Voluntary Life Insurance

Sun Life

MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)	
For you*	You can choose from **$20,000 to $500,000**—in increments of $10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of $180,000**. Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.
For your spouse*	If you elect coverage for yourself, you can choose from **$5,000 to $250,000**—in increments of $5,000. No medical questions asked **up to the Guaranteed Issue amount of $50,000**. The amount you select for your spouse cannot exceed 50% of your coverage amount.
For your child(ren)*	If you elect coverage for yourself, you can choose **$1,000, $5,000 or $10,000**. No medical questions asked. The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. A full benefit is payable for a dependent child from birth to 19 or to 25 years old if a full-time student.

You may choose Accidental Death and Dismemberment insurance.

SAUCON VALLEY SCHOOL DISTRICT

All Eligible Employees

POLICY #: 915285

Frequently asked questions

What is my AD&D benefit?
If you elect AD&D coverage, we will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

Do I need to answer any health questions to enroll?
Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

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.

Can I access my life insurance 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 called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens 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.

How does my beneficiary file a death claim?
Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If 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.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

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.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; 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; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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, "Sun Life").

Group life 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-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384 SLPC 29579

Rates

Employee - Coverage and cost per pay period (**19**) for Employee Voluntary Life.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their costs per pay period (**19**).

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

Coverage amounts	Age and cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$20,000	0.38	0.76	0.82	1.14	1.52	2.34	3.32	6.24	11.89	17.32	29.48	52.71	194.17
$30,000	0.57	1.14	1.23	1.71	2.27	3.51	4.98	9.36	17.83	25.98	44.22	79.07	291.26
$40,000	0.76	1.52	1.64	2.27	3.03	4.67	6.64	12.48	23.77	34.64	58.96	105.42	388.35
$50,000	0.95	1.89	2.05	2.84	3.79	5.84	8.31	15.60	29.72	43.29	73.71	131.78	485.43
$60,000	1.14	2.27	2.46	3.41	4.55	7.01	9.97	18.72	35.66	51.95	88.45	158.13	582.52
$70,000	1.33	2.65	2.87	3.98	5.31	8.18	11.63	21.84	41.60	60.61	103.19	184.49	679.60
$80,000	1.52	3.03	3.28	4.55	6.06	9.35	13.29	24.96	47.55	69.27	117.93	210.85	776.69
$90,000	1.71	3.41	3.69	5.12	6.82	10.52	14.95	28.08	53.49	77.93	132.67	237.20	873.78
$100,000	1.89	3.79	4.11	5.68	7.58	11.68	16.61	31.20	59.43	86.59	147.41	263.56	970.86
$110,000	2.08	4.17	4.52	6.25	8.34	12.85	18.27	34.32	65.37	95.25	162.15	289.91	1067.95
$120,000	2.27	4.55	4.93	6.82	9.09	14.02	19.93	37.44	71.32	103.91	176.89	316.27	1165.04
$130,000	2.46	4.93	5.34	7.39	9.85	15.19	21.59	40.56	77.26	112.57	191.63	342.63	1262.12
$140,000	2.65	5.31	5.75	7.96	10.61	16.36	23.25	43.68	83.20	121.23	206.37	368.98	1359.21
$150,000	2.84	5.68	6.16	8.53	11.37	17.53	24.92	46.80	89.15	129.88	221.12	395.34	1456.29
$160,000	3.03	6.06	6.57	9.09	12.13	18.69	26.58	49.92	95.09	138.54	235.86	421.69	1553.38
$170,000	3.22	6.44	6.98	9.66	12.88	19.86	28.24	53.04	101.03	147.20	250.60	448.05	1650.47
$180,000	3.41	6.82	7.39	10.23	13.64	21.03	29.90	56.16	106.98	155.86	265.34	474.40	1747.55
$190,000	3.60	7.20	7.80	10.80	14.40	22.20	31.56	59.28	112.92	164.52	280.08	500.76	1844.64
$200,000	3.79	7.58	8.21	11.37	15.16	23.37	33.22	62.40	118.86	173.18	294.82	527.12	1941.73
$210,000	3.98	7.96	8.62	11.94	15.92	24.54	34.88	65.52	124.81	181.84	309.56	553.47	2038.81
$220,000	4.17	8.34	9.03	12.51	16.67	25.71	36.54	68.64	130.75	190.50	324.30	579.83	2135.90
$230,000	4.36	8.72	9.44	13.07	17.43	26.87	38.20	71.76	136.69	199.16	339.04	606.18	2232.99
$240,000	4.55	9.09	9.85	13.64	18.19	28.04	39.87	74.88	142.64	207.81	353.79	632.54	2330.07
$250,000	4.74	9.47	10.26	14.21	18.95	29.21	41.53	78.00	148.58	216.47	368.53	658.89	2427.16
$260,000	4.93	9.85	10.67	14.78	19.71	30.38	43.19	81.12	154.52	225.13	383.27	685.25	2524.24
$270,000	5.12	10.23	11.08	15.35	20.46	31.55	44.85	84.24	160.47	233.79	398.01	711.61	2621.33
$280,000	5.31	10.61	11.49	15.92	21.22	32.72	46.51	87.36	166.41	242.45	412.75	737.96	2718.42
$290,000	5.49	10.99	11.91	16.48	21.98	33.88	48.17	90.48	172.35	251.11	427.49	764.32	2815.50
$300,000	5.68	11.37	12.32	17.05	22.74	35.05	49.83	93.60	178.29	259.77	442.23	790.67	2912.59
$310,000	5.87	11.75	12.73	17.62	23.49	36.22	51.49	96.72	184.24	268.43	456.97	817.03	3009.68
$320,000	6.06	12.13	13.14	18.19	24.25	37.39	53.15	99.84	190.18	277.09	471.71	843.39	3106.76
$330,000	6.25	12.51	13.55	18.76	25.01	38.56	54.81	102.96	196.12	285.75	486.45	869.74	3203.85
$340,000	6.44	12.88	13.96	19.33	25.77	39.73	56.48	106.08	202.07	294.40	501.20	896.10	3300.93
$350,000	6.63	13.26	14.37	19.89	26.53	40.89	58.14	109.20	208.01	303.06	515.94	922.45	3398.02
$360,000	6.82	13.64	14.78	20.46	27.28	42.06	59.80	112.32	213.95	311.72	530.68	948.81	3495.11
$370,000	7.01	14.02	15.19	21.03	28.04	43.23	61.46	115.44	219.90	320.38	545.42	975.16	3592.19
$380,000	7.20	14.40	15.60	21.60	28.80	44.40	63.12	118.56	225.84	329.04	560.16	1001.52	3689.28
$390,000	7.39	14.78	16.01	22.17	29.56	45.57	64.78	121.68	231.78	337.70	574.90	1027.88	3786.37
$400,000	7.58	15.16	16.42	22.74	30.32	46.74	66.44	124.80	237.73	346.36	589.64	1054.23	3883.45
$410,000	7.77	15.54	16.83	23.31	31.07	47.91	68.10	127.92	243.67	355.02	604.38	1080.59	3980.54
$420,000	7.96	15.92	17.24	23.87	31.83	49.07	69.76	131.04	249.61	363.68	619.12	1106.94	4077.63
$430,000	8.15	16.29	17.65	24.44	32.59	50.24	71.43	134.16	255.56	372.33	633.87	1133.30	4174.71
$440,000	8.34	16.67	18.06	25.01	33.35	51.41	73.09	137.28	261.50	380.99	648.61	1159.65	4271.80
$450,000	8.53	17.05	18.47	25.58	34.11	52.58	74.75	140.40	267.44	389.65	663.35	1186.01	4368.88
$460,000	8.72	17.43	18.88	26.15	34.86	53.75	76.41	143.52	273.39	398.31	678.09	1212.37	4465.97
$470,000	8.91	17.81	19.29	26.72	35.62	54.92	78.07	146.64	279.33	406.97	692.83	1238.72	4563.06
$480,000	9.09	18.19	19.71	27.28	36.38	56.08	79.73	149.76	285.27	415.63	707.57	1265.08	4660.14
$490,000	9.28	18.57	20.12	27.85	37.14	57.25	81.39	152.88	291.21	424.29	722.31	1291.43	4757.23
$500,000	9.47	18.95	20.53	28.42	37.89	58.42	83.05	156.00	297.16	432.95	737.05	1317.79	4854.32

Rates

Spouse - Coverage and cost per pay period (**19**) for Spouse Voluntary Life.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their costs per pay period (**19**).

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

Spouse rates are based on the employee's age.

Coverage amounts	Age and cost												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	0.19	0.23	0.28	0.38	0.49	0.69	1.09	1.98	3.70	5.54	9.05	16.82	56.25
$10,000	0.38	0.46	0.57	0.76	0.98	1.38	2.17	3.96	7.41	11.07	18.10	33.63	112.50
$15,000	0.57	0.69	0.85	1.14	1.47	2.07	3.26	5.94	11.11	16.61	27.15	50.45	168.75
$20,000	0.76	0.92	1.14	1.52	1.96	2.77	4.35	7.92	14.82	22.14	36.20	67.26	225.01
$25,000	0.95	1.15	1.42	1.89	2.45	3.46	5.43	9.90	18.52	27.68	45.25	84.08	281.26
$30,000	1.14	1.38	1.71	2.27	2.94	4.15	6.52	11.88	22.23	33.21	54.30	100.89	337.51
$35,000	1.33	1.61	1.99	2.65	3.43	4.84	7.60	13.86	25.93	38.75	63.35	117.71	393.76
$40,000	1.52	1.84	2.27	3.03	3.92	5.53	8.69	15.84	29.63	44.29	72.40	134.53	450.01
$45,000	1.71	2.07	2.56	3.41	4.41	6.22	9.78	17.82	33.34	49.82	81.45	151.34	506.26
$50,000	1.89	2.31	2.84	3.79	4.89	6.92	10.86	19.80	37.04	55.36	90.51	168.16	562.52
$55,000	2.08	2.54	3.13	4.17	5.38	7.61	11.95	21.78	40.75	60.89	99.56	184.97	618.77
$60,000	2.27	2.77	3.41	4.55	5.87	8.30	13.04	23.76	44.45	66.43	108.61	201.79	675.02
$65,000	2.46	3.00	3.69	4.93	6.36	8.99	14.12	25.74	48.15	71.97	117.66	218.61	731.27
$70,000	2.65	3.23	3.98	5.31	6.85	9.68	15.21	27.72	51.86	77.50	126.71	235.42	787.52
$75,000	2.84	3.46	4.26	5.68	7.34	10.37	16.29	29.70	55.56	83.04	135.76	252.24	843.77
$80,000	3.03	3.69	4.55	6.06	7.83	11.07	17.38	31.68	59.27	88.57	144.81	269.05	900.03
$85,000	3.22	3.92	4.83	6.44	8.32	11.76	18.47	33.66	62.97	94.11	153.86	285.87	956.28
$90,000	3.41	4.15	5.12	6.82	8.81	12.45	19.55	35.64	66.68	99.64	162.91	302.68	1012.53
$95,000	3.60	4.38	5.40	7.20	9.30	13.14	20.64	37.62	70.38	105.18	171.96	319.50	1068.78
$100,000	3.79	4.61	5.68	7.58	9.79	13.83	21.73	39.60	74.08	110.72	181.01	336.32	1125.03
$105,000	3.98	4.84	5.97	7.96	10.28	14.52	22.81	41.58	77.79	116.25	190.06	353.13	1181.28
$110,000	4.17	5.07	6.25	8.34	10.77	15.21	23.90	43.56	81.49	121.79	199.11	369.95	1237.53
$115,000	4.36	5.30	6.54	8.72	11.26	15.91	24.99	45.54	85.20	127.32	208.16	386.76	1293.79
$120,000	4.55	5.53	6.82	9.09	11.75	16.60	26.07	47.52	88.90	132.86	217.21	403.58	1350.04
$125,000	4.74	5.76	7.11	9.47	12.24	17.29	27.16	49.50	92.61	138.39	226.26	420.39	1406.29
$130,000	4.93	5.99	7.39	9.85	12.73	17.98	28.24	51.48	96.31	143.93	235.31	437.21	1462.54
$135,000	5.12	6.22	7.67	10.23	13.22	18.67	29.33	53.46	100.01	149.47	244.36	454.03	1518.79
$140,000	5.31	6.45	7.96	10.61	13.71	19.36	30.42	55.44	103.72	155.00	253.41	470.84	1575.04
$145,000	5.49	6.69	8.24	10.99	14.19	20.06	31.50	57.42	107.42	160.54	262.47	487.66	1631.30
$150,000	5.68	6.92	8.53	11.37	14.68	20.75	32.59	59.40	111.13	166.07	271.52	504.47	1687.55
$155,000	5.87	7.15	8.81	11.75	15.17	21.44	33.68	61.38	114.83	171.61	280.57	521.29	1743.80
$160,000	6.06	7.38	9.09	12.13	15.66	22.13	34.76	63.36	118.53	177.15	289.62	538.11	1800.05
$165,000	6.25	7.61	9.38	12.51	16.15	22.82	35.85	65.34	122.24	182.68	298.67	554.92	1856.30
$170,000	6.44	7.84	9.66	12.88	16.64	23.51	36.93	67.32	125.94	188.22	307.72	571.74	1912.55
$175,000	6.63	8.07	9.95	13.26	17.13	24.21	38.02	69.30	129.65	193.75	316.77	588.55	1968.81
$180,000	6.82	8.30	10.23	13.64	17.62	24.90	39.11	71.28	133.35	199.29	325.82	605.37	2025.06
$185,000	7.01	8.53	10.52	14.02	18.11	25.59	40.19	73.26	137.06	204.82	334.87	622.18	2081.31
$190,000	7.20	8.76	10.80	14.40	18.60	26.28	41.28	75.24	140.76	210.36	343.92	639.00	2137.56
$195,000	7.39	8.99	11.08	14.78	19.09	26.97	42.37	77.22	144.46	215.90	352.97	655.82	2193.81
$200,000	7.58	9.22	11.37	15.16	19.58	27.66	43.45	79.20	148.17	221.43	362.02	672.63	2250.06
$205,000	7.77	9.45	11.65	15.54	20.07	28.35	44.54	81.18	151.87	226.97	371.07	689.45	2306.31
$210,000	7.96	9.68	11.94	15.92	20.56	29.05	45.63	83.16	155.58	232.50	380.12	706.26	2362.57
$215,000	8.15	9.91	12.22	16.29	21.05	29.74	46.71	85.14	159.28	238.04	389.17	723.08	2418.82
$220,000	8.34	10.14	12.51	16.67	21.54	30.43	47.80	87.12	162.99	243.57	398.22	739.89	2475.07
$225,000	8.53	10.37	12.79	17.05	22.03	31.12	48.88	89.10	166.69	249.11	407.27	756.71	2531.32
$230,000	8.72	10.60	13.07	17.43	22.52	31.81	49.97	91.08	170.39	254.65	416.32	773.53	2587.57
$235,000	8.91	10.83	13.36	17.81	23.01	32.50	51.06	93.06	174.10	260.18	425.37	790.34	2643.82
$240,000	9.09	11.07	13.64	18.19	23.49	33.20	52.14	95.04	177.80	265.72	434.43	807.16	2700.08
$245,000	9.28	11.30	13.93	18.57	23.98	33.89	53.23	97.02	181.51	271.25	443.48	823.97	2756.33
$250,000	9.47	11.53	14.21	18.95	24.47	34.58	54.32	99.00	185.21	276.79	452.53	840.79	2812.58

Rates

Child - Coverage and cost per pay period (**19**) for Child Voluntary Life.

Rates are effective as of July 1, 2024.

The chart below shows possible coverage amounts and their costs per pay period (**19**).

Coverage amounts	Cost per pay period
$1,000	0.13
$5,000	0.67
$10,000	1.33