regular pay from your Employer [if you are a [teacher] [contracted to work for a full school year].] (Any period during which benefits are suspended will not count towards the Maximum Benefit Period). [Teacher includes paraprofessionals, principals, vice-principals, custodians, social workers, school psychologists and other employees who are similarly employed with the Employer.]

[- any period after the first [12 months] of Total [or Partial] Disability during which you are residing outside of the United States [or Canada]. You will be considered to be residing outside the United States [or Canada] if you have been outside of these countries for a total period of [6 months] or more during any [12 consecutive months] of benefit payments.

Benefits after the first [12 months] are payable only if you return to the United States [or Canada] and are still Totally [or Partially] Disabled.]

[This Limitation does not apply if your Total [or Partial] Disability begins while you are Actively at Work or on vacation outside of the United States [or Canada] and you return as soon as you are physically able to do so.]

[Pre-Existing Condition Limitation

A limited LTD benefit may be payable if your disability is caused by or results from a pre-existing condition.

Pre-Existing Condition means during the [90 days] prior to your Effective Date of Insurance or the Effective Date of an increase in your amount of insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

EXCLUSIONS

What are the Exclusions?

No benefit is payable to you under this Benefit Provision for any Total [or Partial] Disability or benefit claim that is due to or results from:

- [- intentionally self-inflicted injuries.]
- [- war, declared or undeclared, or any act of war.]
- [- your active Participation in a Riot, Rebellion or Insurrection.]
- [- your committing or attempting to commit a [n] [assault,] felony [or other criminal act].]
- [- injury or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease or similar law.]
- [This exclusion will not apply if you are a partner or a sole proprietor and cannot be covered by law under any Workers' Compensation, Occupational Disease or any similar law.]
- [- injury sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.]
- [- your 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 taken as prescribed.]

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- [- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a physician, or while Intoxicated.

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, [automobiles, motorcycles, boats and snowmobiles].]

- [- a Pre-Existing Condition. [This exclusion applies only to the first [12 months] after your Effective Date of Insurance [or the Effective Date of an increase in your amount of insurance].]

[**Pre-Existing Condition** means during the [90 days] prior to your Effective Date of Insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

[**Pre-Existing Condition for increases in amounts of insurance** means during the [90 days] prior to your Effective Date of any increase in your amount of insurance, you:

- received medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- took prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

[**Pre-Existing Condition Exclusion Exception**

The Pre-Existing Condition Exclusion will not apply if your Total [or Partial] Disability begins later than [12 months] after your Effective Date of Insurance [or later than [12 months] after your Effective Date of any increase in your amount of insurance].

[The Pre-Existing condition Exclusion also will not apply to [the initial amount of insurance or for any subsequent increases] if you have been insured under the Group Policy for the immediately preceding [3 consecutive months] prior to your Total [or Partial] Disability and during that period you have not:

- received any medical treatment, consultation, care or services, including diagnostic measures for the disabling condition; or
- taken prescribed drugs or medicines for the disabling condition [; or
- had symptoms for which an ordinarily prudent person would have consulted a health care provider for diagnosis, care or treatment].]

- [- any period of your Total [or Partial] Disability that is caused by, contributed to by, or resulting from a Pre-Existing Condition until you have performed the Material and Substantial Duties of your Own Occupation on a full-time basis for at least [5 consecutive days] after your initial Effective Date of Insurance [or for any subsequent increases in your amount of increase].

Pre-Existing Condition means any Injury or Sickness for which you have received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition within [30 days] prior to your initial Effective Date of Insurance [or for any subsequent

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)

increases in your amount of insurance].]

[However, the Pre-Existing Condition Exclusion for increases does not apply to cost of living, contract or periodic salary review increases.]

[To determine satisfaction of the above Pre-Existing Condition Exclusion, you will be given credit for the time you were insured under a previous group, blanket or employer LTD plan, if your previous coverage was continuous to a date not more than [60 days] prior to your Effective Date of Insurance under the Group Policy. The credit shall apply to the extent that the previous coverage or level of benefits was substantially similar to the new coverage or level of benefits under the Group Policy.

Total or Partial Disability Benefits that would have otherwise been payable during a benefit period subject to a Pre-Existing Condition restriction will not be paid. Any remaining Total [or Partial] Disability Benefits will commence when the Pre-Existing Condition period ends.]

[CONTINUITY OF COVERAGE

What happens when my Employer transfers insurance coverage to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on [January 1, 2009] [or your Employer's Effective Date as shown in Attachment A, if applicable], you will be insured if:

- you were insured under the prior insurer's group LTD policy at the time of the transfer; and
- you are a member of an Eligible Class; and
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the prior insurer's group LTD policy.]

If you continue to be not Actively at Work and subsequently become Totally [or Partially] Disabled on or after [January 1, 2009] [or your Employer's Effective Date as shown in Attachment A, if applicable], any LTD benefit payable will be the lesser of:

- the LTD monthly benefit payable under the Group Policy; or
- the LTD monthly benefit payable under the prior insurer's group LTD policy, had it remained in force.

All other provisions of Sun Life's Group Policy will apply.]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

[TOTAL [OR PARTIAL] DISABILITIES DUE TO A PRE-EXISTING CONDITION

Are Disabilities due to a Pre-existing Condition covered?

LTD benefits may be payable if you become Totally [or Partially] Disabled on or after [January 1, 2009] due to a Pre-Existing Condition provided you were:

- insured under the prior insurer's group LTD policy at the time of transfer; and
- Actively at Work and insured under the Group Policy on [January 1, 2009].

Any benefit payable will be determined as follows:

1. if you have satisfied the Pre-Existing Condition Exception under the Group Policy, the LTD benefit will be based on the Group Policy's benefit provision.
2. if you cannot satisfy the Pre-Existing Condition Exception under the Group Policy, the prior Employer's plan's pre-existing condition provision will be applied.
 - a. if you would have satisfied the prior insurer's pre-existing condition provision, considering time insured under both group policies, any benefit payable will be the lesser of:
 - i. the LTD benefit payable under the Group Policy; or
 - ii. the LTD benefit payable under the prior insurer's group LTD policy had it remained in force.
 - b. if you cannot satisfy the Pre-Existing Condition Exception of the Group Policy or if the pre-existing condition provision [under the prior insurer's group LTD policy] would apply, no LTD benefit will be paid.]

[If you were insured under a prior Sun Life group LTD policy, an LTD benefit would be payable if you had satisfied the pre-existing condition provision under the prior Sun Life group LTD policy or would satisfy the pre-existing condition provision under the current Sun Life group LTD policy, giving consideration for continuous time insured under both policies.

You will be given credit for the time you were insured under the prior Sun Life group LTD policy, if the prior coverage was continuous to a date not more than [30 days] prior to your [Effective Date of Insurance under the Group Policy] [first date of employment]. All other terms and conditions of the Policy apply, including Delayed Effective Date.

Any LTD benefit payable will be the lesser of:

- a. The LTD benefit payable under the Group Policy; or
- b. The LTD benefit payable under the prior Sun Life group LTD policy had you remained insured under that policy.]

[All other provisions of Sun Life's Group Policy will apply.]

BENEFIT PROVISIONS

[LONG TERM DISABILITY INCOME INSURANCE (LTD)]

RECURRENT OR CONCURRENT CONDITION

Are Total [or Partial] Disabilities due to a Recurrent or Concurrent Condition Covered?

If you received a monthly Total [or Partial] Disability benefit under your Employer's prior LTD plan and:

- you returned to work for the Employer as an active [Full-time] Employee prior to [January 1, 2009]; and
- within [6 months] of your return to active [Full-time] employment, you become Totally [or Partially] Disabled due to a Recurrent Condition for which LTD benefits were payable under your Employer's prior LTD plan; or
- within [6 months] of your return to active [Full-time] employment you become Totally [or Partially] Disabled due to a Concurrent Condition for which LTD benefits were payable under your Employer's prior LTD plan; and
- you do not qualify for Total [or Partial] Disability benefits for your Recurrent or Concurrent Condition under your Employer's prior LTD plan;

then you will not be required to satisfy a new Elimination Period under the Group Policy if Total [or Partial] Disability benefits would have been payable for your Recurrent or Concurrent Condition under your Employer's prior LTD Plan without having to satisfy any further Elimination Period if your Employer's prior LTD plan had remained in force.

Any LTD benefit payable will be the lesser of:

1. the LTD benefit payable under the Group Policy, reduced by any LTD benefit payable under your Employer's prior LTD plan; or
2. the LTD benefit that would have been payable under your Employer's prior LTD plan had it remained in force, less any benefit payable under your Employer's prior LTD plan.

Recurrent Condition means your Total [or Partial] Disability that is caused by a worsening in your condition and is due to the same cause as your prior Total [or Partial] Disability for which an LTD benefit has been paid under your Employer's prior LTD plan.

Concurrent Condition means your Total [or Partial] Disability is due to an Injury or Sickness unrelated to your prior Total [or Partial] Disability for which an LTD benefit has been paid under your Employer's prior LTD plan.

[All other provisions of Sun Life's Group Policy will apply.]

CLAIM PROVISIONS

How is a claim submitted?

To submit a claim, you, [your insured Dependent] or someone on your behalf must send Sun Life written Notice and Proof of claim within the time limits specified. Your Employer has the Sun Life Notice and Proof of claim forms.

NOTICE OF CLAIM

When does written Notice of Claim have to be submitted?

[For a Death Claim (accidental or otherwise) - written notice of claim must be given to Sun Life no later than [30 days] after date of death.]

[For Life Waiver of Premium - written notice of claim must be given to Sun Life no later than [12 months] after you cease to be Actively at Work.]

[For Permanent Total Disability Income Benefit - written notice of claim must be given to Sun Life no later than [12 months] after you cease to be Actively at Work.]

[For Accidental Dismemberment - written notice of claim must be given to Sun Life no later than [12 months] after the date of [your][the Insured Person's] loss.]

[For Short Term Disability - written notice of claim must be given to Sun Life no later than [30 days] after you cease to be Actively at Work.]

[For Long Term Disability - written notice of claim must be given to Sun Life no later than [30 days] before the end of your Elimination Period or, within [30 days] after the termination of the Group Policy, if earlier.]

[For all other claims – written notice of claim must be given to Sun Life no later than [12 months] after the date of loss or within [12 months] after the date the expense is incurred.]

If notice cannot be given within the applicable time period, Sun Life must be notified as soon as it is reasonably possible.

When Sun Life has received written notice of claim, Sun Life will send the forms for Proof of claim. If the forms are not received within [15 days] after written notice of claim is sent, Proof of claim may be sent to Sun Life without waiting to receive the Proof of claim forms.

CLAIM PROVISIONS

PROOF OF CLAIM

When does written Proof of claim have to be submitted?

[For a Death Claim (accidental or otherwise) - Proof of claim must be given to Sun Life [prior to payment of a death claim] [no later than [90 days] after date of death.]

[For Life Waiver of Premium - Proof of claim must be given to Sun Life no later than [15 months] after you cease to be Actively at Work.]

[For Permanent Total Disability Income Benefit - Proof of claim must be given to Sun Life no later than [15 months] after you cease to be Actively at Work.]

[For Accidental Dismemberment - Proof of claim must be given to Sun Life no later than [12 months] after the date of [your][the Insured Person's] loss.]

[For Short Term Disability - Proof of claim must be given to Sun Life no later than [90 days] after the end of your Elimination Period.]

[For Long Term Disability - Proof of claim must be given to Sun Life no later than [90 days] after the end of your Elimination Period.]

[For all other claims – Proof of claim must be given to Sun Life no later than [15 months] after the date of loss or within [15 months] after the date the expense was incurred.]

If Proof cannot be given within these time limits, Proof must be given as soon as reasonably possible. Proof of claim may not be given later than one year after the time Proof is otherwise required unless the individual is legally incompetent.

What is considered Proof of claim?

Proof of claim must consist of at least the following information:

- a description of the loss [or disability];
 - the date the loss [or disability] [or expense] occurred; and
 - the cause of the loss [or disability] [or expense];
- [- copies of your prior year(s) federal and state income tax returns including all schedules].

[(For example: a death claim would include at least the Death Certificate for Proof of claim)]

[Proof of claim may include, but is not limited to, police accident reports, autopsy reports, laboratory results, toxicology results, hospital records, x-rays, narrative reports, or other diagnostic testing materials as required.]

[Proof of claim for disability must include evidence demonstrating the disability and should include, but is not limited to, Hospital records, Physician records, psychiatric records, x-rays, narrative reports, or other diagnostic testing materials as appropriate for the disabling condition.]

Sun Life may require as part of the Proof, authorizations to obtain medical and non-medical information.

[Proof of your continued disability and regular and continuous care by a Physician must be given to Sun Life

CLAIM PROVISIONS

within [30 days] of the request for Proof.]

Proof must be satisfactory to Sun Life.

[Your right to any disability benefits are determined on the date your disability begins. The right is subject to the terms of the Group Policy in effect on the date your disability begins and will not be affected by subsequent amendment or termination of the Group Policy]

PAYMENT OF BENEFITS

When are benefits payable?

Benefits are payable when Sun Life receives satisfactory Proof of claim.

When will a decision on my claim be made?

Sun Life will send you a written notice of decision on your claim within a reasonable time after Sun Life receives the claim but not later than [45 days] after receipt of the claim. If Sun Life cannot make a decision within [45 days] after receiving your claim, Sun Life will request a [30 day] extension as permitted by U.S. Department of Labor regulations. If Sun Life cannot render a decision within the extension period, Sun Life will request an additional [30 day] extension. Any request for extension will specifically explain:

1. the standards on which entitlement to benefits is based;
2. the unresolved issues that prevent a decision on the claim; and
3. the additional information needed to resolve those issues.

If a period of time is extended because you failed to provide necessary information, the period for making the benefit determination is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have [45 days] to provide the specified information.

What if my claim is denied?

If Sun Life denies all or any part of your claim, you will receive a written notice of denial setting forth:

1. the specific reason(s) for the denial;
2. the specific Group Policy provision(s) on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. a description of any additional material or information needed to prove entitlement to benefits and an explanation of why such material or information is necessary;
5. a description of the appeal procedures and time limits;
6. [your right to bring a civil action under ERISA, §502(a) following an adverse determination on review;]
7. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request; and
8. the identity of any medical or vocational experts whose advice was obtained in connection with the claim, regardless of whether the advice was relied upon to deny the claim.

CLAIM PROVISIONS

Can I request a review of a claim denial?

If all or part of your claim is denied, you may request in writing a review of the denial within [180 days] after receiving notice of denial.

You may submit written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

Sun Life will review the claim on receipt of the written request for review, and will notify you of Sun Life's decision within a reasonable time but not later than [45 days] after the request has been received. If an extension of time is required to process the claim, Sun Life will notify you in writing of the special circumstances requiring the extension and the date by which Sun Life expects to make a determination on review. The extension cannot exceed a period of [45 days] from the end of the initial period.

If a period of time is extended because you failed to provide information necessary to decide your claim, the period for making the decision on review is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have at least [45 days] to provide the specified information.

What if my claim is denied on review?

If Sun Life denies all or any part of your claim on review, you will receive a written notice of denial setting forth:

1. the specific reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. [your right to bring a civil action under ERISA, §502(a);]
5. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request;
6. the following statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State Insurance regulatory agency."; and
7. the identity of any medical or vocational experts whose advice was obtained in connection with the appeal, regardless of whether the advice was relied upon to deny the appeal.

CLAIM PROVISIONS

To whom are benefits payable?

[Benefits, [other than Survivor Benefits,] payable upon your death are payable to your Beneficiary living at the time. You must name your Beneficiary on a form acceptable to Sun Life. Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. [If no Beneficiary is alive on the date of your death, payment will be made to your estate.]]

[If no Beneficiary is alive on the date of your death or you do not elect a Beneficiary, Sun Life, at its option, may make payments as follows:

- to your spouse, if living; or
- if there is no surviving spouse, to your surviving children in equal shares; or
- if there is no surviving spouse or children, to your surviving parents in equal shares; or
- [- if there is no surviving spouse, children or parents, to your surviving brothers and sisters in equal shares; or]
- [- if there is no surviving spouse, children, parents, brothers or sisters, to your surviving grandparents in equal shares; or]
- if none of the above, to your estate.]

[If you named Beneficiaries under your Employer's Plan prior to the Effective Date of [the Group Policy] [your Employer's participation in the trust], that beneficiary designation will remain in effect unless you elect to change Beneficiaries.]

[Survivor Benefits are payable to your Eligible Survivor as defined in the Long Term Disability Income Benefit Provision.]

[Survivor Benefits are payable to your Eligible Survivor as defined in the Short Term Disability Income Benefit Provision.]

[All other] benefits payable during your lifetime are payable to you.]

[Accidental Death and Dismemberment benefits are payable as shown above unless otherwise specified in the Accidental Death and Dismemberment Benefit section.]

[If a benefit is payable to your estate, your Beneficiary who is a minor, or your Beneficiary who is not competent, Sun Life may, at its option, pay up to [\$5,000] of the death benefit to any individual or entity Sun Life determines has incurred or paid expenses as a result of funeral services provided to or on your behalf. If Sun Life pays such a benefit, it will not have to pay that benefit amount again and the total death benefit shall be reduced by the amount paid under this provision.]

[If a benefit is payable to you and you are a minor or you are not competent, Sun Life may, at its option, pay up to [\$5,000] to any of your relatives whom Sun Life considers entitled. If Sun Life pays such a benefit, it will not have to pay that benefit amount again and the total death benefit shall be reduced by the amount paid under this provision.]

[If your Beneficiary is a minor or is not competent, and no legal guardian has been appointed for your Beneficiary, Sun Life may, at its option, pay up to [\$2,000] to the person or institution responsible for your Beneficiary's custody and support. If Sun Life pays such a benefit, it will not have to pay that benefit amount again and the total death benefit shall be reduced by the amount paid under this provision.]

CLAIM PROVISIONS

CHANGE OF BENEFICIARY

[Can I change my Beneficiary?

You may change your Beneficiary at any time, unless you have stated your choice of Beneficiary is irrevocable [or you have assigned your interest in your [Optional] Life Insurance to another person]. Any request for a change of Beneficiary must be either in written form on a form signed by you acceptable to Sun Life, or you may change the Beneficiary via an electronic or telephonic designation system approved by your Employer. Sun Life may require verification from your employer or someone acting on your Employer's behalf of the electronic or telephonic designation made by you. If Sun Life has taken any action or made payment before receiving notice of that change, your change of Beneficiary will not affect any action or payment made by Sun Life. [The consent of your Beneficiary is not required to change any Beneficiary unless the Beneficiary designation was irrevocable.]

ASSIGNMENT

[Can I assign my [Basic] Life Insurance?

You may transfer ownership of your [Basic] Life Insurance under the Group Policy by means of an absolute assignment. [You cannot make an absolute assignment to your Employer]. All your rights and duties as owner are transferred to the new owner. The new owner can make any change the Group Policy allows, such as a change of Beneficiary.

If you made an assignment under your Employer's plan prior to the effective date of [the Group Policy] [your Employer's participation in the Trust], that assignment remains in force with respect to the Group Policy.]

[A collateral assignment is not allowed.]

Any assignment must be in a written form and will take effect on the date you sign and file the assignment with your Employer. If Sun Life has taken any action or made payment before receiving notice of that change, the assignment will not affect any action or payment made by Sun Life. Sun Life will not be responsible for the legal, tax or other effects of any assignment.]

INSURER'S AUTHORITY

[Who determines the terms and conditions of the Policy?

The Plan Administrator has delegated to Sun Life its entire discretionary authority to make all final determinations regarding claims for benefits under the benefit plan insured by the Group Policy. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by your Employer, and the amount of any benefits due, and to construe the terms of the Group Policy.

Any decision made by Sun Life in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing Sun Life's determinations shall uphold such determination unless the claimant proves that Sun Life's determinations are arbitrary and capricious.]

GENERAL PROVISIONS

INCONTESTABILITY

What is the Incontestability Provision?

All statements made in any application are considered representations and not warranties. No representation by you in applying for insurance under the Group Policy will be used to reduce or deny a claim unless a copy of your written application for insurance is or has been given to you or to your Beneficiary, if any.

No statement made by you [or any of your Dependents,] relating to Evidence of Insurability for an initial, increased or additional amount of insurance, will be used in contesting the validity of that insurance, after such initial, increased or additional amount of insurance has been in force for a period of two years during that individual's lifetime. This statement must be contained in a form signed by that individual.

MISSTATEMENT OF FACTS

What happens if facts are misstated?

If relevant facts about you [or any one of your Dependents] are not accurate:

- an equitable adjustment of premium will be made; and
- the true facts will be used to determine if and in what amount insurance is valid under the Group Policy.

If the amount of benefit depends on your age, the benefit will be the amount you would have been entitled to if your correct age were known.

[[EXAMINATION] [AND AUTOPSY]]

What are Sun Life's [examination and] [autopsy] rights?

[Sun Life, at its own expense, has the right to have any person, whose Injury or Sickness is the basis of a claim:

- examined by a Physician, other health professional or vocational expert of its choice; and/or
- interviewed by an authorized Sun Life representative.

This right may be used as often as reasonably required.]

[Sun Life has the right, in the case of death, to request an autopsy.]

LEGAL PROCEEDINGS

What are the time limits for legal proceedings?

No legal action may start:

- until [60 days] after Proof of Claim has been given; nor
- more than [3 years] after the time Proof of Claim is required.

GENERAL PROVISIONS

WORKERS COMPENSATION

Do these group benefits affect Workers' Compensation?

The Group Policy is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance.

AGENCY

Can the Policyholder act as a Sun Life agent?

For all purposes of the Group Policy, the Policyholder [or third party administrator] acts on its own behalf or as your agent. Under no circumstances will the Policyholder [or third party administrator] be deemed a Sun Life agent.

TIME PERIODS

When do time periods begin and end in the Policy?

For the purpose of effective dates and termination dates under the Group Policy, all days begin at 12:00 midnight and end at 11:59:59 p.m.

[VALUE ADDED SERVICES

What value added services and benefits are available?

We may arrange with third party service providers a set or discounted rate to provide goods or services to persons insured under our group policies. We will make benefits available, if in our determination, the service provider may allow you or your plan to reduce its costs or expenses or enhance health or well being. These goods or services may include, but are not limited to: travel assistance; identity theft protection; employee assistance program and beneficiary assistance. The third party service provider is solely responsible for providing and administering the goods or services.]

DEFINITIONS

These are some of the general terms you need to know.

[**Actively at Work** means that you perform all the regular duties of your job for a full work day at your Employer's normal place of business or a site where your Employer's business requires you to travel.]

[**Actively at Work** means that you are a Member in good standing of [Local ABC of] [XYZ Union.]

[**Actively at Work** for a Director means being an active board member and attending required board meetings.]

[You are considered Actively at Work on any day that is not your regular work day (e.g. [vacation or holiday]) as long as you were Actively at Work on your immediately preceding work day, and you:

- are not Hospital Confined; or
- are not disabled due to an injury or sickness.]

[You are considered Actively at Work if you [usually perform] [are performing] the regular duties of your job at your home as long as you can perform all the regular duties of your job for a full work day and could do so at your Employer's normal place of business, if required, and you:

- are not Hospital Confined; or
- are not disabled due to an injury or sickness.]

[You are considered Actively at Work on any day that you are able to perform the regular duties of your job regardless of whether you are actually working that day.]

[**Contributory Insurance** means insurance for which you are required to pay [all or part] of the premium.]

Eligibility Date means the date or dates on which you become eligible for insurance under the Group Policy. Classes eligible for insurance are shown in the Benefit Highlights

Employee (You) means a person who is employed by the Employer [within the United States [or Canada,]] scheduled to work at least the number of hours shown in the Benefit Highlights, and paid regular earnings [, who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3)].

[If you are an Employee, who is a citizen of [the United States [or Canada,]] and you are working on temporary assignment outside of the United States [or Canada] for [12 months] or less, you will be deemed to be working within [the United States [or Canada]]. [If you are an Employee who is a citizen of [the United States [or Canada]], and you are working on a temporary assignment outside of the United States [or Canada] for more than [12 months], you will not be considered an Employee under the Policy unless Sun Life approves your eligibility under the Policy [in writing].] [If you are an Employee who is not a citizen of [the United States [or Canada]] and you are working on temporary assignment outside of the United States [or Canada], you will not be considered an Employee while working on the temporary assignment].]

[For the purposes of the Group Policy, Employee also means a person who receives an IRS 1099, as well as any [physician] [proprietor] [and] [partner], if applicable, to the extent the individual is [scheduled to work] [actually working] for the Employer at least the number of hours shown in the Benefit Highlights,

DEFINITIONS

and is paid regular earnings from the Employer.]]

Employer means [ABC Employer] [and includes any Subsidiary or Affiliated company named in the Application].

[Evidence of Insurability means a statement or records of your [or your Dependent's] medical history upon which acceptance for insurance will be determined by Sun Life. In some cases, Sun Life may require that you [or your Dependent] submit to a paramedical examination, at Sun Life's expense, as part of the Evidence of Insurability.]

[Family Status Change means one of the following events:

- your marriage or divorce;
- the birth of your child;
- the adoption of a child by you;
- the death of your spouse or child;
- [- the commencement or termination of employment of your spouse;]
- [- the change from part-time to full-time employment by [you or] your spouse;]
- [- the change from full-time to part-time employment by [you or] your spouse;]
- [- the taking of an unpaid leave of absence by [you or] your spouse;]
- [- a significant change in your health coverage or your spouse's health coverage as a result of your spouse's employment.]]

[Guaranteed Issue Amount means the maximum amount of insurance available to you [or your Dependent] without Evidence of Insurability.]

[Hospital or Institution means a facility licensed to provide full-time medical care and treatment under the direction of a full-time staff of licensed physicians.]

[Injury means bodily impairment resulting directly from an accident and independently of all other causes. Any Injury must occur and Disability must begin while you are insured under the Group Policy.]

[Non-Contributory Insurance means insurance for which the premium is paid entirely by your Employer.]

[Participation in a Riot, Rebellion or Insurrection means encouraging, promoting, or taking part in a riot, rebellion or revolt whether by signs, gestures, words or by distinctive devices which identify the person with the riot, rebellion or revolt.]

[Physician means an individual who is operating within the scope of his license and is either:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- legally qualified as a medical practitioner and required to be recognized, under the Group Policy for insurance purposes, according to the insurance regulations of the governing jurisdiction.]

[The Physician cannot be you, your spouse or the parents, brothers, sisters or children of you or your spouse.]

DEFINITIONS

[Pregnancy] means childbirth, miscarriage, [abortion] or any disease resulting from or aggravated by the pregnancy.]

Proof means any information this is required under the terms of the Policy and is satisfactory to Sun Life.

[Retirement Plan] means a program which provides retirement benefits to you and is not funded entirely by your contributions. The term does not include a [401(k)] plan, a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a nonqualified plan of deferred compensation.

Your Employer's Retirement Plan includes any Retirement Plan which:

- is part of any federal, state, county, municipal or association retirement system; and
- for which you are eligible as a result of your employment with your Employer.]

[Sickness] means illness, disease or pregnancy. A Disability, because of Sickness, must begin while you are insured under the Group Policy.]

[Waiting Period] means the length of time immediately before your Eligibility Date during which you must be employed in an Eligible Class before you can apply for benefits.] [Any period of time [before the [Group Policy] [Employer] Effective Date that you were Actively at Work for your Employer [as a [full-time] Employee] will [not] count towards completion of your Waiting Period.] [The Waiting Period is shown in the Benefit Highlights.]

DEFINITIONS

[These are [Basic] Life Insurance terms you need to know.

[Basic Annual Earnings means:

[Your [current] salary or wage from your Employer [for the previous calendar year]. Basic Annual Earnings includes [commissions and deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account], but does not include income received due to [commissions, bonuses, overtime pay or any other extra compensation].]

[Your earnings from the W-2 form (the box that reflects wages, tips and other compensation) received from your Employer for the prior calendar year, or the average monthly earnings for your period of employment annualized, if employed for less than a full calendar year.]

[The amount you reported as net earnings from self-employment on IRS [Form 1065, Schedule K-1] [Line 17], and will be averaged over the prior [24 month] period of your employment, or averaged from your date of employment, whichever is less. [Basic Annual Earnings includes profit sharing bonuses.]

[Your Net Income amount reported on IRS [Form 1040, Schedule C,] but does not include [any other extra compensation]. Basic Annual Earnings will be averaged over the prior [24 month] period of your employment or averaged from your date of employment, whichever is less.]

[Your amount reported as non-employee compensation on your individual 1099-MISC tax form from the Employer for the previous calendar year, or the annualized amount that will be reported on your 1099-MISC form from the Employer if you have not worked a full calendar year for the Employer.]

[If your current salary includes commissions or bonuses, your Basic Annual Earnings will be averaged over the prior [24 months] period of employment or averaged from the date of employment, whichever is less.]

[Basic Maximum Benefit means the largest amount of Basic Life Insurance available to you. The Basic Maximum Benefit is shown in the Benefit Highlights.]

Beneficiary means the person who is entitled to receive death benefit proceeds as they become due under the Group Policy. A Beneficiary must be named by you in written form, including a form signed by you acceptable to Sun Life or an electronic or telephonic designation made by you as approved by Sun Life.

[Combined Maximum Benefit means the largest amount of insurance available to you under the Group Policy. The Combined Maximum Benefits is shown in the Benefit Highlights.]

[Maximum Benefit means the largest amount of insurance available to you under the Group Policy. The Maximum Benefit is shown in the Benefit Highlights.]

[Optional Maximum Benefit means the largest amount of Optional Life insurance available to you. The Optional Maximum Benefit is shown in the Benefit Highlights.]

[Permanent Total Disability or Permanently Totally Disabled, for purposes of determining eligibility under the Permanent Total Disability Income Benefit, means:

- because of your Injury or Sickness, you are unable to perform, and presumably will continue to be unable to perform for the duration of your life, the material and substantial duties of any occupation for which you are or become reasonably qualified by education, training or experience [; or
- you have suffered the entire and irrecoverable loss of your sight of both eyes; or]

DEFINITIONS

- [- you have suffered the irrecoverable use of both hands or both feet or of one hand and one foot].]

[Retired Employee means you are a former Employee of your Employer [, you have retired on or after [January 1, 2009], and prior to your retirement you were insured as an active Employee or eligible to receive a pension from your Employer].]

[To be considered a retired employee, you must be receiving a pension from your Employer or receiving a pension as a result of your employment with your Employer.]

[Retirement for the purposes of your being considered retired means the first of the following dates to occur:

1. the effective date of your retirement benefits under:
 - a. any plan of a federal, state, county, municipal or an association retirement system for which you are eligible as a result of your employment with your Employer;
 - b. any Retirement Plan your Employer sponsors; or
 - c. any Retirement Plan to which your Employer makes or has made contributions.
2. the effective date of your retirement benefits under the Social Security Act or any similar plan or act. However, if you meet the definition of an Employee Actively at Work and you are receiving retirement benefits under the Social Security Act or similar plan or act, you will not be considered retired.]

[Terminally Ill or Terminal Illness means your Sickness or physical condition that is certified by a Physician to reasonably be expected to result in death within [12 months] or less.]

[Total Disability or Totally Disabled, for purposes of determining eligibility for waiver of premium, means, because of your Injury or Sickness, you are unable to perform the material and substantial duties of any occupation for which you are or become reasonably qualified by education, training or experience.]

[Total Disability or Totally Disabled, for purposes of determining eligibility for waiver of premium, means, because of your Injury or Sickness, you are unable to perform the material and substantial duties of your own occupation. [After [24 months], you will continue to be Totally Disabled if you are unable to perform all of the material and substantial duties of any occupation for which you are or become reasonably qualified by education, training or experience.]]

[After [24 months], you will continue to be Totally Disabled if you:

- are unable to safely and completely perform [2] or more Activities of Daily Living without another person's assistance or verbal cueing; or
- are Cognitively Impaired; and

are unable to perform all of the material and substantial duties of any occupation for which you are or become reasonably qualified by education, training or experience.]

[Total Disability or Totally Disabled, for purposes of determining eligibility for waiver of premium, means, because of your Injury or Sickness, you are unable to perform the material and substantial duties of your own occupation.]

[However, if you are receiving Long Term Disability Income Benefits under a Sun Life Group LTD Policy, you will be considered Totally Disabled under the Sun Life Group Life Policy for as long as you

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continue to receive Long Term Disability Income Benefits under a Sun Life Group LTD Policy.]]

[In addition, you will be considered Totally Disabled if you are diagnosed with a life expectancy of [12 months] or less.]

DEFINITIONS

[These are Dependent [Basic] Life Insurance terms you need to know.

Dependent means your:

- [- spouse.] [;]
- [- unmarried child from [live birth] to under age [19] [;]
- [- unmarried child under age [23] who is an enrolled full-time student [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation].] [A full-time student includes your child who is attending college outside the United States.]

[Your dependent must be a citizen or legal resident of the United States.]

[The term "spouse" includes [a domestic partner] [or] [civil union partner] wherever it appears in the Certificate.]

[Domestic Partner is as defined in your Employer's plan document.]

[Your unmarried step-child, [foster child] [, child under your legal guardianship] [, child of your domestic partner or civil union partner,] or adopted child is included as a Dependent if the child [depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation] [and is living with you in a regular parent-child relationship]. A child is considered adopted if the child is in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.] [Your unmarried [grandchild] is included as a Dependent if the child is considered your dependent for federal income tax purposes.]

[Dependent does not include:

- [- any person who is insured as an Employee; or]
- any person residing outside [the United States, Canada [or Mexico], [or Puerto Rico] [or the Virgin Islands].] [This exclusion does not apply to a Dependent who resides with an Employee who is on temporary work assignment outside the United States.]

[No person may be considered to be a Dependent of more than one Employee.]

[If an unmarried child is:

- incapable of self-sustaining employment because of mental retardation, developmental disability or physical handicap; and
 - [- depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation;]
- that child will continue to be a Dependent for as long as these two conditions exist.]]

[Basic Maximum Benefit means the largest amount of Dependent [spouse] Basic Life Insurance available to you. The Basic Maximum Benefit is shown in the Benefit Highlights.]

[Maximum Benefit means the largest amount of Dependent [spouse] Life Insurance available to you. The Maximum Benefit is shown in the Benefit Highlights.]

[Optional Maximum Benefit means the largest amount of Dependent [spouse] Optional Life Insurance available to you. The Optional Maximum Benefit is shown in the Benefit Highlights.]

DEFINITIONS

[These are] [Basic] **Accidental Death and Dismemberment Insurance** term [s] you need to know.

Accidental Bodily Injury means bodily harm caused solely by external, violent and accidental means which is sustained directly and independently of all other causes.

[Basic Annual Earnings means:

[Your [current] salary or wage from your Employer [for the previous calendar year]. Basic Annual Earnings includes [commissions and deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account], but does not include income received due to [commissions, bonuses, overtime pay or any other extra compensation].]

[Your earnings from the W-2 form (the box that reflects wages, tips and other compensation) received from your Employer for the prior calendar year, or the average monthly earnings for your period of employment annualized, if employed for less than a full calendar year.]

[The amount you reported as net earnings from self-employment on IRS [Form 1065, Schedule K-1] [Line 17], and will be averaged over the previous [24 month] period of your employment, or averaged from your date of employment, whichever is less. [Basic Annual Earnings includes profit sharing bonuses.]

[Your Net Income amount reported on IRS [Form 1040, Schedule C,] but does not include [any other extra compensation]. Basic Annual Earnings will be averaged over the previous [24 month] period of your employment or averaged from your date of employment, whichever is less.]

[Your amount reported as non-employee compensation on your individual 1099-MISC tax form from the Employer for the previous calendar year, or the annualized amount that will be reported on your 1099-MISC form from the Employer if you have not worked a full calendar year for the Employer.]

[If your current salary includes commissions or bonuses, your Basic Annual Earnings will be averaged over the previous [24 months] period of employment or averaged from the date of employment, whichever is less.]

[Basic Maximum Benefit means the largest amount of Basic Accidental Death and Dismemberment Insurance available to you. The Basic Maximum Benefit is shown in the Benefit Highlights.]

[Dependent means your:

- [- spouse.];;
- [- unmarried child from [live birth] to under age [19];]
- [- unmarried child under age [23] who is an enrolled full-time student [and depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation].] [A full-time student includes your child who is attending college outside the United States]

[Your dependent must be a citizen or legal resident of the United States.]

[The term "spouse" includes a [domestic partner] [or] [civil union partner] wherever it appears in the certificate.]

[Domestic Partner is as defined in your Employer's plan document.]

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[Your unmarried step-child, [foster child] [, child under your legal guardianship] [, child of your domestic partner or civil union partner,] or adopted child is included as a Dependent if the child [depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation] [and is living with you in a regular parent-child relationship]. A child is considered adopted if the child is in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.] [Your unmarried [grandchild] is included as a Dependent if the child is considered your dependent for federal income tax purposes.]

[Dependent does not include:

- [- any person who is insured as an Employee; or]
- any person residing outside [the United States, Canada or Mexico, [or Puerto Rico] [or the Virgin Islands].] [This exclusion does not apply to a Dependent who resides with an Employee who is on temporary work assignment outside the United States.]

[No person may be considered to be a Dependent of more than one Employee.]

[If an unmarried child is:

- incapable of self-sustaining employment because of mental retardation, developmental disability or physical handicap; and
- [- depends on you for [50%] or more of the child's financial support as evidenced by your federal income tax return or other appropriate documentation;]
that child will continue to be a Dependent for as long as these two conditions exist.]]

Insured Person means you [or your insured Dependent spouse] [, your insured Dependent spouse or any of your insured Dependent children].

[Maximum Benefit means the largest amount of insurance available to you under the Group Policy. The Maximum Benefit is shown in the Benefit Highlights.]

[Optional Maximum Benefit means the largest amount of Optional Accidental Death and Dismemberment insurance available to you. The Optional Maximum Benefit is shown in the Benefit Highlights.]

[Permanent Total Disability or Permanently Totally Disabled, for purposes of determining eligibility for the AD&D Permanent Total Disability Income Benefit, means because of your Accidental Bodily Injury:

- you are unable to perform, and presumably will continue to be unable to perform for the duration of your life, the material and substantial duties of any occupation for which you are or become reasonably qualified for by education, training or experience [; or
- you have suffered the entire and irrecoverable loss of your sight of both eyes; or]
- [- you have suffered the irrecoverable use of both hands or both feet or of one hand and one foot].]

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[These are Short Term Disability Insurance terms you need to know.]

[Disability Earnings] means the employment income you receive while Partially Disabled [or income you receive while participating in an approved Rehabilitation program.] Disability Earnings does not include income you receive from work performed prior to your Total [or Partial] Disability, nor income that is not derived from work performed.]

[Drug and Alcohol Illness] means an illness which results from the abuse of alcohol, drugs or derivatives.]

Elimination Period means a period of continuous days of your Total [or Partial] Disability when no STD Benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total [or Partial] Disability. [If you return to work for an aggregate of [5 working days] or less during your Elimination Period, and cannot continue working, your Elimination Period will be treated as continuous, but only those days you are unable to work will be counted.]

[Gross Weekly Benefit] means your weekly STD benefit before any reduction of Other Income Benefits.]

[Hospital Confinement] means you are confined in a Hospital as a resident bed patient for a minimum of [24 hours]. The confinement must be recommended by a Physician.]

Material and Substantial Duties means, but is not limited to, the essential tasks, functions, skills or responsibilities required by employers for the performance of your Own [Occupation] [Job]. Material and Substantial Duties does not include any tasks, functions, skills or responsibilities that could be reasonably modified or omitted from your Own [Occupation] [Job].

[Material and Substantial Duties] for a [Physician] [Dentist] means the actual procedures you are regularly and continuously performing during the [12 consecutive months] immediately prior to the first date of Total [or Partial] Disability.]

Maximum Weekly Benefit means the largest amount payable weekly to you. The Maximum Weekly Benefit is shown in the Benefit Highlights. [If Evidence of Insurability has not been approved for amounts over your Guaranteed Issue Amount, your Maximum Weekly Benefit is the maximum amount of insurance approved in writing by Sun Life or the Guaranteed Issue Amount shown in the Benefit Highlights, whichever is greater.]

Mental Illness means mental, nervous, emotional, behavioral, psychological personality, cognitive, mood or stress-related abnormality, disorder, dysfunction or syndrome regardless of cause, including any biological or biochemical disorder or imbalance of the brain. Mental Illness includes, but is not limited to, bipolar affective disorder, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders, and any other mental and nervous condition classified in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in effect on the date of Total [or Partial] Disability, or a comparable manual if the American Psychiatric Association stops publishing the (DSM).]

[Outpatient Surgical Procedure] means a medically necessary surgical procedure performed by a Physician in a Hospital or Institution, which requires entry into the body by means of a surgical incision or insertion of an instrument for repair or correction of a medical condition.]

[Own Job] means the specific job or position you performed for your Employer.]

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[Own Occupation] means the usual and customary employment, business trade, profession or vocation that you performed as it is generally recognized in the national economy immediately prior to the first date your Total [or Partial] Disability began. Own Occupation is not limited to the job or position you performed for your Employer or performed at any specific location.]

[Own Occupation], if you are a Physician, means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you are practicing is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.]

[Own Occupation], if you are an attorney, means the specialty in the practice of law which you are routinely performing.]

[Own Occupation], if you are a dentist, means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which you are practicing is not recognized by the American Dental Association, you will be considered practicing in the general specialty category.]

[Partial Disability or Partially Disabled] means, because of your Injury or Sickness [, you are] [which caused your Total Disability, you continue to be] unable to perform all of the material and substantial duties of your Own [Occupation] [Job] on a full-time basis, but you are:

- performing at least one [but not all] of the material and substantial duties of your Own [Occupation] [Job] [or another occupation] on a part-time [or full time] basis; and
- earning less than [80%] of your Total Weekly Earnings due to your same Injury or Sickness that caused your Total [or Partial] Disability.]

[Partial Disability must begin within [14 days] after your Total Disability benefits cease [and you must have received at least one Total Disability Benefit].] [Partial Disability employment must be for your Employer as defined under the Group Policy.] [Partial Disability employment cannot be for any other employer or self-employment.]

[Partial Disability or Partially Disabled] means, because of your Injury or Sickness [, you are] [which caused your Total Disability, you:

- are unable to perform [one or more of] the Material and Substantial Duties of your Own [Occupation] [Job] or any occupation on a full-time or part-time basis; or
- you have Disability Earnings of at least [20%] but less than [80%] of your [Indexed] Total Monthly Earnings.]

[After Total or Partial Disability benefits combined have been paid to you for [24 months], you will continue to be Partially Disabled if you] are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience, and you have Disability Earnings of less than [60%] of your [Indexed] Total Monthly Earnings.]

[The loss of your professional [, Pilot's] or occupational license, or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.]

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[Failure to pass an employment related exam does not, in itself, constitute Partial Disability.]

[To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, [Partial Disability or a combination of days of Total and Partial Disability.] [Your Elimination Period cannot be satisfied with days of Partial Disability.]

[Social Security] means the Federal Social Security Act which provides social insurance on a national scale.]

STD means Short Term Disability.

[Total Disability or Totally Disabled] means, because of your Injury or Sickness, you are unable to perform all of the Material and Substantial Duties of your Own [Occupation] [Job] and you are not engaged in any occupation for wage or profit.]

The loss of your professional [, Pilot's] or occupational license, or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

[Failure to pass an employment related exam does not, in itself, constitute Partial Disability.]

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, [Partial Disability or a combination of days of Total and Partial Disability.]

Total Weekly Earnings means:

[Your basic weekly earnings as reported by your Employer immediately before the first date your Total [or Partial] Disability begins. [Total Weekly Earnings includes [commissions and] deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account, but does not include income received due to [bonuses, overtime pay or any other extra compensation.]]

[Your average weekly earnings as reported by your Employer [for the prior calendar year] immediately before the first date your Total [or Partial] Disability begins. [Total Weekly Earnings includes [commissions and] deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account, but does not include income received due to [bonuses, overtime pay or any other extra compensation.]]

[If your [current] weekly earnings include [commissions] [or] [bonuses], your Total Weekly Earnings will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

[If your [current] weekly earnings include [commissions], your [commissions] will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

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[Your average weekly earnings from the W-2 form (the box which reflects wages, tips and other compensation) received from your Employer for the prior calendar year immediately before the first date your Total [or Partial] Disability begins, or your average weekly earnings for your period of employment if employed for less than a full calendar year.]

[1/52 of the amount you reported as net earnings from self-employment on IRS [Form 1065, Schedule K-1] [Line 17] and will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less. [Total Weekly Earnings includes profit sharing bonuses.]]

[1/52 of the net income amount reported on IRS [Form 1040, Schedule C] but does not include [any other extra compensation]. Total Weekly Earnings will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

[1/52 of the net income amount reported as non-employee compensation on your 1099-MISC tax form from the Employer for the prior calendar year immediately before the first date your Total [or Partial] Disability begins, or the average weekly compensation from your date of employment, if employed for less than a full calendar year, that will be reported on your 1099-MISC tax form from the Employer.]

[If you are paid on an hourly basis, Total Weekly Earnings will be based on your hourly rate of pay, but will not exceed [40] hours per week.]]

DEFINITIONS

[These are Long Term Disability Insurance terms you need to know.]

[**Activities of Daily Living** means:

- Bathing - the ability to wash, either in the tub or shower or by sponge bath, with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.
- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
 - voluntarily control bowel and bladder function; or
 - if incontinent, be able to maintain a reasonable level of personal hygiene.

Eating - the ability to get nourishment into the body.]

[**Chemical and Environmental Illness** means an allergy or sensitivity to chemicals or the environment including but not limited to:

1. Environmental allergies
2. Sick Building Syndrome
3. Multiple Chemical Sensitivity Syndrome
4. Chronic Toxic Encephalopathy.

Chemical and Environmental Illness does not include Asthma or Allergy-induced reactive lung disease.]

[**Chronic Fatigue Illness** means an Illness that is characterized by a debilitating fatigue in the absence of known medical or psychological conditions, which includes but is not limited to:

1. Chronic Fatigue Syndrome as supported by Center for Disease Control Guidelines
2. Chronic Fatigue Immunodeficiency Syndrome as supported by Center for Disease Control Guidelines
3. Post Viral Syndrome
4. Limbic Encephalopathy
5. Epstein-Barr virus infection
6. Herpes virus type 6 infection
7. Myalgic Encephalomyelitis

Chronic Fatigue Illness does not include a disorder identified as a(n):

1. Neoplastic disorder
2. Neurologic disorder
3. Endocrine disorder
4. Hematologic disorder
5. Rheumatologic disorder
6. Depression]

Cognitively Impaired means an individual has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age or Alzheimer's disease and similar forms of irreversible dementia and the individual needs another person's assistance or verbal cueing for the individual's protection or for the protection of others.

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The extent of Cognitive Impairment is determined by clinical evidence and standardized tests which reliably measure the deterioration or loss in the following areas:

- short or long term memory
- orientation as to:
 - person
 - place
 - time; and
- deductive or abstract reasoning]

[Disability Earnings means the employment income you receive while Partially Disabled [or income you receive while participating in an approved Rehabilitation program.] Disability Earnings does not include income you receive from work performed prior to your Total [or Partial] Disability, nor income that is not derived from work performed.]

[Drug and Alcohol Illness means an illness which results from the abuse of alcohol, drugs or derivatives.]

Elimination Period means a period of continuous days of your Total [or Partial] Disability before an LTD benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total [or Partial] Disability. [If you return to work for [15 working days] or less during your Elimination Period and cannot continue working, your Total [or Partial] Disability will be treated as continuous. However, only those days that you are Totally [or Partially] Disabled will count towards satisfying your Elimination Period.]

[If you return to work during your Elimination Period for an aggregate period of time less than or equal to your Elimination Period and cannot continue working, all days that you are Totally [or Partially] Disabled will count toward satisfying your Elimination Period.]

[If you return to work for a period of up to one-half of your applicable Elimination Period and cannot continue working, your Total [or Partial] Disability will be treated as continuous [, provided that you satisfy the Elimination Period within [12 months]]. However, only those days that you are Totally [or Partially] Disabled will count toward satisfying your Elimination Period.]

[For the purpose of satisfying the Elimination Period, you will be deemed to be Partially Disabled if, due to Injury or Sickness, you are unable to perform [one or more of] the Material and Substantial Duties of your Own Occupation and you have Disability Earnings of less than or equal to [100%] of your Total Monthly Earnings.]

[Family Social Security means benefits that are paid under the Federal Social Security Act to your eligible spouse and/or children as a result of your Total [or Partial] Disability.]

[Gainful Occupation means employment that is or can be expected to provide you with an income of at least [60%] of your [Indexed] Total Monthly Earnings [or the Maximum Monthly Benefit, whichever is less.].]

Gross Monthly Benefit means your monthly LTD benefit before any reduction of Other Income Benefits [and before any reduction of Disability Earnings].

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[Indexed Total Monthly Earnings] means your Total Monthly Earnings prior to the date your Total or Partial Disability began adjusted on the first of the month following [24 calendar months] of Partial Disability Benefit payments and each [annual anniversary thereafter]. Each adjustment to the Indexed Total Monthly Earnings is [the lesser of [10%] or the current annual percentage increase in the Consumer Price Index for Wage Earners and Clerical Workers as published monthly by the U.S. Department of Labor. Sun Life reserves the right to use some other similar measurement if the Department of Labor changes or stops publishing the Consumer Price Index] [5%.]

LTD means Long Term Disability.

Material and Substantial Duties means, but is not limited to, the essential tasks, functions, skills or responsibilities required by employers for the performance of your Own [Occupation] [Job]. Material and Substantial Duties does not include any tasks, functions, skills or responsibilities that could be reasonably modified or omitted from your Own [Occupation] [Job].

[Material and Substantial Duties” for a [Physician] [Dentist] means the actual procedures you are regularly and continuously performing during the [12] consecutive months immediately prior to the first date of Total [or Partial] Disability.]

Maximum Monthly Benefit means the largest amount payable monthly to you. The Maximum Monthly Benefit is shown in the Benefit Highlights. [If Evidence of Insurability has not been approved for amounts over your Guaranteed Issue Amount, your Maximum Monthly Benefit is the maximum amount of insurance approved in writing by Sun Life or the Guaranteed Issue Amount shown in the Benefit Highlights, whichever is greater.]

Mental Illness means mental, nervous, emotional, behavioral, psychological personality, cognitive, mood or stress-related abnormality, disorder, dysfunction or syndrome regardless of cause, including any biological or biochemical disorder or imbalance of the brain. Mental Illness includes, but is not limited to, bipolar affective disorder, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders, and any other mental and nervous condition classified in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in effect on the date of Total [or Partial] Disability, or a comparable manual if the American Psychiatric Association stops publishing the (DSM).]

[Musculoskeletal and Connective Tissue Illness] means a disease or disorder of the neck and back and sprains and strains of joints and adjacent tissues, including but not limited to:

1. Cervical, thoracic and lumbosacral back and its surrounding soft tissue
2. Carpal Tunnel or repetitive motion syndrome
3. Fibromyalgia
4. Temporomandibular joint or craniomandibular joint disorder
5. Myofascial pain
6. Scoliosis that does not require surgery

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Musculoskeletal and Connective Tissue Illness does not include:

1. Herniated, ruptured or bulging discs with neurological abnormalities that are documented by electromyogram, and computerized tomography or magnetic resonance imaging
2. Scoliosis that requires surgery
3. Tumors, malignancies, or vascular malformation
4. Radiculopathies that are documented by electromyogram
5. Spondylolisthesis, grade II or higher
6. Myelopathies and myelitis
7. Demyelinating diseases
8. Traumatic spinal cord necrosis
9. Osteopathies
10. Rheumatoid or psoriatic arthritis
11. Lupus]

[**Own Job** means the specific job or position you performed for your Employer.]

[**Own Occupation** means the usual and customary employment, business trade, profession or vocation that you performed as it is generally recognized in the national economy immediately prior to the first date your Total [or Partial] Disability began. Own Occupation is not limited to the job or position you performed for your Employer or performed at any specific location.]

[**Own Occupation**, if you are a Physician, means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you are practicing is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.]

[**Own Occupation**, if you are an attorney, means the specialty in the practice of law which you are routinely performing.]

[**Own Occupation**, if you are a dentist, means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which you are practicing is not recognized by the American Dental Association, you will be considered practicing in the general specialty category.]

[**Partial Disability or Partially Disabled** means [during your Elimination Period and the next [24 months]] [after at least one Total Disability Benefit has been paid, and during the first [24 months] of Total or Partial Disability combined], you, because of your Injury or Sickness, [are unable to perform [one or more of] the Material and Substantial Duties of your Own [Occupation] [Job] and you have Disability Earnings of less than [80%] of your [Indexed] Total Monthly Earnings.] [After Total or Partial Disability benefits combined have been paid to you for [24 months], you will continue to be Partially Disabled if you] are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience, and you have Disability Earnings of less than [60%] of your [Indexed] Total Monthly Earnings.]

[**Partial Disability or Partially Disabled** means [during your Elimination Period and the next [24 months]] [after at least one Total Disability Benefit has been paid, and during the first [24 months] of Total or Partial Disability combined], you, because of your Injury or Sickness;

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- are unable to perform [one or more of] the Material and Substantial Duties of your Own [Occupation] [Job] or any occupation on a full-time or part-time basis; or
- you have Disability Earnings of at least [20%] but less than [80%] of your [Indexed] Total Monthly Earnings.]

[After Total or Partial Disability benefits combined have been paid to you for [24 months], you will continue to be Partially Disabled if you] are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience, and you have Disability Earnings of less than [60%] of your [Indexed] Total Monthly Earnings.]]

The loss of your professional [or] occupational [or Pilot's] license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

[Failure to pass an employment related exam does not, in itself, constitute Partial Disability.]

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, [Partial Disability or a combination of days of Total and Partial Disability] [and have received at least one Total Disability Benefit payment.] [Your Elimination Period cannot be satisfied with days of Partial Disability.] [At the end of the Elimination Period, if you continue to be prevented, due to Injury or Sickness, from performing] [one or more of] the Material and Substantial Duties] of your Own [Occupation] [Job], but your Disability Earnings exceed [80%] of your Total Monthly Earnings, your Elimination Period will be extended for a total period of [12 months] or until such time as your Disability Earnings are less than [80%] of your Total Monthly Earnings, whichever comes first].

[Primary Social Security] means benefits paid to you under the Federal Social Security Act if you become Totally or Partially Disabled.]

[Social Security] means the Federal Social Security Act which provides social insurance on a national scale.]

[Total Disability or Totally Disabled] means [during your Elimination Period and the next [24 months],] you, because of your Injury or Sickness, [are unable to perform [one or more of] [all] the Material and Substantial Duties of your Own [Occupation] [Job].] [After Total [or Partial] Disability benefits [combined] have been paid to you for [24 months], you will continue to be considered Totally Disabled if you] are unable to perform with reasonable continuity, any Gainful Occupation for which you are or become reasonably qualified by education, training or experience.]

[After Total [or Partial] Disability LTD benefits [combined] have been paid to you for [24 months], you will continue to be considered Totally Disabled if you:

- are unable to safely and completely perform [2] or more Activities of Daily Living without another person's assistance or verbal cueing; or
- are Cognitively Impaired; and

are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified by education, training or experience.]

[The loss of your professional [,] [or] occupational [or Pilot's] license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

DEFINITIONS

[Failure to pass an employment related exam does not, in itself, constitute Partial Disability.]
To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, [Partial Disability or a combination of days of Total and Partial Disability.]

Total Monthly Earnings means:

[Your basic monthly earnings as reported by your Employer [for the prior calendar year] immediately before the first date your Total [or Partial] Disability begins. Total Monthly Earnings includes [commissions and] deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account, but does not include income received due to [bonuses,] [overtime pay]or any other extra compensation.]

[Your average monthly earnings as reported by your Employer [for the prior calendar year] immediately before the first date your Total [or Partial] Disability begins. [Total Monthly Earnings includes [commissions, and] deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account, but does not include income received due to [bonuses, overtime pay or any other extra compensation.]]

[If your current monthly earnings include [commissions] [or] [bonuses], your Total Monthly Earnings will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

[If your current monthly earnings include [commissions], your [commissions] will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

[Your average monthly earnings from the W-2 form (the box which reflects wages, tips and other compensation) received from your Employer for the prior calendar year immediately before the first date your Total [or Partial] Disability begins, or your average monthly earnings for your period of employment if employed for less than a full calendar year.]

[1/12 of the amount you reported as net earnings from self-employment on IRS [Form 1065, Schedule K-1] [Line 17] and will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins or will be averaged from your date of employment, whichever is less. [Total Monthly Earnings includes profit sharing bonuses.]]

[1/12 of the net income amount reported on IRS [Form 1040, Schedule C] but does not include [any other extra compensation]. Total Monthly Earnings will be averaged over the prior [24 month] period of your employment before the first date your Total [or Partial] Disability begins, or will be averaged from your date of employment, whichever is less.]

[1/12 of the net income amount reported as non-employee compensation on your 1099-MISC tax form from the Employer for the prior calendar year immediately before the first date your Total [or Partial] Disability begins, or the average monthly compensation from your date of employment, if employed for less than a full calendar year, that will be reported on your 1099-MISC tax form from the Employer.]

[If you are paid on an hourly basis, Total Monthly Earnings will be based on your hourly rate of pay, but will not exceed [40] hours per week.]



Sun Life Assurance Company of Canada
Is a member of the Sun Life Financial group of companies

www.sunlife-usa.com

SUN LIFE ASSURANCE COMPANY OF CANADA

CERTIFICATE AMENDMENT

Effective [January 1, 2009], Sun Life Assurance Company of Canada certifies that it has issued and delivered a Certificate Amendment to [the policyholder named on the face page of the Group Certificate(s) for Employees of [ABC Company].

Amending Group Policy No. [12345 that is applicable to term Life Insurance, Dependent Life Insurance, Accidental Death and Dismemberment Insurance, Dependent Accidental Death and Dismemberment Insurance, Short Term Disability Income Insurance, Long Term Disability Income Insurance.]

The Certificate is changed as follows:

[The name of the Policyholder as set forth on the Policy face page is changed to read:

Policyholder: <New Name>

Notice is hereby acknowledged by Sun Life Assurance Company of Canada that all right, title and interest of <old name> in and to the group policy has been assigned to <new name>.

It is hereby agreed that said <new name> will assume the rights and obligations of said <old name> under the policy and that the policy will continue in force and effect.]

This Certificate Amendment forms part of your Group Certificate to which it is attached.

Nothing contained in this Certificate Amendment will be held to affect any of the terms of the Group Certificate other than as stated herein.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

Transition Survivor Income Benefit Insurance Rider

Effective [January 1, 2009], the following provision is added to Group Policy No. [12345].

What is the Survivor Income Benefit?

If you die while insured and you are survived by an Eligible Survivor, Sun Life will pay a Transition Survivor Income Benefit to an Eligible Survivor. If applicable, a Bridge Survivor Income Benefit may also be payable.

Who is an Eligible Survivor?

An Eligible Survivor is your surviving dependent, as defined in the following classes:

Class A - Your surviving spouse if you were legally married for at least [one year] prior to your death.

Class B - Your unmarried child who was, on the date of your death:

- a. less than [21] years old; or
- b. between age [21] and [25], legally residing with and dependent upon you; or
- c. age [21] or older and is totally and permanently disabled, legally residing with and dependent upon you.

Class C - Your parent for whom you provided at least [50%] of that parent's support during the calendar year immediately prior to your date of death.

What is the amount of the Transition Survivor Income Benefit?

Subject to the Limitations, the Transition Survivor Income Benefit payable is [\$600] per month. This Benefit is payable monthly, commencing on the first day of the calendar month following your date of death as specified in "How are the Transition Survivor Income Benefits payable?".

What are the Limitations?

In the case of an Eligible Survivor who is eligible for an unreduced old age, survivor's or disability benefit under the Federal Social Security Act, the amount of the Transition Survivor Income Benefit shall be reduced to [\$175] per month.

The applicable Transition Survivor Income monthly benefit payable to a Class A Survivor is reduced by any monthly pension benefit payable under any pension or retirement program in effect to which your Employer had contributed.

For months in which two or more Eligible Survivors share a benefit, each Eligible Survivor's pro rata share will be reduced by any Social Security or pension benefit received.

SUN LIFE ASSURANCE COMPANY OF CANADA

Transition Survivor Income Benefit Insurance Rider

How are the Transition Survivor Income Benefits payable?

The Transition Survivor Income monthly benefits are payable in the following order:

- a. Class A Survivor:
If the Class A Survivor dies prior to receiving [24] monthly payments, the remaining benefits are payable to any surviving Class B Survivors in equal shares. If there are no Class B Survivors, the remaining benefits are payable in equal shares to any Class C Survivors.
- b. Class B Survivor(s):
If the Class B Survivor ceases to be eligible prior to receiving [24] monthly payments, the remaining monthly payments are payable to the remaining eligible Class B Survivors in equal shares. If there are no Class B Survivors, the remaining benefits are payable in equal shares to any Class C Survivors.
- c. Class C Survivor(s):
Benefits are payable to Class C Survivors in equal shares.
- d. If there are no Eligible Survivors, no benefit is payable.

When do Transition Survivor Income Benefits cease?

The [\$600] Transition Survivor Income monthly benefits will cease on the earliest of the following:

- a. the date there are no remaining Eligible Survivors; or
- b. the date [24] Transition Survivor Income monthly benefits have been paid.

What is the Bridge Survivor Income Benefit?

After [24] monthly Transition Survivor Income Benefits are payable to a Class A Survivor, a Bridge Survivor Income Benefit of [\$600] per month is payable if, on the date of your death, there is a Class A Survivor who is either:

- a. at least age [45]; or
- b. whose age, combined with your years of credited service or Seniority, whichever is greater, totals [55] or more.

The Bridge Survivor Income Benefit is payable, subject to the Exclusions, on the first day of the month following the completion of [24] months of Transition Survivor Income Benefits.

What are the Exclusions?

No Bridge Survivor Income Benefit is payable to a Class A Survivor:

- a. for any month in which the Class A Survivor is eligible to receive Mother's or Father's insurance benefits under the Federal Social Security Act;
- b. on or after the date the Class A Survivor dies or remarries; or
- c. on or after the date the Class A Survivor reaches age [62] and one month, or such lower age at which full widow's or widowers' insurance benefits or Old Age Insurance Benefits become payable under the Federal Social Security Act.

SUN LIFE ASSURANCE COMPANY OF CANADA

Transition Survivor Income Benefit Insurance Rider

Can my Class A Survivor Waive the receipt of Transition Survivor Income Benefits?

Yes, a Class A Eligible Survivor may waive any right to receive Transition Survivor Income Benefits. The Class A Survivor must complete a waiver form furnished by your Employer.

No Transition Survivor Income Benefit will be payable for any period on or after receipt by your Employer of the waiver form. However, any period a benefit is not paid because of such waiver will count towards a month as if the Class A Survivor had received the Transition Survivor Income Benefit.

A Class A Survivor may revoke the waiver at any time by completing and submitting the form to your Employer. The remaining Transition Survivor Income Benefits, if any, will commence on the first day of the month following receipt of the waiver revocation by your Employer.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

Receipt of accelerated benefits may be taxable. Assistance should be sought from a personal tax advisor.

A. **ACCELERATED BENEFIT COVERAGE:** Accelerated Benefits are designed to provide to you partial payment of your Amount of Insurance if you have a life expectancy of [12 months] or less. Benefits as specified in the policy and your certificate will be reduced upon receipt of an Accelerated Benefit payment.

B. ELIGIBILITY

You must have been covered under the Group Life Insurance Benefit Provision for at least [60 days] prior to application for an Accelerated Benefit. This [60] day period is waived for qualifying events due to accidental injury.

You must be insured for at least [**\$20,000**] in order to be eligible for an Accelerated Benefit.

The **minimum** Accelerated Benefit that can be requested is [**\$10,000**].

The **maximum** Accelerated Benefit that can be requested is [**\$500,000**].

C. **ACCELERATING CONDITION:** Terminal Illness that is certified by a Physician to reasonably be expected to result in death in [12 months] or less.

D. **ACCELERATING OPTION: Acceleration of up to [75%]** of the total Life Insurance in force, payable as a lump sum.

E. **PREMIUM FOR ACCELERATED BENEFIT:** There is **no additional premium charge** for this benefit.

F. **IMPACT ON LIFE INSURANCE BENEFIT:** If you receive an Accelerated Benefit:

1. your **Amount of Insurance then in effect will be reduced** by the amount of the Accelerated Benefit paid.
2. the remaining Amount of Insurance is subject to any subsequent reductions or termination based upon your age or retirement.

G. **IMPACT ON ACCIDENTAL DEATH BENEFITS:** If you are insured for Accidental Death and Dismemberment Insurance, such Amount of Insurance shall not be affected by the payment of any Accelerated Benefit.

Any amount of Group Life Insurance remaining in force at your death will be paid as a Death Benefit to the beneficiary(ies) of record.

THIS BENEFIT IS NOT A LONG TERM CARE OR NURSING HOME INSURANCE POLICY. THE AMOUNT THIS BENEFIT PAYS YOU MAY NOT BE ENOUGH TO COVER YOUR MEDICAL, NURSING HOME EXPENSES OR OTHER BILLS. YOU MAY USE THE MONEY RECEIVED FROM THIS BENEFIT FOR ANY PURPOSE. RECEIPT OF THIS BENEFIT MAY AFFECT YOUR MEDICAID ELIGIBILITY.

BENEFITS UNDER THIS PROVISION MAY BE TAXABLE. YOU SHOULD CONSULT YOUR TAX ADVISOR FOR SPECIFIC ADVICE. NEITHER SUN LIFE NOR ANY OF ITS AGENTS OR REPRESENTATIVES CAN PROVIDE TAX OR LEGAL ADVICE.

SUN LIFE ASSURANCE COMPANY OF CANADA
GROUP LIFE INSURANCE ACCELERATED BENEFITS
ILLUSTRATION AND AUTHORIZATION

We received a written request for acceleration of benefits on [January 15, 2009].

This illustration has been prepared for you so you may be aware of the effects that exercising the Accelerated Benefits provision will have on your Group Life Insurance benefits with Sun Life.

The figures in this illustration are as of the date we received the written request for acceleration of benefits.

In some cases, we require the authorization of another party such as an absolute assignee, irrevocable beneficiary, or spouse (in community property states only) before we can make payment of Accelerated Benefits.

ILLUSTRATION

1. The dollar amount of your Life Insurance under Group Policy [65000], prior to the payment of the Accelerated Benefit, is [100,000].
2. The dollar amount of the Accelerated Benefit requested is [\$50,000].
3. Your reduced Amount of Life Insurance is [\$48,500].

The undersigned hereby authorize(s) Sun Life Assurance Company of Canada to make payment of Accelerated Benefits. I/we realize that by authorizing the payment of Accelerated Benefits, the remaining Amount of Life Insurance, and the remaining Death Benefit, to which I/we may become entitled, are reduced.

[John Doe, Signature]
Signature of Employee

[January 15, 2009]
Date Application Signed

Signature of Absolute
Assignee (If applicable)

Signature of Irrevocable
Beneficiary (If Applicable)

Signature of Spouse
(community property states only)

SERFF Tracking Number: SNLF-126329573 State: Arkansas
 Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 43723
 Company Tracking Number: SS10 REVISION
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
 Product Name: Group DI
 Project Name/Number: SS10 Revision/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/14/2009
Comments:		
Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	10/14/2009
Comments: This policy will be used with group application form XGR/2812, which was approved by your Department on September 11, 2009 (Arkansas file number 43398).		

	Item Status:	Status Date:
Satisfied - Item: AR-reg 19 Compliance	Approved-Closed	10/14/2009
Comments:		
Attachment: ar-reg 19 compliance cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statements of Variability	Approved-Closed	10/14/2009
Comments:		
Attachments: 010P-LH Statement of Variability .pdf 010C-LH Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Forms List	Approved-Closed	10/14/2009

SERFF Tracking Number: SNLF-126329573 *State:* Arkansas
Filing Company: Sun Life Assurance Company of Canada *State Tracking Number:* 43723
Company Tracking Number: SS10 REVISION
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term
Product Name: Group DI
Project Name/Number: SS10 Revision/

Comments:

Attachment:

Forms List.pdf

READABILITY CERTIFICATION

We have analyzed the text of the enclosed forms and found them to be "readable". The Policy and its related forms are scored for the Flesch reading ease test as one unit. Based on the Flesch Scale Readability Analysis, I hereby certify that the forms achieved the minimum Flesch reading ease test score requirement of 50.

<u>Form Number</u>	<u>Description</u>
010P-LH, et al	Group Term Policy of Incorporation
010C-LH, et al	Group Term Certificate
010C-LH-SIB	Group Certificate Rider

Linda W. Murphy
By: _____
Signature

Title: Associate Director

Date: September 25, 2009

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATE OF COMPLIANCE WITH RULE AND REGULATION 19

RE: Forms: 010P-LH et al.

We hereby certify that the guidelines established in Arkansas Rule and Regulation 19 have been reviewed and the policy form designated above complies with these guidelines.

Sun Life Assurance Company of Canada

Linda W. Murphy

Linda Murphy
Associate Director

September 30, 2009

Date

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010P-LH et al

Variables in the forms are identified by brackets ([]).

Form Number	Policy Section	Explanation of Variable
		Face Page
2010P-LH	Company Logo	Company logo is bracketed to accommodate future changes.
2010P-LH	Policyholder	Policyholder varies by policyholder name.
2010P-LH	Policy Number	Policy Number varies by the specific policy number assigned to each policy.
2010P-LH	Policy Effective Date	Policy Effective Date varies based on each policyholder's effective date.
2010P-LH	Policy Anniversary Date	Policy Anniversary Date varies based on each policyholder's anniversary date.
2010P-LH	Policy Amendment Effective Date	Policy Amendment Effective Date is included if the Policy is amended. The actual date varies based on the effective date of the amendment.
2010P-LH	State	State name varies by the name of the state where the policy is issued.
2010P-LH	List of Insurance Benefits	The list of insurance benefits included in the policy will vary to reflect the benefits purchased by the policyholder.
2010P-LH	Officer's name	Officer's name may change to accommodate future changes in company personnel.
		Table of Contents
2010P-LH-TAB		Table of contents page numbers will vary according to the policyholder's plan.
		Definitions
2010P-LH-DEF	Eligible Employer	Eligible Employer is included if the policyholder is a trust.
2010P-LH-DEF	Definition of Employee	Definition of Employee varies to accommodate each employer's plan design. The term "Employee" may be replaced with "Member" or another term to accommodate the employer's plan. The standard language for the definition of Employee may exclude any person residing outside of the U.S., Canada or Mexico. Puerto Rico or the Virgin Islands would be included if the policy covers employees in those territories. Another country could be included if applicable. The period of time during which the employee may work outside of the United States varies from 0 - 24 months.
		Eligibility
2010P-LH-ELIG	Employer's Effective Date	Employer's Effective Date is included if the policyholder is a trust.
2010P-LH-ELIG	Grace Period	Grace Period varies from 31-90 days.
		Incorporation Provision
		The types of coverage will be included or excluded, depending on the coverages purchased by the policyholder.

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010P-LH et al

2010P-LH-TERM	Termination	Termination
2010P-LH-TERM	Termination of Policy	Termination of Policy is included if the policy is issued to the employer.
2010P-LH-TERM	Notice of Termination	Notice of Termination varies from 60-180 days. Termination may occur on a policy anniversary date or a premium due date. The Minimum number of eligible employees varies from 2-50.
2010P-LH-TERM	Participation requirements	Percent participation for non-contributory insurance varies from 75-100%. Percent participation for contributory insurance varies from 40-75%.
2010P-LH-TERM	Termination of the Employer's Participation in the Trust	Termination of the Employer's Participation in the Trust is included if the policy is issued to a trust. Notice of Termination may vary from 60-180 days. Termination may occur on a policy anniversary date or a premium due date. Minimum number of eligible employees varies from 2-50. The minimum participation percentage for non-contributory insurance varies from 75-100%. The minimum participation percentage for contributory insurance varies from 40-75%.
2010P-LH-TERM	Termination of Benefit Provision	The time period for Notice of Termination varies from 60-180 days. The minimum number of employees for termination varies from 2 – 50. The minimum participation percentage for non-contributory insurance varies from 75-100%. The minimum participation percentage for contributory insurance varies from 40-75%.
2010P-LH-GENP		General Provisions
2010P-LH-GENP	Misstatement of Facts	Premium refund time limit varies from 6-24 months.
2010P-LH-GENP	Legal Actions	Legal Actions time limit varies from 60-90 days and from to 3-6 years.
2010P-LH-PREM		Premiums
2010P-LH-PREM	Mode of Payment	Mode of Payment may be “quarterly”, “semi-annually” or “annually”.
2010P-LH-PREM	Rate Guarantee Period	Rate Guarantee Period varies from 12-60 months.
2010P-LH-PREM	Policyholder	The term “ Policyholder ” may be changed to “Employer” or “Eligible Employer”.
2010P-LH-PREM	Change in number of insured employees	Change in number of insured employees needed to trigger rate recalculation varies from 15-25%.
2010P-LH-PREM	Notice of premium rate increase	The time period for Notice of premium rate increase varies from 31-90 days.
2010P-LH-PREM	Grace Period	Grace Period varies from 31-90 days.
2010P-LH-PREM	Experience rating refund	Experience rating refund is included if the policy is experience rated.
010P-LH-PA	Policy Amendment	

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010P-LH et al

010P-LH-PA	Effective Date	Varies by the effective date of the Amendment.
010P-LH-PA	Policy Number	Varies by policyholder.
010P-LH-PA	Company Name	Varies by policyholder.
	Variable paragraph	When variable language is to be amended, the paragraph will contain a description stating clearly what part of the Policy is to be changed and will wither reflect the change that has to be made in the variable wording, or will identify the pages that are being substituted or added. For example, an Employer may have a name change or a waiting period change.

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010C-LH et al

Variables in the forms are identified by brackets ([]).

General Variables:

1. Bracketed text may be included as shown, omitted entirely, or may be replaced with alternate language to accommodate each employer's plan.
2. Bracketed items such as Policyholder, Employer, Policy Number, Policy Effective Date, Policy Anniversary Date and State of Issue may vary according to the specifics of each Policyholder/Employer.
3. Class descriptions may vary to accommodate each Employer's plan.
4. The term "Employee" may be replaced with "Member" or another term to reflect the specifics of the Employer's plan.
5. The term "Policy" may be replaced with "Plan".

Form Number	Certificate Section	Explanation of Variable
010C-LH		Face Page
010C-LH	Policyholder's name	Policyholder's name will reflect the name of the specific policyholder.
010C-LH	Policy number	Policy number will reflect the specific policy number assigned to each policy.
010C-LH	Employer	Employer is included if the policyholder is the Trust.
010C-LH	Classes of employees	Classes of employees covered under the plan may vary, based on the employer's plan design.
010C-LH	Employer's Effective Date	Employer's Effective Date is included if the Trust is the policyholder. Effective Date will reflect the Employer's effective date.
010C-LH	Certificate Effective Date	Certificate Effective Date is included if the Policy is issued to a Trust.
010C-LH	State of Issue	Language regarding the state of issue is included if the Policy is issued to a Trust.
010C-LH	List of Benefits	The type of benefits listed will vary according to the benefits chosen by the employer.
010C-LH	Logo	The Logo will reflect the current Sun Life logo.
010C-LH	Customer Service Center phone numbers	Customer Service Center phone numbers may change to reflect the current phone numbers.
010C-LH-TAB		Table of Contents
010C-LH		Table of Contents entries and page numbers may vary according to the benefits included in the certificate. The benefits included will vary according to the employer's selection. The page numbers will vary according to the benefits and options selected by the employer.
010C-LH-SCHED		Benefit Highlights
010C-LH-SCHED	Employee Basic Life and Accidental Death and Dismemberment Insurance	Basic life and AD&D insurance is included if selected by the employer. The employer may choose life insurance only or AD&D only. The term " Life " is included if the plan includes Life Insurance coverage.

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010C-LH et al

Form Number	Certificate Section	Explanation of Variable
	Benefit Highlights	The term “ AD&D ” is included if the plan includes Accidental Death and Dismemberment coverage. The term “ Basic ” is included if the policy includes basic benefits. The term “ Optional ” is included if the policy includes Optional benefits. “Optional” may be replaced with Voluntary, Supplemental, or Additional.
010C-LH-SCHED	Eligible Classes	The Eligible Classes description varies according to the employer’s plan. The reference to “United States” or “working in the United States” may be included or excluded at the option of employer. The scheduled number of hours per week varies from 10 - 50 hours.
010C-LH-SCHED	Basic Life Insurance	Basic Life Insurance is included according to employer’s plan design. Employee class descriptions are determined by the employer. Amounts of employee Life insurance vary according to the employer’s plan design. Amounts may vary from \$500 - \$10,000,000. Amounts may be flat dollar amounts, dollar increments or multiples of .25 - 15 times the employee’s earnings.
010C-LH-SCHED	Optional Life Insurance	Optional Life Insurance is included according to employer’s plan design. Employee Optional Life class descriptions are determined by the employer. Amounts of employee Optional Life insurance vary according to the employer’s plan design. Amounts may vary from \$500 - \$10,000,000. Amounts may be flat dollar amounts, dollar increments or multiples of .25 - 15 times the employee’s earnings.
010C-LH-SCHED	Maximum Benefit	Maximum Benefit is included if the Basic or Optional Life insurance includes a Maximum Benefit . The amount varies from \$500 to \$10,000,000.
010C-LH-SCHED	Combined Maximum	The Combined Maximum Benefit for Basic and Optional is included if the plan includes both basic and optional insurance and the Maximum Benefit is combined. The Combined Maximum varies from .25 -15 times the employee’s basic annual earnings, or \$1,000 - \$10,000,000.
010C-LH-SCHED	Guaranteed Issue Amount	The Guaranteed Issue Amount is included if the employer’s plan design includes a guaranteed issue limit. The amount varies from .25 -15 times the employee’s basic annual earnings, or \$0 - \$10,000,000.
010C-LH-SCHED	Age Reductions	Age reduction schedule varies according to the employer’s plan design. The age at which benefits will be reduced varies from 60 – 100. The benefit percentage varies from 10 to 90%.
010C-LH-SCHED	Evidence of Insurability	The Evidence of Insurability requirements vary according to the employer’s design. Evidence of Insurability may be required for amounts in excess of \$5,000 - \$10,000,000, or 1 – 100% of the employee’s amount of life insurance. Evidence of Insurability may be waived if the employee elects an increase due to certain family status changes.
010C-LH-SCHED	Retired Employees Benefit Highlights	Retired Employees schedule may be included if retirees are covered. Retiree coverage may be for basic life only or basic and optional life, based on the employer’s plan design.
010C-LH-SCHED	Classification	Classes eligible for Retiree coverage vary according to the employer’s plan. The age requirement varies from 35-100 and the service requirement varies from 1 - 40 years.
010C-LH-SCHED	Amounts of Retiree Insurance	The retiree coverage amounts vary from 1 to 100% of the amount of insurance in force on the day before retirement, or may be a flat dollar amount from \$500 - \$10,000.

Sun Life Assurance Company of Canada
Statement of Variable Material
Forms 010C-LH et al

Form Number	Certificate Section	Explanation of Variable
010C-LH-SCHED	Age Reductions	Age reduction schedule varies according to the employer’s plan design. The age at which benefits will be reduced varies from 35 – 100. The benefit percentage varies from 1 to 90%.
010C-LH-SCHED	Dependent Basic Life and Accidental Death and Dismemberment Benefit Highlights	Dependent coverage is included according to the employer’s plan design. Dependents may be covered for Basic and/or Optional life and AD&D. Coverage may apply to both spouse and child or may apply to spouse only or child only. The classes eligible for dependent coverage vary according to the employer’s plan.
010C-LH-SCHED	Dependent Maximum Benefit Amount	The amount of dependent insurance varies from 1 – 100% of the employee’s amount. The dependent spouse Maximum Benefit varies from \$500 - \$10,000,000. The dependent child maximum varies from \$500 – \$10,000,000. An employee may elect dependent insurance amounts in increments of \$1,000 - \$100,000.
010C-LH-SCHED	Dependent Child Age	Child age varies from birth to age 17 - 30.
010C-LH-SCHED	Guaranteed Issue	The Guaranteed Issue for Dependent Life is included if the plan includes a guaranteed issue amount for basic and/or optional life and/or AD&D insurance. Guaranteed issue amounts for a spouse may vary by age. The age varies from 35 –90 and the amounts vary from \$0- \$10,000,000. The Guaranteed Issue amount for a child varies from \$500 - \$10,000,000.
010C-LH-SCHED	Dependent Age reduction schedule	Age reduction schedule may vary, based on the employer’s choice. The age varies from 35 – 100. The percentage varies from 1 – 90%. Termination age for dependent spouse coverage may vary based on the employee’s age or the dependent’s age.
010C-LH-SCHED	Dependent Evidence of Insurability	The Evidence of Insurability requirements vary according to the employer’s design. Evidence of Insurability may be required for amounts in excess of \$5,000 - \$10,000,000, or 1 – 99% of the employee’s amount of life insurance. Evidence of Insurability may be waived if the employee elects an increase due to certain family statuses changes.
010C-LH-SCHED	Short Term Disability Benefit Highlights	Short Disability Income is included if selected by the employer.
010C-LH-SCHED	Eligible Classes	The Eligible Classes description varies according to the employer’s plan. The reference to “United States” or “working in the United States” may be included or excluded at the option of employer. The scheduled number of hours per week varies from 10 - 50 hours.
010C-LH-SCHED	STD Benefit Percentage	STD Benefit Percentage varies from 20% - 100%.
010C-LH-SCHED	STD Maximum Weekly Benefit	Maximum Weekly Benefit varies from \$100 - \$20,000.
010C-LH-SCHED	Weekly Benefit	The weekly benefit may be reduced by Other Income Benefits according to the employer’s plan design.

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010C-LH-SCHED	Guaranteed Issue Amount	Guaranteed Issue Amount is included if the plan design includes a Guaranteed Issue amount. Amounts may vary from \$100 - \$20,000.
010C-LH-SCHED	STD Tiered Benefit Design	The weekly benefit may be based on a “Tiered” benefit design at the option of the employer. The benefit percentage for the first tier varies from 20 – 100%, and the number of weeks varies from 1 – 260 weeks. The benefit percentage for the second tier varies from 20 -100% and the number of weeks varies from 1 - 260 weeks. The benefit percentage for the third tier varies from 20 – 100%.
010C-LH-SCHED	STD Minimum Weekly Benefit	The Minimum Weekly Benefit varies from \$10 - \$500, or 5 -20% of the gross weekly benefit.
010C-LH-SCHED	Evidence of Insurability provision	Evidence of Insurability provision is included if the plan includes an evidence of insurability requirement.
010C-LH-SCHED	Core/buy-up Option	Core/buy-up Option is included if selected by the employer. The Benefit Percentage varies from 10% - 100%. The Maximum Weekly Benefit varies from \$100 - \$20,000.
010C-LH-SCHED	STD Benefits Payable due to a Pre-existing Condition	STD benefits may be payable due to a Pre-existing Condition according to the employer’s plan design. The benefit percentage varies from 10% - 100% for the first 3 - 26 weeks, and from 10% - 100% for the remaining benefit payments.
010C-LH-SCHED	Elimination period	Elimination period varies from none to 180 days or more, depending on the employer’s choice. Elimination period may be different for accident and sickness. The Plan may or may not include coverage for first day hospital confinement . The Plan may or may not include first day coverage for outpatient surgery .
010C-LH-SCHED	STD Maximum Benefit Period	STD Maximum Benefit Period varies from 13 - 260 weeks.
010C-LH-SCHED	Long Term Disability Income Benefit Highlights	The LTD Schedule is included if the employer selects long term disability income insurance.
010C-LH-SCHED	Eligible Classes	The Eligible Classes description varies according to the employer’s plan. The reference to “United States” or “working in the United States” may be included or excluded at the option of employer. The scheduled number of hours per week varies from 10 - 50 hours.
010C-LH-SCHED	LTD Tiered Benefit Option	The monthly benefit may be based on a “Tiered” benefit design at the option of the employer. The benefit percentage for the first 6 - 60 months varies from 20 – 100%. The benefit percentage for the remaining benefit payments varies from 20 -100%.
010C-LH-SCHED	LTD Benefit Percentage	LTD Benefit Percentage varies from 20% - 100%. The Benefit Percentage may or may not be reduced by Other Income Benefits depending on the employer’s plan design.
010C-LH-SCHED	LTD Maximum Monthly Benefit	LTD Maximum Monthly Benefit varies from \$100 - \$35,000.

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010C-LH-SCHED	Guaranteed Issue amount	Guaranteed Issue amount is included according to the employer's plan design. Amounts vary from \$100 - \$30,000.
010C-LH-SCHED	LTD Benefits Payable due to a Pre-existing Condition	LTD Benefits Payable due to a Pre-existing Condition is included according to the employer's plan design. The benefit percentage varies from 20% - 60% for the first 6 - 60 months, and from 20% - 60% for the remaining benefit period.
010C-LH-SCHED	Evidence of insurability	Evidence of insurability is included if the plan includes an evidence of insurability requirement.
010C-LH-SCHED	Core/buy-up option	Core/buy-up option is included if selected by the employer. The Benefit Percentage varies from 1% - 100%.
010C-LH-SCHED	Elimination period	The Elimination Period varies from 1 - 60 months.
010C-LH-SCHED	LTD Minimum Monthly Benefit	LTD Minimum Monthly Benefit varies from \$10 - \$1,000, or from 5 - 20% of the gross monthly benefit.
010C-LH-SCHED	Age at Disability	The Age at Disability varies from 35 - 100.
010C-LH-SCHED	LTD Maximum Benefit Period	LTD Maximum Benefit Period varies from 6 - 120 months.
010C-LH-SCHED	Waiting Period	The Waiting Period varies according to the employer's plan design and may vary by class or benefit. The number of months varies from 0 - 60 months.
010C-LH-SCHED	Contributions	Whether benefits are contributory or non-contributory may vary by coverage or class, according to the employer's plan design.
010C-LH-EELIG		Eligibility and Effective Dates of Employee Insurance
010C-LH-EELIG	Employee Eligibility	Eligibility date may vary by the employer's effective date, the employee's effective date, the benefit effective date, or by class.
010C-LH-EELIG	Application for Insurance	The application period varies from 15 - 180 days.
010C-LH-EELIG	Insurance Starts	When insurance starts varies depending on whether benefits are contributory or non-contributory, and whether the employee is actively at work or hospital confined.
010C-LH-EELIG	Refusal of coverage	Refusal of employee insurance is standard language but may be excluded at the option of the employer.
010C-LH-EELIG	Changes in Insurance	When changes in insurance become effective may vary depending on the triggering event and may become effective on a date agreed upon by the employer and the insurer.

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010C-LH-EELIG	Rehire Provision	The rehire provision may be included at the option of the employer. The number of months varies 6 – 24. A former employee may or may not be allowed back into the plan without completing a new waiting period depending on the employer’s plan design. Evidence of Insurability may be required depending on the plan design.
010C-LH-DELIG		Eligibility and Effective Dates of Dependent Insurance
010C-LH-DELIG	Dependent Eligibility	Dependent Eligibility is included if the plan includes coverage for dependents.
010C-LH-DELIG	Eligibility date	Eligibility date for Dependent coverage may vary by the employer’s effective date, the employee’s eligibility date, the benefit effective date, or by employee class.
010C-LH-DELIG	Spouse	The term “Spouse” is included if dependent coverage applies to the employee’s spouse only.
010C-LH-DELIG	Child	The term “Child” is included if dependent coverage applies to the employee’s child only.
010C-LH-DELIG	Refusal of coverage	Refusal of dependent insurance is standard language but may be excluded at the option of the employer.
010C-LH-ENROLL		Eligibility and Effective Dates of Insurance (Open Enrollment Eligibility)
010C-LH-ENROLL	Employee Eligibility	Eligibility date may vary by the employer’s effective date, the employee’s effective date, the benefit effective date, or by class.
010C-LH-ENROLL	Dependent Eligibility	Eligibility date for dependent insurance may vary by the employer’s effective date, the employee’s eligibility date, the benefit effective date, or by employee class.
010C-LH-ENROLL	Initial Enrollment Period	The Initial Enrollment Period varies depending on the employer’s plan design. An employee may be automatically enrolled for minimum benefits or not enrolled. Dependent language would be included only if dependents are covered.
010C-LH-ENROLL	Family Status Change	Change in plan options due to a Family Status Change is included at the option of the employer.
010C-LH-ENROLL	Eligibility for Dependent Insurance	Dependent eligibility is included only if dependents are covered. The newborn child language is included if dependents are covered from birth. The number of days varies from 15 to 365.
010C-LH-ENROLL	Annual enrollment period	Annual enrollment period varies to accommodate the employer’s open enrollment period.
010C-LH-ENROLL	Changes in Insurance	When changes in insurance become effective may vary depending on the triggering event and may become effective on a date agreed upon by the employer and the insurer.
010C-LH-ENROLL	Rehire Provision	May be included at the option of the employer. The number of months varies 6 – 60. A former employee may or may not be allowed back into the plan without completing a new waiting period depending on the employer’s plan design. Evidence of Insurability may be required depending on the plan design.
010C-LH-ENROLL	Actively at Work	“Actively at Work” is included if the plan covers employees who are non-union and are regularly scheduled to work a specified number of hours per week.

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010C-LH-ENROLL	Hospital Confined	“ Hospital Confined ” is included if the plan covers union members who are not required to work a specified number of hours per week to be eligible for coverage.
010C-LH-ETERM		Termination of Employee Insurance
010C-LH-ETERM	Insurance Ceases	Any bracketed item on the list may be deleted or revised according to the employer’s plan design.
010C-LH-ETERM	Continuation	Continuation provisions may be deleted or revised based on the employer’s plan design. The types of leaves allowed vary according to the employer’s plan. The time periods for layoff, leave of absence, vacation and military leaves vary from 1 – 60 months.
010C-LH-DTERM		Termination of Dependent Insurance
010C-LH-DTERM	Insurance Ceases	Any bracketed item on the list may be deleted or revised according to the employer’s plan design. Termination age for dependent spouse coverage varies from 35-90.
010C-LH-LIFE		Employee Life Insurance Benefit Provisions
010C-LH-LIFE		The term “Basic” is included if the plan includes both basic and optional insurance. The term “ Optional ” is included if the plan includes optional insurance, and may be replaced with “Voluntary,” “Additional” or “Supplemental.”
010C-LH-LIFE	Exclusions	Suicide exclusion is included according to the employer’s plan design. The bracketed items may be included or excluded depending on the plan design. The number of months varies from 12 - 24.
010C-LH-LIFE	Waiver of Premium Provision	The Waiver of Premium Provision is included at the option of the employer. The maximum age for eligibility for waiver of premium varies from 35 - 99. The waiting period varies from 0 - 60 consecutive months. The period of time during which the employee must apply for the Waiver of Premium benefit after active work ceases varies from 6 – 60 months. The maximum age for receipt of waiver of premium benefits varies from 35 - 99. The elimination period varies from 0 – 60 months. Waiver of Premium may apply to AD&D and Dependent Life insurance at the option of the employer.
010C-LH-LIFE	Accelerated benefit	The Accelerated benefit is included at the option of the employer. A waiting period may be included at the option of the employer. The waiting period varies from 0 - 60 days. The life expectancy varies from 12 - 24 months. The standard is 12 months. The minimum amount of life insurance for which the employee must be insured varies from \$1,000 - \$20,000. The maximum percentage amount of the accelerated benefit varies from 25% to 100% of the life insurance amount. The maximum dollar amount of the accelerated benefit varies from \$20,000 to \$10,000,000. The minimum amount of the accelerated benefit varies from \$10,000 - \$50,000.
010C-LH-LIFE	Permanent Total Disability Benefit	The Permanent Total Disability Benefit is included if chosen by the employer. The application period varies from 12 - 60 months. The length of time an insured must be permanently totally disabled varies from 0 - 60 consecutive months. The standard is 12 consecutive months. The mode of payment may be monthly, quarterly or annually. The maximum age for eligibility varies from 35 - 99. The benefit may be paid in fixed installments over a period of 2 – 7 years. The period of time for providing proof of claim varies from 12 - 24 months. The

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		multiplier for calculating the benefit varies from 0.010 – 0.025.
010C-LH-LIFE	Line of Duty Benefit	The Line of Duty Benefit is included if chosen by the employer. The number of days during which death must occur due to an accidental exposure varies from 90 – 730 days. The “lesser of” may be replaced with “greater of”. The benefit percentage varies from 1% - 200%. The dollar amount varies from \$1,000 - \$500,000. The definition of Public Safety Officer, the specific job titles and the definition of Line of Duty Death may vary to accommodate each employer’s plan.
010C-LH-LIFE	Fatal Heart Attack and Stroke Benefit	The Fatal Heart Attack and Stroke Benefit is included if chosen by the employer. The time period during which the heart attack or stroke must occur varies from 12 – 48 hours. The benefit amount varies from \$1,000 - \$500,000. The definition of Public Safety Officer and the specific job titles may vary to accommodate each employer’s plan.
010C-LH-LIFE	Portability Privilege	The Portability Privilege is included if chosen by the employer. The age varies from 60 – 99. The maximum amount varies from \$100,000 - \$2,000,000. The number of days to apply for the portability coverage varies from 31 - 120 days. The life expectancy varies from 12 - 24 months. The duration of the portability coverage varies from 2 – 25 years. Dependent Portability language is included if the plan offers portability for spouse and/or child coverage.
010C-LH-LIFE	Conversion Privilege	The minimum amount for Conversion due to termination of employment or eligibility, retirement, age or termination of Waiver of Premium coverage varies from \$1,000 - \$25,000, or the amount that ceased. The maximum for conversion due to termination of the policy or benefit provision varies from \$1,000 - \$10,000 or more, if required by state law, or the amount that ceased. The time period to apply for conversion varies from 31-180 days.
010C-LH-LIFE	Continuity of Coverage	Continuity of Coverage is included if the life insurance coverage is transferred from another carrier.
010C-LH-DLIFE		Dependent Life Provisions
010C-LH-DLIFE	Dependent Life Insurance	Dependent Life is included if chosen by the employer. The amount of dependent life insurance depends on the employer’s plan design as shown on the Benefit Highlights. Maximum Benefit is included if the schedule is based on a multiple of earnings. Guaranteed Issue is included if the plan design includes a guaranteed issue amount. Optional Insurance is included if the plan design includes optional life insurance. Evidence of Insurability is included if it is required according to the employer’s plan design. The age reductions may be included at the employer’s option.
010C-LH-DLIFE	Suicide exclusion	Suicide exclusion is included at the option of the employer. The number of months for the suicide exclusion varies from 12 to 24.
010C-LH-DLIFE	Dependent Conversion Privilege	The minimum amount for Conversion due to termination of employment, eligible class, etc. varies from \$1,000 to \$25,000, or the amount that ceased. The maximum for conversion due to termination of the policy or benefit provision, etc. varies from \$1,000 - \$10,000 or the amount that ceased. The period of time during which the employee must apply and pay the first premium varies from 31-120 days.

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010C-LH-DLIFE	Dependent Accelerated Benefit	Dependent Accelerated Benefit is included at the option of the employer. The waiting period varies from 0 – 60 days. The life expectancy varies from 12 - 24 months. The minimum amount of life insurance for which the dependent must be insured varies from \$1,000 - \$50,000. The maximum percentage amount of the accelerated benefit varies from 25% - 100% of the life insurance amount. The maximum dollar amount of the accelerated benefit varies from \$50,000 - \$1,000,000. The minimum amount of the accelerated benefit varies from \$10,000 - \$50,000.
010C-LH-DLIFE	Continuity of Coverage	Continuity of Coverage is included if the dependent life insurance coverage is transferred from another carrier.
010C-LH-AD&D		Accidental Death and Dismemberment Benefits
010C-LH-AD&D	Employee and Dependent Accidental Death and Dismemberment Insurance	AD&D is included if chosen by the employer. The number of days varies from 90 - 730. Coverage for loss of speech, hearing, thumb & index finger, monoplegia, diplegia, quadriplegia, paraplegia, hemiplegia or loss of an arm and/or a leg is included if chosen by the employer. The percentage for each loss varies from 10% - 200%.
010C-LH-AD&D	The Common Carrier Benefit	The Common Carrier Benefit is included only if chosen by the employer. The amount of the benefit varies from 1% - 300% of the AD&D benefit.
010C-LH-AD&D	Business Travel Benefit	The Business Travel Benefit is included only if chosen by the employer. The amount of the benefit varies from 1% - 300% of the AD&D benefit, and from \$500 - \$5,000,000. The amount of the benefit may or may not be reduced by the amount of the Common Carrier Benefit amount. Sales persons may be excluded. Change of residence may or may not apply depending on the employer's plan design. The period of time the employee must stay in the new location can vary from 30 - 365 days.
010C-LH-AD&D	Seat Belt Benefit	The Seat Belt Benefit is included only if chosen by the employer. The amount of the benefit varies from 1% - 300% of the AD&D benefit, and from \$500 - \$10,000,000.
010C-LH-AD&D	Air Bag Benefit	The Air Bag Benefit is included if chosen by the employer. The amount of the benefit varies from 1% - 300% of the AD&D benefit, and from \$500 - \$10,000,000.
010C-LH-AD&D	Helmet Benefit	The Helmet Benefit is included only if chosen by the employer. The amount of the benefit varies from 1% - 300% of the AD&D benefit, and from \$500 - \$10,000,000.
010C-LH-AD&D	Disappearance Benefit	The Disappearance Benefit is included only if chosen by the employer. The period of disappearance for the presumption of death varies from 180 to 730 days. The benefit may or may not be limited to insureds who are "fare-paying" passengers only. The benefit may be limited to disappearance of a "public" conveyance at the option of the employer.
010C-LH-AD&D	Common Accident Benefit	The Common Accident Benefit is included only if chosen by the employer. The period of time during which both the employee and spouse must die as the result of a common accident varies from 180 - 365 days. The amount of the benefit may be the lesser of the AD&D benefit payable or \$5,000 - \$10,000,000. The period during which the accident must occur varies from 6 - 24 hours.
010C-LH-AD&D	Felonious Assault Benefit	The Felonious Assault Benefit is included only if chosen by the employer. The amount of the benefit may be the lesser of 1% - 300% of the AD&D benefit payable or \$2,000 - \$10,000,000. Assault by fellow employees or family members may or may not be excluded at the option of the employer. The definition of family member is included if assault by family members is excluded. The specific family members vary

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		depending on the employer's choice.
010C-LH-AD&D	Surgical Reattachment Benefit	The Surgical Reattachment Benefit is included only if chosen by the employer. The amount of the benefit may be the lesser of 1% - 300% of the AD&D benefit payable, or \$2,000 - \$500,000. The period of time during which the insured must suffer complete loss of use if the reattachment fails varies from 180 - 730 days.
010C-LH-AD&D	Coma Benefit	The Coma Benefit is included only if chosen by the employer. The period of time during which an insured must be in a coma varies from 14 - 180 days. The benefit may be paid in monthly, quarterly, or annual installments. The benefit may or may not be reduced by any amount previously payable as the result of the same accident. Proof that the insured continues to be in a coma may be required monthly or semi-monthly, but after a period of 1- 2 years proof may be required no more that twice or 4 times a year. The benefit may be payable over 12 - 100 months.
010C-LH-AD&D	Repatriation Benefit	The Repatriation Benefit is included only if chosen by the employer. The number of miles from the insured's place of residence varies from 50 - 200 miles. The benefit amount varies from \$1,000 - \$100,000. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Family Travel Benefit	The Family Travel Benefit is included only if chosen by the employer. The period of time an insured is required to be hospitalized varies from 2 - 15 days. The distance from the insured's place of residence varies from 50 - 200 miles. The number of family members for which expenses may be reimbursed varies from 1 - 2. The period of time within which the family must be at the insured's bedside varies from 48 - 96 hours. The types of expenses eligible for reimbursement varies according to the employer's plan design. The maximum benefit varies from \$ 500 - \$100,000. Reimbursement for travel by automobile may be based on the IRS allowable rate, or may be a specified rate, depending on the employer's choice. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Home Alteration or Vehicle Modification Benefit	The Home Alteration or Vehicle Modification Benefit is included only if chosen by the employer. Loss of sight may or may not be included, depending on the employer's plan design. The number of years varies from 2 - 4 years. The number of vehicles modified varies from 1 - 2. The amount of the benefit may be the lesser of the actual expenses incurred for the modification, 1% - 300% of the AD&D benefit payable or \$1,000 - \$500,000. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Bereavement Counseling Benefit	The Bereavement Counseling Benefit is included only if chosen by the employer. The period of time for which benefits may be paid for bereavement counseling varies from 6 - 24 months. The benefit equals the family member's incurred expenses, reduced by any reimbursement from other sources, or the benefit equals the family member's incurred expenses, not reduced by other reimbursements. The maximum benefit per family member varies from \$100 - \$5,000. The maximum benefit per insured's death varies from \$500 - \$2,000. Child age varies from under age 19 – 26. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.

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010C-LH-AD&D	Rehabilitative Training Benefit	The Rehabilitative Training Benefit is included only if chosen by the employer. The dollar amount varies from \$1,000 - \$50,000. The percentage amount varies from 1% - 300%. The period of time during which expenses must be incurred varies from 1 - 4 years. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Dependent Education Benefit	The Dependent Education Benefit is included only if chosen by the employer. The benefit may provide coverage for spouse only, child only, or both spouse and child. The child age varies from 18 - 29 years. The period of time during which the child or spouse must enroll after the Employee's death varies from 1 - 3 years. Proof of the child's enrollment and incurred expenses may be required each semester or each year. The dollar amount varies from \$1,000 - \$100,000. The percentage amount of the benefit varies from 2% - 30%. The benefit may be paid at the end of each semester or annually. The benefit period varies from 1 - 5 years per child. The dollar amount for the spouse benefit varies from \$1,000 - \$100,000. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Child Care Benefit	The Child Care Benefit is included only if chosen by the employer. The length of time during which the child must be enrolled in a child care center varies from 90 - 365 days. The child maximum age varies from 10 - 18 years. The dollar amount varies from \$1,000 - \$500,000. The percentage amount of the benefit varies from 1% - 25%. The benefit period varies from 1 - 6 years or until the child attains age 10 - 18, whichever is less. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Permanent Total Disability Benefit	The Permanent Total Disability Benefit is included only if chosen by the employer. The length of time for receipt of notice and proof of claim varies from 365 - 730 days. The length of time an insured must be permanently totally disabled varies from 0 - 60 consecutive months. The benefit may be paid in a lump sum, or may be paid monthly, quarterly or annually. The percentage amount varies from 1% - 5%. The dollar amount varies from \$100 to the amount of AD&D insurance in force. The period of time for providing notice of claim varies from 12 - 60 months. The period of time for providing proof of claim varies from 12 - 60 months. The benefit may terminate at age 35 - 99 or retirement.
010C-LH-AD&D	Critical Burn Benefit	The Critical Burn Benefit is included if chosen by the employer. The benefit percentage varies from 1- 100%. The dollar amount varies from \$1,000 - \$500,000. The percentage of scarring varies from 10 – 75%. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Line of Duty Benefit	The Line of Duty Benefit is included if chosen by the employer. The “lesser of” may be replace with the “greater of.” The benefit percentage varies from 1% - 200%. The dollar amount varies from \$1,000 - \$500,000. The definition of Public Safety Officer, the specific job titles and the definition of Line of Duty Accident may vary to accommodate each employer's plan. An additional benefit is payable if the insured person is insured for both basic and optional AD&D.
010C-LH-AD&D	Waiver of Premium Provision	The Waiver of Premium Provision is included at the option of the employer. The maximum age for eligibility for waiver of premium varies from 35 - 99. The waiting period varies from 0 - 60 consecutive months. The period of time during which the employee must apply for the Waiver of Premium benefit after active work

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		ceases varies from 6 – 24 months. The maximum age for receipt of waiver of premium benefits varies from 35 - 99. The elimination period varies from 6 – 24 months.
010C-LH-AD&D	Exclusions	The bracketed Exclusions may be included or excluded at the option of the employer. Exclusions for workers compensation and any work for wage or profit apply only if coverage is non-occupational. Exclusion for voluntary use of a controlled substance applies only if requested by the employer.
010C-LH-AD&D	Continuity of Coverage	Continuity of Coverage is included if coverage is transferred from another carrier. The date varies by the effective date of the transferred coverage.
010C-LH-STD		Short Term Disability Income Insurance
010C-LH-STD	Short Term Disability Income	Short Term Disability Income insurance is included if chosen by the employer. The terms “ Partial ” and “ Partially ” would be included only if the employer purchases the partial disability benefit.
010C-LH-STD	Total Disability Benefit Formula	The calculation of the Total Disability Benefit varies based on the employer’s plan design. The benefit may be calculated based on the employee’s benefit percentage of pre-disability earnings elected, the maximum weekly benefit amount and the guaranteed issue amount, if applicable. The benefit amount may be reduced by other income benefits, according to the plan design.
010C-LH-STD	Partial Disability Benefit Formula	The calculation of the Partial Disability benefit may be based on the 50% benefit formula, the proportionate loss benefit formula or a blend of the 50% and proportionate loss formula. The earnings test may vary from 1% -99%. The amount of the total disability benefit used to determine the partial disability benefit varies from 20% - 80%. The amount of the earnings loss varies from 1% - 99%. The return to work benefit applies if chosen by the employer. The number of weeks varies from 13 – 260. The percentage of earnings varies from 80% -110%. “Own Occupation” may be replaced with “Own Job” according to the employer’s plan design.
010C-LH-STD	Other Income Benefits	Other income benefits are included if the benefit is offset by other income amounts. The list of other income sources varies according to the employer’s plan design.
010C-LH-STD	Lump Sum Payment	Lump Sum Payment is included if the plan offsets other income benefits.
010C-LH-STD	Required Application for Other Income	Required Application for Other Income is included if the plan requires the insured to apply for other income benefits.
010C-LH-STD	Social Security Disability Income Assistance Program	Social Security Disability Income Assistance Program is included at the option of the employer.
010C-LH-STD	Estimated Other Income	Estimated Other Income is included if benefits are reduced by other income benefits and the amounts are estimated.
010C-LH-STD	Adjustment of Benefit	Adjustment of Benefit is included if benefits are reduced by other income benefits. The reimbursement period varies from 0 - 121 days.
010C-LH-STD	Cost of Living Freeze	Cost of Living Freeze is included at the option of the employer.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-STD	Waiver of Premium	Waiver of Premium is included at the option of the employer.
010C-LH-STD	Survivor Benefit	Survivor Benefit is included at the option of the employer. The benefit varies from 3 – 24 times the gross weekly benefit, or from 50% - 100% of the last full weekly STD benefit. The definition of Eligible Survivor varies according to the employer’s plan. Child age varies from 17 – 30.
010C-LH-STD	Termination of Short Term Disability Benefits	Termination for failure to complete a rehabilitation program is included if the plan includes a rehabilitation benefit. Termination of benefits when the employee is able to work is included if the plan includes a partial disability benefit.
010C-LH-STD	Full-time basis	The definition of Full-time basis varies depending on the total and partial disability plan chosen by the employer. The number of hours varies from 20 – 50 hours.
010C-LH-STD	Successive Periods of Disability	Number of weeks varies from 1 week to 180. Number of days varies from 1 – 180 days.
010C-LH-STD	Rehabilitation Services	Rehabilitation Services provision is included at the option of the employer. Participation in a rehabilitation program may be voluntary or mandatory depending on the employer’s plan design. The multiplier for determining the rehabilitation benefit varies from 1.05 - 1.15. The number of weeks varies from 1 – 52 weeks.
010C-LH-STD	Limitations	The bracketed Limitations may be included or excluded depending on the employer’s plan design.
010C-LH-STD	Exclusions	The bracketed Exclusions may or may not be included depending on the employer’s choice. Exclusions for workers compensation and any work for wage or profit are included only if coverage is non-occupational. Exclusion for voluntary use of a controlled substance is included at the option of the employer. Pre-existing conditions exclusion is included according to the employer’s plan design and may apply only to the first 1 – 36 months after the effective date of coverage.
010C-LH-STD	Continuity of coverage	Continuity of coverage may apply if the STD coverage is transferred. The date varies by the effective date of the transferred coverage. If a pre-existing condition applies, any period insured under the prior contract may apply to the new policy.
010C-LH-STD	Total or Partial Disabilities due to a Pre-existing Condition	Disabilities due to a pre-existing condition may be covered if coverage is transferred from a prior carrier, depending on the employer’s plan design.
010C-LH-STD	Recurrent or Concurrent Condition	The period during which the employee must become totally disabled after returning to work varies from 1 – 24 months.
010C-LH-LTD		Long Term Disability Income insurance (LTD)
010C-LH-LTD	Long Term Disability Benefit	The Long Term Disability Benefit is included if chosen by the employer. The terms “ Partial ” or “ Partially ” would appear only if Partial Disability is chosen.
010C-LH-LTD	Total Disability Benefit:	Total Disability Benefit: The percentage of disability earnings varies from 1 – 99%. The number of months varies from 6 -120 months during the “own occupation” period.
010C-LH-LTD	Partial Disability	Partial Disability is included according to the employer’s plan design. The earnings varies from 1% - 99%. Indexed total monthly earnings may be included depending on the employer’s plan design. The number of months varies from 6 -120.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-LTD	50% benefit formula	The 50% benefit formula is included at the option of the employer.
010C-LH-LTD	Other Income Benefits	Other income benefits are included if the benefit is offset by other income amounts. The list of other income sources varies according to the employer's plan design.
010C-LH-LTD	Lump Sum Payment	Lump Sum Payment is included if the plan offsets other income benefits.
010C-LH-LTD	Required Application for Other Income Benefits	Required Application for Other Income Benefits is included at the option of the employer.
010C-LH-LTD	Estimated Other Income	Estimated Other Income is included if the plan offsets other income benefits.
010C-LH-LTD	Adjustment of Benefit	Adjustment of Benefit is included if the plan offsets other income benefits. The reimbursement period varies from 31 to 180 days.
010C-LH-LTD	Cost of Living Freeze	Cost of Living Freeze is included if other income benefits are applicable, and only if chosen by the employer.
010C-LH-LTD	Termination	Termination of disability benefits for lack of earnings information, and the earnings test termination provisions would be included if the plan includes the partial disability benefit. The ability to perform the duties of one's occupation would always be included unless an "any occupation" only plan was chosen by the employer. Gainful Occupation would always be included unless an "extended own occupation" only plan is chosen by the employer. Rehabilitation provision would be included if the plan includes the Rehabilitation Services benefit.
010C-LH-LTD	Full-time basis	The Definition of Full-time basis may vary to accommodate the total and partial disability plan chosen by the employer. The number of hours per week varies from 20 – 50.
010C-LH-LTD	Successive Periods	Successive Periods –The number of months varies from 3 to 24 months and the number of days varies from 0 to 31 days.
010C-LH-LTD	Rehabilitation Services	Rehabilitation Services provision is included at the option of the employer. Participation in a rehabilitation program may be voluntary or mandatory depending on the employer's plan design. The multiplier varies from 1.05 - 1.15. The number of months varies from 2 - 24 months.
010C-LH-LTD	Good Cause	Good Cause is included if the employer selects the mandatory rehabilitation benefit.
010C-LH-LTD	Survivor Income Benefit	Survivor Income Benefit is included if chosen by the employer. The period of disability varies from 30- 365 consecutive days . The benefit varies from 3 - 24 times the employee's last gross monthly benefit. The employer may choose one or two year survivor benefit options. The benefit varies from 40% - 100% of the employee's monthly earnings. The benefit may apply only to Total Disability depending on the employer's choice. The installment option varies from 12 – 60 months. The definition of Survivor varies according to the employer's plan design and may include spouse, domestic partner, civil union partner or dependent child. Child age varies from 18 - 30. Student age varies from 18 – 30.
010C-LH-LTD	Cost of living Adjustment	Cost of living Adjustment benefit is included at the option of the employer. The number of adjustments varies from 2 – 18. The benefit may be limited for a certain number of years or may be applicable for the duration of the benefit period. The benefit percentage varies from 1% - 10 %.
010C-LH-LTD	Retro Disability Benefit	Retro Disability Benefit is included at the option of the employer. The additional benefit for felonious assault is included at the option of the employer. The percent increase varies from 10 -100%. The multiplier to calculate the additional benefit varies from 1.00 – 2.00. Proof is required within 30 – 365 days. The

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Form Number	Certificate Section	Explanation of Variable
		period for hospital confinement varies from 2 – 60 consecutive days.
010C-LH-LTD	Reasonable Accommodation Benefit	Reasonable Accommodation Benefit is included at the option of the employer. The benefit varies from \$1,000 - \$50,000.
010C-LH-LTD	LTD Conversion Privilege	LTD Conversion Option is included at the option of the employer. The eligibility requirement varies from 3 – 24 months. The maximum age varies from 65 – 75 years. The application period varies from 31 – 180 days. The number of days varies from 1 – 90.
010C-LH-LTD	Assisted Living Benefit	Assisted Living Benefit is included at the option of the employer. The number of Activities of Daily Living varies from 2 – 5. The number of days varies from 30 – 365. The benefit percentage varies from 5 – 50%. The dollar amount of the benefit varies from \$1,000 - \$25,000.
010C-LH-LTD	Child Care Benefit	Child Care Benefit is included at the option of the employer. The number of months of rehabilitative employment varies from 1- 6. Child age varies from 13 - 18. Benefit percentage varies from 1 - 100%. The dollar amount varies from \$100 - \$10,000. The maximum benefit period varies from 6 – 60 months.
010C-LH-LTD	Cobra Continuance Premium Benefit	Cobra Continuance Premium Benefit is included at the option of the employer. The term “COBRA” may be replaced with “Group Health Coverage” or another name when the plan covers public sector employees that are not subject to COBRA. The Benefit varies from \$100 - \$2,000. The benefit is payable for 12 - 60 months.
010C-LH-LTD	Dependent Child Continuing Education Benefit	Dependent Child Continuing Education Benefit is included at the option of the employer. The number of months during which the employee must be Totally or Partially disabled varies from 1 - 24. The number of months during which the employee must be in an approved rehabilitation program varies from 1 – 24. The maximum child age varies from 18 - 29. The monthly benefit for each student varies from \$100 - \$5,000. The monthly benefit for more than one student varies from \$200 - \$10,000. The number of students varies from 2 - 5. The number of benefit payments varies from 12 - 60.
010C-LH-LTD	Extended Earnings Protection Benefit	Extended Earnings Protection Benefit is included at the option of the employer. The percentage of earnings varies from 50 - 100%. The number of months varies from 6 - 60. The number of benefit payments vary from 12 - 60.
010C-LH-LTD	Pension Contribution Benefit	Pension Contribution Benefit is included at the option of the employer. The number of months varies from 1 - 24. The percentage varies from 1 - 25%. The dollar amount varies from \$100 - \$10,000.
010C-LH-LTD	Relocation Expense Benefit	Relocation Expense Benefit is included at the option of the employer. The number of miles varies from 10 - 200. The benefit amount varies from \$1,000 - \$50,000 or from 1 - 12 times the Gross Monthly Benefit.
010C-LH-LTD	LTD Portability Option	LTD Portability Option is included at the option of the Employer. The maximum age for eligibility varies from 35 – 99. The application period varies from 31 – 180 days. The maximum monthly benefit varies from \$1,000 – \$50,000. The termination age varies from age 65 – 99. The number of days varies from 30 – 180.
010C-LH-LTD	Accidental Dismemberment and Loss of Sight Benefit	Accidental Dismemberment and Loss of Sight Benefit is included at the option of the employer. The time period during which the loss must be incurred varies from 90 – 730 days. The number of monthly benefit payments vary from 12 – 120. The “On the Job Assault” benefit is included at the option of the employer. The increased number of monthly benefit payments due to an on the job assault varies from 1 – 60 months.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-LTD	Limitations	The bracketed Limitations may be included or excluded at the option of the employer. Mental Illness benefit period varies from 1 - 60 months. The benefit period after hospital confinement varies from 30 - 180 days. The period for hospital re-confinement varies from 7 - 28 consecutive days. Drug or Alcohol benefit period varies 1 - 60 months. Chemical and Environmental Illness benefit period varies from 12 - 60 months for hospital confinement. Chronic Fatigue Illness benefit period varies from 12 - 60 months. Musculoskeletal and Connective Tissue Illness benefit period varies from 12 - 60 months. The Pre-existing Conditions Limitation is included at the option of the employer. The dollar amount of the benefit varies from \$50 - \$100. The benefit percentage varies from 25 – 60%. The benefit period varies from 6 – 24 months.
010C-LH-LTD	Exclusions	The bracketed Exclusions may be included or excluded at the option of the employer. Workers Compensation exclusion may be included only if coverage is non-occupational. Exclusion for work related injuries may be included only if coverage is non-occupational. Exclusions for drugs and alcohol may be excluded at the option of the employer. Pre-existing Conditions exclusion may be excluded at the option of the employer. The treatment free period varies from 5 – 730 days. The exclusion period varies from 1 – 36 months.
010C-LH-LTD	Continuity of coverage	Continuity of coverage may be included if the LTD coverage is transferred. The date varies by the effective date of the transferred coverage. If a pre-existing condition applies, any period insured under the prior plan may apply to the new policy.
010C-LH-LTD	Total or Partial Disabilities due to a Pre-existing Condition	Disabilities due to a pre-existing condition may be covered if coverage is transferred from a prior carrier, depending on the employer’s plan design.
010C-LH-LTD	Recurrent or Concurrent Condition	The period during which the employee must become totally disabled after returning to work varies from 1 – 24 months.
010C-LH-CLAIM		Claim Provisions
010C-LH-CLAIM	Notice and proof of Claim	The Notice and proof of Claim paragraphs would vary depending on the benefits included in the policy. Time periods for notice and proof of claim vary from 30 days to 24 months. Requirements for proof of claim may vary, based on type of coverage. The requirement for proof of continued disability is included only if STD, LTD or life with disability benefits are chosen.
010C-LH-CLAIM	Decision on Claim	Written notice of decision on claim time period varies from 31 – 45 days. The period of extension varies from 30 days -15 months.
010C-LH-CLAIM	Review of Claim Denial	The time period for requesting a review of a claim denial varies from 180 - 365 days. The time period for notification of a decision varies from 31 - 45 days. The time period to provide additional information varies from 31 - 45 days.
010C-LH-CLAIM	Payment of Benefits	“Other than Survivor Benefits” is included if the policy includes STD or STD with survivor benefits option.
010C-LH-CLAIM	Facility of Payment	The amount of payment made to the insured’s estate, on behalf of a minor beneficiary or an incompetent beneficiary, or for funeral services varies from \$1,000 to \$10,000. The amount of payment made to the

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Form Number	Certificate Section	Explanation of Variable
		custodian of a minor beneficiary varies from \$1,000 to \$10,000.
010C-LH-CLAIM	Change of Beneficiary	Change of Beneficiary paragraph is included if the plan include life insurance.
010C-LH-CLAIM	Assignments	Assignment paragraph is included if the plan includes life insurance and assignments are allowed.
010C-LH-CLAIM	Insurer's Authority	Insurer's authority is included unless otherwise prohibited by state law.
010C-LH-GENP		General Provisions
010C-LH-GENP	Examination and Autopsy	Examination and autopsy language is included based on the type of coverage provided.
010C-LH-GENP	Legal Proceedings	Time limit for legal actions varies from 60 – 90 days. Number of years varies from 2 -6 years.
010C-LH-GENP	Value Added Services	Value Added Services paragraph is included at the option of the employer. The kinds of services vary according to the employer's plan.
010C-LH-DEF		Definitions
010C-LH-DEF	General Definitions	
010C-LH-DEF	Actively at Work	The definition of Actively at Work varies to accommodate the employer's plan and may include union members, directors or any other employees the employer wishes to cover.
010C-LH-DEF	Contributory Insurance	Contributory Insurance is included only if there are benefits for which the employee is required to pay all or part of the premium.
010C-LH-DEF	Employee	Definition of Employee varies to accommodate each employer's plan design. The term "Employee" may be replaced with "Member" or another term to accommodate the employer's plan. The standard language for the definition of Employee may exclude any person residing outside of the U.S., Canada or Mexico. Puerto Rico or the Virgin Islands would be included if the policy covers employees in those territories. Another country could be included if applicable. The period of time during which the employee may work outside of the United States varies from 0 - 24 months.
010C-LH-DEF	Employer	The Definition of Employer varies to accommodate the employer's name.
010C-LH-DEF	Evidence of Insurability	Evidence of Insurability is included only if evidence of insurability is required for any benefit, and may be required for either the employee or dependent, or both. A paramedical examination may or may not be required.
010C-LH-DEF	Family Status Changes	Family Status Changes are included according to the employer's plan design. When annual changes are allowed depends on the employer's plan. The list of family status changes varies according to the employer's plan. Evidence of insurability may be required for increases in insurance due to a family status change, depending on the employer's plan design.
010C-LH-DEF	Guaranteed Issue Amount	Guaranteed Issue Amount is included if any benefit has a specified guaranteed issue limit. The guaranteed issue amount may apply to the employee's or the dependent's amounts of insurance.
010C-LH-DEF	Non-Contributory Insurance	Non-Contributory Insurance is included only if there are benefits for which the employee is not paying any of the premium.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-DEF	Participation in a Riot, Rebellion or Insurrection	Participation in a Riot, Rebellion or Insurrection is included if the employer selects this exclusion.
010C-LH-DEF	Physician	The Definition of Physician would always be included unless the policy includes life insurance only with no disability benefits.
010C-LH-DEF	Pregnancy	Definition of Pregnancy may be included if coverage is provided for disability income.
010C-LH-DEF	Retirement Plan	Retirement Plan is included if retirees are covered for life insurance, or if disability benefits cancel at retirement.
010C-LH-DEF	Sickness	Sickness would be included unless the plan includes life insurance only with no disability benefits.
010C-LH-DEF	Waiting Period	Waiting Period is included if the employer's plan design requires a waiting period.
010C-LH-DEF	Life Insurance Definitions	The Life Insurance Definitions would be included only if the employer purchases Life insurance. The terms "Basic" and "Optional" are included depending on whether or not the employer purchases Optional Life in addition to the Basic Life insurance.
010C-LH-DEF	Basic Annual Earnings	Basic Annual Earnings is included if the amounts of insurance are based on the employee's earnings. The definition is variable to accommodate the appropriate earnings definition for each employer.
010C-LH-DEF	Basic Maximum Benefit	Basic Maximum Benefit is included if the life insurance amount is based on a multiple of earnings schedule.
010C-LH-DEF	Combined Maximum Benefit	Combined Maximum Benefit is included if the policy includes both basic and optional life insurance, and the employee has the option to choose both.
010C-LH-DEF	Maximum Benefit	Maximum Benefit is included if the life insurance amount is based on a multiple of the earnings schedule, and only if basic, combined or optional maximum benefit is not included.
010C-LH-DEF	Optional Maximum Benefit	Optional Maximum Benefit is included if Optional Life is chosen and the amount is based on the employee's earnings.
010C-LH-DEF	Permanent Total Disability	Permanent Total Disability is included only if the permanent total disability benefit is chosen by the employer. Disability based on the loss of sight or limbs may be included at the option of the employer.
010C-LH-DEF	Retired Employee	Retired Employee definition is included if retirees are covered for life insurance. The date varies by the employer's effective date. The requirement that the employee must be receiving a pension may be included depending on the employer's plan design.
010C-LH-DEF	Retirement	Retirement is included if retirees are covered for life insurance, or if disability benefits cancel at retirement.
010C-LH-DEF	Terminally Ill	Terminally Ill is included if the policy includes accelerated death benefits. The number of months within which death is expected to occur varies from 6 to 24 months or greater. The standard is 12 months.
010C-LH-DEF	Total Disability or Totally Disabled	Total Disability or Totally Disabled is included only if waiver of premium is chosen. The own occupation period varies from 0 to 60 months.
010C-LH-DEF	Dependent Life Definitions	Dependent Life Definitions are included if dependents are covered for life insurance.
	Dependent	The Definition of Dependent is included if the plan includes dependent life insurance coverage. Coverage may be for spouse only, child only or both spouse and child. A domestic partner or civil union partner is

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Form Number	Certificate Section	Explanation of Variable
		included as a dependent at the option of the employer. The definition of child varies according to the employer's plan design. Child age varies from birth to under age 17 - 30. Student age varies from 21 – 30. The 50% child support requirement varies from 50 – 100%.
010C-LH-DEF	Basic Maximum Benefit	Basic Maximum Benefit is included if the dependent life insurance amount is based on a percentage of the employee's earnings.
010C-LH-DEF	Maximum Benefit	Maximum Benefit is included if the dependent life insurance amount is based on a percentage of the employee's earnings and only if basic, combined or optional maximum benefit is not included.
010C-LH-DEF	Optional Maximum Benefit	Optional Maximum Benefit is included if dependent optional life is included and the amount of coverage is a percentage of the employee's earnings.
010C-LH-DEF	Accidental Death and Dismemberment Definitions	Accidental Death and Dismemberment definitions are included if the plan includes coverage for accidental death and dismemberment.
010C-LH-DEF	Basic Annual Earnings	Basic Annual Earnings is included if the amounts of insurance are based on the employee's earnings. The definition is variable to accommodate the appropriate earnings definition for each employer.
010C-LH-DEF	Basic Maximum Benefit	Basic Maximum Benefit is included if the AD&D insurance amount is based on a percentage of the employee's earnings.
010C-LH-DEF	Dependent	The Definition of Dependent is included if the plan includes dependent AD&D insurance coverage. Coverage may be for spouse only, child only or both spouse and child. A domestic partner or civil union partner is included as a dependent at the option of the employer. The definition of child varies according to the employer's plan design. Child age varies from birth to under age 17 - 30. Student age varies from 21 – 30. The 50% child support requirement varies from 50 – 100%.
010C-LH-DEF	Insured Person	Insured Person is included if the AD&D coverage applies to employees and dependents. Otherwise, the term "employee" is used.
010C-LH-DEF	Maximum Benefit	Maximum Benefit is included if the AD&D insurance amount is based on a percentage of the employee's earnings, and only if basic, combined or optional maximum benefit is not included.
010C-LH-DEF	Optional Maximum	Optional Maximum Benefit is included if Optional AD&D is chosen and the insurance amount is based on a percentage of the employee's earnings.
010C-LH-DEF	Permanent Total Disability or Permanently Totally Disabled	The definition of Permanent Total Disability or Permanently Totally Disabled is included if the Permanent Total Disability benefit is included for AD&D. Disability based on the loss of sight or limbs may be included at the option of the employer.
010C-LH-DEF	Short Term Disability Income Definitions	Short Term Disability Income definitions are included if the plan includes coverage for Short Term Disability Income.
010C-LH-DEF	Disability Earnings	Disability Earnings is included only if the plan includes a Partial Disability and/or rehabilitation program benefit.
010C-LH-DEF	Drug and alcohol Illness	Drug and alcohol Illness is included if the policy contains a limitation for drug and alcohol illnesses.
010C-LH-DEF	Elimination Period	The return to work period varies from 1 - 30 working days.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-DEF	Gross Weekly Benefit	Gross Weekly Benefit is included if the STD benefit is subject to reductions for other income benefits.
010C-LH-DEF	Hospital Confinement	Hospital Confinement is included if the employer purchases first day hospital coverage. The number of hours varies from 1 - 36.
010C-LH-DEF	Material and Substantial Duties	Material and Substantial Duties for a Physician or Dentist is included if the plan covers physicians or dentists. Physicians or dentist may be replaced with another occupation to accommodate the employer's plan. The number of months varies from 12 – 60.
010C-LH-DEF	Outpatient Surgical Procedure	Outpatient Surgical Procedure is included at the option of the employer if STD benefits are payable for outpatient surgeries.
010C-LH-DEF	Own Job	Own Job is included if the definition of disability is based on the inability to perform the employee's "own job".
010C-LH-DEF	Own Occupation	Own Occupation is included if the policy includes an "Own occupation/Any Occupation" or "Extended Own Occupation" definition of disability.
010C-LH-DEF	Partial Disability or Partially Disabled	Partial Disability or Partially Disabled is included if the partial disability benefit is chosen. The percentage of earnings loss varies from 50 – 80%. The number of days varies from 7 – 60.
010C-LH-DEF	Social Security	Social Security is included only if social security benefits are offset.
010C-LH-DEF	Total Weekly Earnings definition	STD Total Weekly Earnings definition is included if the amounts of insurance are based on a percentage of the employee's earnings. The definition is variable to accommodate the appropriate earnings definition for each employer.
010C-LH-DEF	Long Term Disability Income Definitions	Long Term Disability Income definitions are included if the plan includes coverage for Long Term Disability Income.
010C-LH-DEF	Activities of Daily Living	Activities of Daily Living definition is included if disability is based on the inability to perform a certain number of Activities of Daily Living.
010C-LH-DEF	Chemical & Environmental Illness	Chemical & Environmental Illness is included if the employer's plan design includes a limited benefit for Chemical and Environmental illnesses.
010C-LH-DEF	Chronic Fatigue Illness	Chronic Fatigue Illness is included if the employer's plan design includes a limited benefit for Chronic Fatigue illnesses.
010C-LH-DEF	Cognitively Impaired	Cognitively Impaired definition is included if disability is based on the insured being cognitively impaired.
010C-LH-DEF	Disability Earnings	Disability Earnings is included if Partial Disability and/or rehabilitation program is chosen.
010C-LH-DEF	Drug and alcohol Illness	Drug and alcohol Illness is included if the policy contains a limitation for drug and alcohol illnesses.
010C-LH-DEF	Elimination Period	The return to work period varies from 1 – 180 days.
010C-LH-DEF	Family Social Security	Family Social Security is included if family social security benefits are included as an offset.
010C-LH-DEF	Gainful Occupation	Gainful Occupation is included if the policy includes an "any occupation" definition of disability. The standard percentage is 60% but may vary from 10% - 100%. The Maximum Benefit limitation is included at the option of

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Form Number	Certificate Section	Explanation of Variable
		the employer.
010C-LH-DEF	Gross Monthly Benefit	Gross Monthly Benefit is included if the monthly benefit is reduced by other income benefits.
010C-LH-DEF	Indexed Total Monthly Earnings	Indexed Total Monthly Earnings is included at the option of the employer. The adjustment period varies from 12 - 24 months. The percentage varies from 3 - 10%.
010C-LH-DEF	Material and Substantial Duties	Material and Substantial Duties for a Physician or Dentist is included if the plan covers physicians or dentists. Physicians or dentist may be replaced with another occupation to accommodate the employer's plan. The number of months varies from 12 – 60.
010C-LH-DEF	Musculoskeletal and Connective Tissue Illness	Musculoskeletal and Connective Tissue Illness is included if the employer's plan design includes a limited benefit for Musculoskeletal and Connective Tissue illnesses.
010C-LH-DEF	Own Job	Own Job is included if the definition of disability is based on the inability to perform the employee's "own job".
010C-LH-DEF	Own Occupation	Own Occupation is included if the policy includes an "Own occupation/Any Occupation" or "Extended Own Occupation" definition of disability.
010C-LH-DEF	Partial Disability	Partial Disability is included at the option of the employer. The own occupation period varies from 12 – 60 months. Indexed earnings may or may not be included. The earnings loss percentage varies from 1% - 99%.
010C-LH-DEF	Primary Social Security	Primary Social Security is included if only primary social security benefits are offset.
010C-LH-DEF	Social Security	Social Security is included if social security benefits are offset.
010C-LH-DEF	Total Disability	Total Disability or Totally Disabled definition is included if the plan includes an own occupation period of disability.
010C-LH-DEF	Total Monthly Earnings	LTD Total Monthly Earnings is variable to accommodate the appropriate earnings definition for each employer. The requirement that earnings be based on a 40 hour week varies from 20 - 80 hours.
010C-LH-SIB	Transition Survivor Income Benefit Insurance Rider	
010C-LH-SIB	Effective Date	Varies by the effective date of the rider.
010C-LH-SIB	Group Policy Number	Varies by the policy number of the policy to which the rider is attached.
010C-LH-SIB	Child Age	Varies from age 18 – 30.
010C-LH-SIB	Parent support	Percentage varies from 25% - 100%.
010C-LH-SIB	Amount of the Transition Survivor Income Benefit	Varies from \$100 - \$1,000.
010C-LH-SIB	Amount the reduced benefit	Varies from \$10 - \$500.
010C-LH-SIB	Number of Monthly payments	Varies from 12 – 60.

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Form Number	Certificate Section	Explanation of Variable
010C-LH-SIB	Bridge Survivor Benefit amount	Varies from \$100 - \$1,000.
010C-LH-SIB	Minimum age for Bridge Survivor Benefit	Varies from age 25 – 65.
010C-LH-SIB	Combined age and years of service	Varies from age 45 – 85.
010C-LH-SIB	Termination age	Varies from age 50 – SSNRA.
010C-LH-CA	Certificate Amendment	
010C-LH-CA	Effective Date	Varies by the effective date of the Amendment.
	Company Name	Varies by policyholder.
	Policy Number	Varies by policyholder.
	Types of Coverage	Varies by the coverages to which the amendment applies.
	Variable paragraph	When variable language is to be amended, the paragraph will contain a description stating clearly what part of the certificate is to be changed and will either reflect the change that has to be made in the variable wording, or will identify the pages that are being substituted or added. For example, an Employer may have a name change, a waiting period change, a schedule change, or may add an additional provision.

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Group Term Life, AD&D and Disability Income Forms Listing

Policy Form #	Type of Form/Description of Form
010P-LH	Group Term Policy Face Page
010P-LH-TAB	Table of Contents
010P-LH-DEF	Policy- Definitions
010P-LH-INC	Policy- Incorporation Provisions
010P-LH-TERM	Policy- Termination Provisions
010P-LH-GENP	Policy- General Provisions
010P-LH-PREM	Policy- Premium Provisions
Certificate Form #	Type of Form/Description of Form
010C-LH	Group Term Certificate Face Page
010C-LH-TAB	Table of Contents
010C-LH-SCHED	Certificate- Benefit Highlights
010C-LH-EELIG	Certificate- Eligibility and Effective Date
010C-LH-DELIG	Certificate- Dependent Eligibility and Effective Date
010C-LH-ENROLL	Certificate- Eligibility and Effective Date
010C-LH-ETERM	Certificate- Termination Employee Insurance
010C-LH-DTERM	Certificate- Termination Employee Insurance
010C-LH-LIFE	Certificate- Employee Basic Life
010C-LH-DLIFE	Certificate- Dependent Basic Life
010C-LH-AD&D	Certificate- AD&D
010C-LH-STD	Certificate- Short Term Disability
010C-LH-LTD	Certificate – Long Term Disability
010C-LH-CLAIM	Certificate- Claims
010C-LH-GENP	Certificate- General Provisions
010C-LH-DEF	Certificate- Definitions
Rider/Amendment Form #	Type of Form/Description of Form
010P-LH-PA	Policy Amendment
010C-LH-CA	Certificate Amendment
010C-LH-SIB	Certificate- Survivor Income Benefit Rider