

Oregon Episcopal School

BENEFIT HIGHLIGHTS

**Discover new
ways to protect
what you love**



Sun Life

Life's brighter under the sun

Find your benefits here.



OREGON EPISCOPAL SCHOOL

POLICY # 215472

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- ▶ **Basic Life insurance** to protect your family if something happens to you.
- ▶ **Long-Term Disability insurance** to protect your savings - once your claim is approved - when you can't work for an extended time.

Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Oregon Episcopal School | All Eligible Employees | 215472

Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

How it works

Your employer is providing coverage for you, at no cost to you!

Benefits

For you	<p>One times your basic annual earnings, up to a maximum of \$200,000—with no medical questions asked.</p> <p>Benefits are reduced to 65% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
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Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses

Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Life and AD&D FAQ

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may

elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

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

Optional Life insurance

Oregon Episcopal School | All Eligible Employees | 215472

This is an open enrollment. For specific details, please contact your employer.

Protect your family

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

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$110,000 if you are under age 60, \$20,000 if you are age 60-69, \$10,000 if you are age 70-79 and \$1,000 if age 80 or over.</p> <p>The benefit amount is reduced to 65% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$500,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$25,000 if your spouse is under age 60 and \$1,000 if age 60 or over .</p> <p>(The amount you select for your spouse cannot exceed 100% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,000 to \$10,000—in \$2,000 increments—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 100% of your coverage amount.)</p>



What does life insurance mean for the Jones family?

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

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

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

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

	<p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
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	<p>A full benefit is payable for a dependent child who is 6 months to 19 years old or to age 26 if a full-time student. A reduced benefit is payable for a child from birth to 6 months.</p>
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Additional considerations

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

Life FAQ

Do I have to answer health questions to enroll?

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

How is my benefit claim filed and paid?

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

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

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

Rate Sheet

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

Rates are effective as of January 01, 2019.

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

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

Coverage Amounts	Age and Cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.55	0.63	0.77	1.10	1.57	2.50	3.98	6.12	9.55	16.58	29.58	57.97
\$20,000	1.10	1.26	1.54	2.20	3.14	5.00	7.96	12.24	19.10	33.16	59.16	115.94
\$30,000	1.65	1.89	2.31	3.30	4.71	7.50	11.94	18.36	28.65	49.74	88.74	173.91
\$40,000	2.20	2.52	3.08	4.40	6.28	10.00	15.92	24.48	38.20	66.32	118.32	231.88
\$50,000	2.75	3.15	3.85	5.50	7.85	12.50	19.90	30.60	47.75	82.90	147.90	289.85
\$60,000	3.30	3.78	4.62	6.60	9.42	15.00	23.88	36.72	57.30	99.48	177.48	347.82
\$70,000	3.85	4.41	5.39	7.70	10.99	17.50	27.86	42.84	66.85	116.06	207.06	405.79
\$80,000	4.40	5.04	6.16	8.80	12.56	20.00	31.84	48.96	76.40	132.64	236.64	463.76
\$90,000	4.95	5.67	6.93	9.90	14.13	22.50	35.82	55.08	85.95	149.22	266.22	521.73
\$100,000	5.50	6.30	7.70	11.00	15.70	25.00	39.80	61.20	95.50	165.80	295.80	579.70
\$110,000	6.05	6.93	8.47	12.10	17.27	27.50	43.78	67.32	105.05	182.38	325.38	637.67
\$120,000	6.60	7.56	9.24	13.20	18.84	30.00	47.76	73.44	114.60	198.96	354.96	695.64
\$130,000	7.15	8.19	10.01	14.30	20.41	32.50	51.74	79.56	124.15	215.54	384.54	753.61
\$140,000	7.70	8.82	10.78	15.40	21.98	35.00	55.72	85.68	133.70	232.12	414.12	811.58
\$150,000	8.25	9.45	11.55	16.50	23.55	37.50	59.70	91.80	143.25	248.70	443.70	869.55
\$160,000	8.80	10.08	12.32	17.60	25.12	40.00	63.68	97.92	152.80	265.28	473.28	927.52
\$170,000	9.35	10.71	13.09	18.70	26.69	42.50	67.66	104.04	162.35	281.86	502.86	985.49
\$180,000	9.90	11.34	13.86	19.80	28.26	45.00	71.64	110.16	171.90	298.44	532.44	1043.46
\$190,000	10.45	11.97	14.63	20.90	29.83	47.50	75.62	116.28	181.45	315.02	562.02	1101.43
\$200,000	11.00	12.60	15.40	22.00	31.40	50.00	79.60	122.40	191.00	331.60	591.60	1159.40
\$210,000	11.55	13.23	16.17	23.10	32.97	52.50	83.58	128.52	200.55	348.18	621.18	1217.37
\$220,000	12.10	13.86	16.94	24.20	34.54	55.00	87.56	134.64	210.10	364.76	650.76	1275.34
\$230,000	12.65	14.49	17.71	25.30	36.11	57.50	91.54	140.76	219.65	381.34	680.34	1333.31
\$240,000	13.20	15.12	18.48	26.40	37.68	60.00	95.52	146.88	229.20	397.92	709.92	1391.28
\$250,000	13.75	15.75	19.25	27.50	39.25	62.50	99.50	153.00	238.75	414.50	739.50	1449.25
\$260,000	14.30	16.38	20.02	28.60	40.82	65.00	103.48	159.12	248.30	431.08	769.08	1507.22
\$270,000	14.85	17.01	20.79	29.70	42.39	67.50	107.46	165.24	257.85	447.66	798.66	1565.19
\$280,000	15.40	17.64	21.56	30.80	43.96	70.00	111.44	171.36	267.40	464.24	828.24	1623.16
\$290,000	15.95	18.27	22.33	31.90	45.53	72.50	115.42	177.48	276.95	480.82	857.82	1681.13
\$300,000	16.50	18.90	23.10	33.00	47.10	75.00	119.40	183.60	286.50	497.40	887.40	1739.10
\$310,000	17.05	19.53	23.87	34.10	48.67	77.50	123.38	189.72	296.05	513.98	916.98	1797.07
\$320,000	17.60	20.16	24.64	35.20	50.24	80.00	127.36	195.84	305.60	530.56	946.56	1855.04
\$330,000	18.15	20.79	25.41	36.30	51.81	82.50	131.34	201.96	315.15	547.14	976.14	1913.01
\$340,000	18.70	21.42	26.18	37.40	53.38	85.00	135.32	208.08	324.70	563.72	1005.72	1970.98
\$350,000	19.25	22.05	26.95	38.50	54.95	87.50	139.30	214.20	334.25	580.30	1035.30	2028.95
\$360,000	19.80	22.68	27.72	39.60	56.52	90.00	143.28	220.32	343.80	596.88	1064.88	2086.92
\$370,000	20.35	23.31	28.49	40.70	58.09	92.50	147.26	226.44	353.35	613.46	1094.46	2144.89
\$380,000	20.90	23.94	29.26	41.80	59.66	95.00	151.24	232.56	362.90	630.04	1124.04	2202.86
\$390,000	21.45	24.57	30.03	42.90	61.23	97.50	155.22	238.68	372.45	646.62	1153.62	2260.83
\$400,000	22.00	25.20	30.80	44.00	62.80	100.00	159.20	244.80	382.00	663.20	1183.20	2318.80
\$410,000	22.55	25.83	31.57	45.10	64.37	102.50	163.18	250.92	391.55	679.78	1212.78	2376.77
\$420,000	23.10	26.46	32.34	46.20	65.94	105.00	167.16	257.04	401.10	696.36	1242.36	2434.74
\$430,000	23.65	27.09	33.11	47.30	67.51	107.50	171.14	263.16	410.65	712.94	1271.94	2492.71
\$440,000	24.20	27.72	33.88	48.40	69.08	110.00	175.12	269.28	420.20	729.52	1301.52	2550.68
\$450,000	24.75	28.35	34.65	49.50	70.65	112.50	179.10	275.40	429.75	746.10	1331.10	2608.65
\$460,000	25.30	28.98	35.42	50.60	72.22	115.00	183.08	281.52	439.30	762.68	1360.68	2666.62
\$470,000	25.85	29.61	36.19	51.70	73.79	117.50	187.06	287.64	448.85	779.26	1390.26	2724.59
\$480,000	26.40	30.24	36.96	52.80	75.36	120.00	191.04	293.76	458.40	795.84	1419.84	2782.56
\$490,000	26.95	30.87	37.73	53.90	76.93	122.50	195.02	299.88	467.95	812.42	1449.42	2840.53
\$500,000	27.50	31.50	38.50	55.00	78.50	125.00	199.00	306.00	477.50	829.00	1479.00	2898.50

Spouse - Coverage and monthly cost for Spouse Optional Life.

Rates are effective as of January 01, 2019.

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

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

Age and Cost										
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.33	0.38	0.48	0.70	1.00	1.57	2.44	3.74	6.39	10.92
\$10,000	0.66	0.76	0.96	1.39	2.00	3.13	4.87	7.48	12.78	21.84
\$15,000	0.99	1.14	1.44	2.09	3.00	4.70	7.31	11.22	19.17	32.76
\$20,000	1.32	1.52	1.92	2.78	4.00	6.26	9.74	14.96	25.56	43.68
\$25,000	1.65	1.90	2.40	3.48	5.00	7.83	12.18	18.70	31.95	54.60
\$30,000	1.98	2.28	2.88	4.17	6.00	9.39	14.61	22.44	38.34	65.52
\$35,000	2.31	2.66	3.36	4.87	7.00	10.96	17.05	26.18	44.73	76.44
\$40,000	2.64	3.04	3.84	5.56	8.00	12.52	19.48	29.92	51.12	87.36
\$45,000	2.97	3.42	4.32	6.26	9.00	14.09	21.92	33.66	57.51	98.28
\$50,000	3.30	3.80	4.80	6.95	10.00	15.65	24.35	37.40	63.90	109.20
\$55,000	3.63	4.18	5.28	7.65	11.00	17.22	26.79	41.14	70.29	120.12
\$60,000	3.96	4.56	5.76	8.34	12.00	18.78	29.22	44.88	76.68	131.04
\$65,000	4.29	4.94	6.24	9.04	13.00	20.35	31.66	48.62	83.07	141.96
\$70,000	4.62	5.32	6.72	9.73	14.00	21.91	34.09	52.36	89.46	152.88
\$75,000	4.95	5.70	7.20	10.43	15.00	23.48	36.53	56.10	95.85	163.80
\$80,000	5.28	6.08	7.68	11.12	16.00	25.04	38.96	59.84	102.24	174.72
\$85,000	5.61	6.46	8.16	11.82	17.00	26.61	41.40	63.58	108.63	185.64
\$90,000	5.94	6.84	8.64	12.51	18.00	28.17	43.83	67.32	115.02	196.56
\$95,000	6.27	7.22	9.12	13.21	19.00	29.74	46.27	71.06	121.41	207.48
\$100,000	6.60	7.60	9.60	13.90	20.00	31.30	48.70	74.80	127.80	218.40
\$105,000	6.93	7.98	10.08	14.60	21.00	32.87	51.14	78.54	134.19	229.32
\$110,000	7.26	8.36	10.56	15.29	22.00	34.43	53.57	82.28	140.58	240.24
\$115,000	7.59	8.74	11.04	15.99	23.00	36.00	56.01	86.02	146.97	251.16
\$120,000	7.92	9.12	11.52	16.68	24.00	37.56	58.44	89.76	153.36	262.08
\$125,000	8.25	9.50	12.00	17.38	25.00	39.13	60.88	93.50	159.75	273.00
\$130,000	8.58	9.88	12.48	18.07	26.00	40.69	63.31	97.24	166.14	283.92
\$135,000	8.91	10.26	12.96	18.77	27.00	42.26	65.75	100.98	172.53	294.84
\$140,000	9.24	10.64	13.44	19.46	28.00	43.82	68.18	104.72	178.92	305.76
\$145,000	9.57	11.02	13.92	20.16	29.00	45.39	70.62	108.46	185.31	316.68
\$150,000	9.90	11.40	14.40	20.85	30.00	46.95	73.05	112.20	191.70	327.60
\$155,000	10.23	11.78	14.88	21.55	31.00	48.52	75.49	115.94	198.09	338.52
\$160,000	10.56	12.16	15.36	22.24	32.00	50.08	77.92	119.68	204.48	349.44
\$165,000	10.89	12.54	15.84	22.94	33.00	51.65	80.36	123.42	210.87	360.36
\$170,000	11.22	12.92	16.32	23.63	34.00	53.21	82.79	127.16	217.26	371.28
\$175,000	11.55	13.30	16.80	24.33	35.00	54.78	85.23	130.90	223.65	382.20
\$180,000	11.88	13.68	17.28	25.02	36.00	56.34	87.66	134.64	230.04	393.12
\$185,000	12.21	14.06	17.76	25.72	37.00	57.91	90.10	138.38	236.43	404.04
\$190,000	12.54	14.44	18.24	26.41	38.00	59.47	92.53	142.12	242.82	414.96
\$195,000	12.87	14.82	18.72	27.11	39.00	61.04	94.97	145.86	249.21	425.88
\$200,000	13.20	15.20	19.20	27.80	40.00	62.60	97.40	149.60	255.60	436.80
\$205,000	13.53	15.58	19.68	28.50	41.00	64.17	99.84	153.34	261.99	447.72
\$210,000	13.86	15.96	20.16	29.19	42.00	65.73	102.27	157.08	268.38	458.64
\$215,000	14.19	16.34	20.64	29.89	43.00	67.30	104.71	160.82	274.77	469.56
\$220,000	14.52	16.72	21.12	30.58	44.00	68.86	107.14	164.56	281.16	480.48
\$225,000	14.85	17.10	21.60	31.28	45.00	70.43	109.58	168.30	287.55	491.40
\$230,000	15.18	17.48	22.08	31.97	46.00	71.99	112.01	172.04	293.94	502.32
\$235,000	15.51	17.86	22.56	32.67	47.00	73.56	114.45	175.78	300.33	513.24
\$240,000	15.84	18.24	23.04	33.36	48.00	75.12	116.88	179.52	306.72	524.16
\$245,000	16.17	18.62	23.52	34.06	49.00	76.69	119.32	183.26	313.11	535.08
\$250,000	16.50	19.00	24.00	34.75	50.00	78.25	121.75	187.00	319.50	546.00
\$255,000	16.83	19.38	24.48	35.45	51.00	79.82	124.19	190.74	325.89	556.92
\$260,000	17.16	19.76	24.96	36.14	52.00	81.38	126.62	194.48	332.28	567.84
\$265,000	17.49	20.14	25.44	36.84	53.00	82.95	129.06	198.22	338.67	578.76

Age and Cost										
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$270,000	17.82	20.52	25.92	37.53	54.00	84.51	131.49	201.96	345.06	589.68
\$275,000	18.15	20.90	26.40	38.23	55.00	86.08	133.93	205.70	351.45	600.60
\$280,000	18.48	21.28	26.88	38.92	56.00	87.64	136.36	209.44	357.84	611.52
\$285,000	18.81	21.66	27.36	39.62	57.00	89.21	138.80	213.18	364.23	622.44
\$290,000	19.14	22.04	27.84	40.31	58.00	90.77	141.23	216.92	370.62	633.36
\$295,000	19.47	22.42	28.32	41.01	59.00	92.34	143.67	220.66	377.01	644.28
\$300,000	19.80	22.80	28.80	41.70	60.00	93.90	146.10	224.40	383.40	655.20
\$305,000	20.13	23.18	29.28	42.40	61.00	95.47	148.54	228.14	389.79	666.12
\$310,000	20.46	23.56	29.76	43.09	62.00	97.03	150.97	231.88	396.18	677.04
\$315,000	20.79	23.94	30.24	43.79	63.00	98.60	153.41	235.62	402.57	687.96
\$320,000	21.12	24.32	30.72	44.48	64.00	100.16	155.84	239.36	408.96	698.88
\$325,000	21.45	24.70	31.20	45.18	65.00	101.73	158.28	243.10	415.35	709.80
\$330,000	21.78	25.08	31.68	45.87	66.00	103.29	160.71	246.84	421.74	720.72
\$335,000	22.11	25.46	32.16	46.57	67.00	104.86	163.15	250.58	428.13	731.64
\$340,000	22.44	25.84	32.64	47.26	68.00	106.42	165.58	254.32	434.52	742.56
\$345,000	22.77	26.22	33.12	47.96	69.00	107.99	168.02	258.06	440.91	753.48
\$350,000	23.10	26.60	33.60	48.65	70.00	109.55	170.45	261.80	447.30	764.40
\$355,000	23.43	26.98	34.08	49.35	71.00	111.12	172.89	265.54	453.69	775.32
\$360,000	23.76	27.36	34.56	50.04	72.00	112.68	175.32	269.28	460.08	786.24
\$365,000	24.09	27.74	35.04	50.74	73.00	114.25	177.76	273.02	466.47	797.16
\$370,000	24.42	28.12	35.52	51.43	74.00	115.81	180.19	276.76	472.86	808.08
\$375,000	24.75	28.50	36.00	52.13	75.00	117.38	182.63	280.50	479.25	819.00
\$380,000	25.08	28.88	36.48	52.82	76.00	118.94	185.06	284.24	485.64	829.92
\$385,000	25.41	29.26	36.96	53.52	77.00	120.51	187.50	287.98	492.03	840.84
\$390,000	25.74	29.64	37.44	54.21	78.00	122.07	189.93	291.72	498.42	851.76
\$395,000	26.07	30.02	37.92	54.91	79.00	123.64	192.37	295.46	504.81	862.68
\$400,000	26.40	30.40	38.40	55.60	80.00	125.20	194.80	299.20	511.20	873.60
\$405,000	26.73	30.78	38.88	56.30	81.00	126.77	197.24	302.94	517.59	884.52
\$410,000	27.06	31.16	39.36	56.99	82.00	128.33	199.67	306.68	523.98	895.44
\$415,000	27.39	31.54	39.84	57.69	83.00	129.90	202.11	310.42	530.37	906.36
\$420,000	27.72	31.92	40.32	58.38	84.00	131.46	204.54	314.16	536.76	917.28
\$425,000	28.05	32.30	40.80	59.08	85.00	133.03	206.98	317.90	543.15	928.20
\$430,000	28.38	32.68	41.28	59.77	86.00	134.59	209.41	321.64	549.54	939.12
\$435,000	28.71	33.06	41.76	60.47	87.00	136.16	211.85	325.38	555.93	950.04
\$440,000	29.04	33.44	42.24	61.16	88.00	137.72	214.28	329.12	562.32	960.96
\$445,000	29.37	33.82	42.72	61.86	89.00	139.29	216.72	332.86	568.71	971.88
\$450,000	29.70	34.20	43.20	62.55	90.00	140.85	219.15	336.60	575.10	982.80
\$455,000	30.03	34.58	43.68	63.25	91.00	142.42	221.59	340.34	581.49	993.72
\$460,000	30.36	34.96	44.16	63.94	92.00	143.98	224.02	344.08	587.88	1004.64
\$465,000	30.69	35.34	44.64	64.64	93.00	145.55	226.46	347.82	594.27	1015.56
\$470,000	31.02	35.72	45.12	65.33	94.00	147.11	228.89	351.56	600.66	1026.48
\$475,000	31.35	36.10	45.60	66.03	95.00	148.68	231.33	355.30	607.05	1037.40
\$480,000	31.68	36.48	46.08	66.72	96.00	150.24	233.76	359.04	613.44	1048.32
\$485,000	32.01	36.86	46.56	67.42	97.00	151.81	236.20	362.78	619.83	1059.24
\$490,000	32.34	37.24	47.04	68.11	98.00	153.37	238.63	366.52	626.22	1070.16
\$495,000	32.67	37.62	47.52	68.81	99.00	154.94	241.07	370.26	632.61	1081.08
\$500,000	33.00	38.00	48.00	69.50	100.00	156.50	243.50	374.00	639.00	1092.00

Child - Coverage and monthly cost for Child Optional Life.

Rates are effective as of January 01, 2019.

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

Coverage Amounts	Cost per Month
\$2,000	0.76
\$4,000	1.52
\$6,000	2.28
\$8,000	3.04
\$10,000	3.80

Accidental Death and Dismemberment (AD&D) insurance

Oregon Episcopal School | All Eligible Employees | 215472

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

You have the opportunity to purchase additional Accidental Death & Dismemberment (AD&D) insurance, beyond what your employer has provided for you.

You are responsible for paying all or a portion of the cost.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings.</p> <p>Benefits are reduced to 65% at age 70 and to 50% at age 75.</p> <p>Coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose \$5,000 to \$500,000—in increments of \$5,000.</p> <p>(Not to exceed 100% of your Elected amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>Benefits are reduced to 65% at age 70 and to 50% at age 75.</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$2,000 to \$10,000—in increments of \$2,000.</p> <p>(Not to exceed 100% of your Elected amount.)</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>



Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

Sun Life Assurance Company of Canada
sunlife.com
800-SUN-LIFE (247-6875)

	A full benefit is payable for a dependent child from birth to 19 years old or to 26 years old if a full-time student.
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Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

If I do not elect coverage now, can I elect it in the future?

If you do not elect coverage when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

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

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

Employee - Coverage and monthly cost for Employee Voluntary AD&D.

Rates are effective as of January 01, 2019.

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

Coverage Amounts	Cost per Month
\$10,000	0.31
\$20,000	0.62
\$30,000	0.93
\$40,000	1.24
\$50,000	1.55
\$60,000	1.86
\$70,000	2.17
\$80,000	2.48
\$90,000	2.79
\$100,000	3.10
\$110,000	3.41
\$120,000	3.72
\$130,000	4.03
\$140,000	4.34
\$150,000	4.65
\$160,000	4.96
\$170,000	5.27
\$180,000	5.58
\$190,000	5.89
\$200,000	6.20
\$210,000	6.51
\$220,000	6.82
\$230,000	7.13
\$240,000	7.44
\$250,000	7.75
\$260,000	8.06
\$270,000	8.37
\$280,000	8.68
\$290,000	8.99
\$300,000	9.30
\$310,000	9.61
\$320,000	9.92
\$330,000	10.23
\$340,000	10.54
\$350,000	10.85
\$360,000	11.16
\$370,000	11.47
\$380,000	11.78
\$390,000	12.09
\$400,000	12.40
\$410,000	12.71
\$420,000	13.02
\$430,000	13.33
\$440,000	13.64
\$450,000	13.95
\$460,000	14.26
\$470,000	14.57
\$480,000	14.88
\$490,000	15.19
\$500,000	15.50

Spouse - Coverage and monthly cost for Spouse Voluntary AD&D.

Rates are effective as of January 01, 2019.

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

Coverage Amounts	Cost per Month
\$5,000	0.17
\$10,000	0.33
\$15,000	0.50
\$20,000	0.66
\$25,000	0.83
\$30,000	0.99
\$35,000	1.16
\$40,000	1.32
\$45,000	1.49
\$50,000	1.65
\$55,000	1.82
\$60,000	1.98
\$65,000	2.15
\$70,000	2.31
\$75,000	2.48
\$80,000	2.64
\$85,000	2.81
\$90,000	2.97
\$95,000	3.14
\$100,000	3.30
\$105,000	3.47
\$110,000	3.63
\$115,000	3.80
\$120,000	3.96
\$125,000	4.13
\$130,000	4.29
\$135,000	4.46
\$140,000	4.62
\$145,000	4.79
\$150,000	4.95
\$155,000	5.12
\$160,000	5.28
\$165,000	5.45
\$170,000	5.61
\$175,000	5.78
\$180,000	5.94
\$185,000	6.11
\$190,000	6.27
\$195,000	6.44
\$200,000	6.60
\$205,000	6.77
\$210,000	6.93
\$215,000	7.10
\$220,000	7.26
\$225,000	7.43
\$230,000	7.59
\$235,000	7.76
\$240,000	7.92
\$245,000	8.09
\$250,000	8.25
\$255,000	8.42
\$260,000	8.58
\$265,000	8.75
\$270,000	8.91

Coverage Amounts	Cost per Month
\$275,000	9.08
\$280,000	9.24
\$285,000	9.41
\$290,000	9.57
\$295,000	9.74
\$300,000	9.90
\$305,000	10.07
\$310,000	10.23
\$315,000	10.40
\$320,000	10.56
\$325,000	10.73
\$330,000	10.89
\$335,000	11.06
\$340,000	11.22
\$345,000	11.39
\$350,000	11.55
\$355,000	11.72
\$360,000	11.88
\$365,000	12.05
\$370,000	12.21
\$375,000	12.38
\$380,000	12.54
\$385,000	12.71
\$390,000	12.87
\$395,000	13.04
\$400,000	13.20
\$405,000	13.37
\$410,000	13.53
\$415,000	13.70
\$420,000	13.86
\$425,000	14.03
\$430,000	14.19
\$435,000	14.36
\$440,000	14.52
\$445,000	14.69
\$450,000	14.85
\$455,000	15.02
\$460,000	15.18
\$465,000	15.35
\$470,000	15.51
\$475,000	15.68
\$480,000	15.84
\$485,000	16.01
\$490,000	16.17
\$495,000	16.34
\$500,000	16.50

Child - Coverage and monthly cost for Child Voluntary AD&D.

Rates are effective as of January 01, 2019.

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

Coverage Amounts	Cost per Month
\$2,000	0.07
\$4,000	0.14
\$6,000	0.21
\$8,000	0.28
\$10,000	0.35

Long-Term Disability Insurance

Oregon Episcopal School | All Eligible Employees | 215472

Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

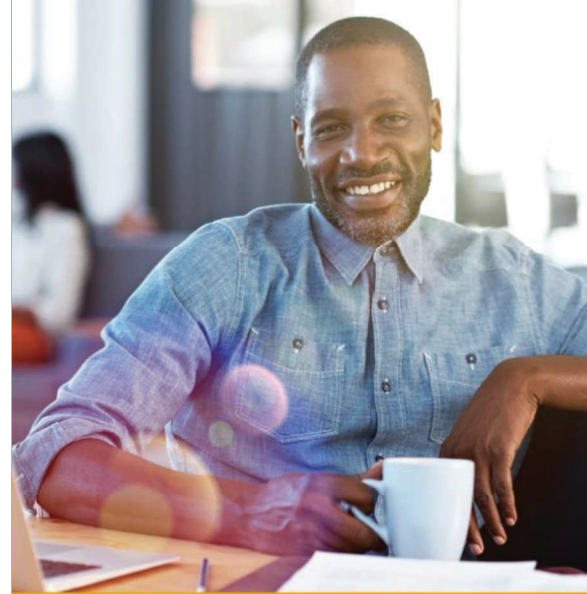
How it works

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

Benefits

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover 60% of your Total Monthly Earnings, up to \$3,000 each month.
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	Until you reach the Social Security Normal Retirement Age —as long as you are still unable to work due to a covered disability.
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.</p>

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.**



What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

Top 5

Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

Sun Life claims data, July 2018

Additional considerations

If I have other income	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
If I can work while disabled	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

Long-term disability FAQs

What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

How much insurance do I need?

Visit www.sunlife.com/calculators for help understanding how much insurance you may need.

How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

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

*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

Rate Sheet

Employee - Coverage and **monthly** rate for Long Term Disability Insurance.

Long Term Disability coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your monthly cost by dividing your monthly covered earnings by 100 and multiplying the result by the rate

\$0.265 Follow the example below to determine your monthly cost.

Example Monthly Earnings	Divided by 100		Multiplied by rate	Example monthly cost*
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\$3,500 / 100 = 35 x \$0.265 \$9.27

Your Monthly Earnings	Divided by 100		Multiplied by rate	Your monthly cost*
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\$_____ / 100 = _____ x \$_____ \$_____

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
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\$_____ x 12 = \$_____ / _____ = \$_____

*The rate is in effect for **1/1/2019**. Contact your employer to confirm the portion of the cost for which you will be responsible.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

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

Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Evidence of Insurability (EOI)

Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.mysunlifebenefits.com

- Click on Apply for Evidence of Insurability Online, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life Financial has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.mysunlifebenefits.com.

- Click Download Paper Forms
- Click Employee Benefits
- Select Evidence of Insurability
- Select the EOI application for the state in which your company is headquartered

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

Evidence of Insurability (EOI)

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life Financial's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GMPEM-EE-2454h

☐ Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

☐ Sun Life and Health Insurance Company (U.S.)
One Sun Life Executive Park
Wellesley Hills, MA 02481

1. General Information

Employer Name Oregon Episcopal School	Account / Policy Number 215472	Location	Date Effective
Street Address	City	State OR	Zip Code
Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:		Occupation	

2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Street Address		City	State	Zip Code
Marital Status	Social Security Number		Phone Number	
Date employed: <input type="checkbox"/> Full-Time Date:	<input type="checkbox"/> Part-Time Date:	<input type="checkbox"/> Rehire Date:	<input type="checkbox"/> Return from layoff Date:	
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Employee Status: <input type="checkbox"/> Management <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Retired		Salary

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies above, outside of New York, and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

3. Benefit Elections

Voluntary AD&D Coverage: underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)				
	Elect	Refuse	Coverage amount elected	
Employee Coverage:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
Spouse Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
Child(ren) Coverage: **	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	

** Spouse and children may only be covered if you are. You cannot elect more than 100% of the amount of Voluntary Insurance you have elected for yourself for your spouse and child(ren).

4. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full Legal Name (First, Middle Initial, Last)	Gender	Social Security No.	Date of Birth	Check if elected	
					Dep Life	Dep Vol AD&D
Spouse or Partner					<input type="checkbox"/>	<input type="checkbox"/>
Children					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. Beneficiary Designation Information

Primary Beneficiary Designation

Voluntary AD&D Insurance - On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy.

Primary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

Voluntary AD&D Insurance - On the lines below, list the individual(s) who should receive proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if your primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

1. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	
2. Name (First, M.I., Last)	Relationship to employee	Social Security Number	Percent share of proceeds* %
Address	Phone number	Date of birth	

*Must equal 100%

6. Authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for Voluntary AD&D and do not enroll when I am eligible, I will not be allowed to enroll for at least 6 months.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

Signature of employee X	Date signed
----------------------------	-------------

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

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Contact us



By mail

Sun Life Assurance Company of Canada and/or Sun Life and Health Insurance Company (U.S.)
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

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Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

☐ Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

Employer use (check one): ☐ New employee ☐ Change ☐ COBRA

1. General Information

Employer Name Oregon Episcopal School	Account / Policy Number 215472	Location
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2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Street Address		City	State	Zip Code
Occupation	Eligibility Class (if applicable)	Social Security Number		Phone Number
Date employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Date: <input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire		
Current Active Employment Type # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Optional Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Optional Life Insurance \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Optional Life Insurance \$ _____

4. Benefit Elections (continued)

Elect Refuse Coverage

☐ ☐ Long-Term Disability (LTD) \$ _____

Employer provided benefits--Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

☒ Employee Basic Life and Accidental Death & Dismemberment (AD&D)

5. Beneficiary Designation Information

Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)

Percent share
of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share
of proceeds*

1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

*Must equal 100%

6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life and Long-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

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

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Contact us



By mail

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► **TALK TO YOUR BENEFITS ADMINISTRATOR
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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