

*Group life portability
Employee kit*

Life insurance

options



*Solutions for employees
making a career transition*

Sun 
Life Financial®

How to take your life insurance benefits with you

Did you know that you may be eligible to take your group life insurance benefits with you when you leave your job? It's called portability coverage, and it allows you to "port," or carry, your benefits with you when you move on. For most policies, you can also keep your portable coverage until age 70 (please check your group insurance booklet or certificate, or talk with your benefits administrator). You may be eligible to port the following:

- basic life
- optional or voluntary life
- basic dependent life
- optional or voluntary dependent life
- basic AD&D
- optional or voluntary AD&D

The most important thing to remember is that you have a limited time to act. For most policies, the application deadline is **31 days after the date of your employment termination**. However, some policies may have a later application deadline. Please check your group insurance booklet or certificate, or check with your benefits administrator to determine whether you can apply and your deadline to apply.

I am eligible for portability coverage. Now what?

Your employer will give you two forms:

- 1. Portability notice.** Your employer completes this form, but you need to mail it to Sun Life Financial with your application and payment. This form shows you how much coverage you had with your employer, including spouse and/or child coverage and/or accidental death & dismemberment (AD&D) if applicable.
- 2. Application.** This is for you to complete and mail to Sun Life Financial. We have three tools to help you make a decision: the portability notice explained above and the worksheet and rate schedule to the right. You have the option to keep the same coverage or decrease the amount.*

Calculating your costs

Before you begin, there are three very important points to keep in mind:**

- **AD&D.** If you had AD&D insurance coverage in addition to life insurance coverage, the amount of portable life coverage you choose will automatically include an equal amount of AD&D. So do not add AD&D to the amount of life coverage you choose.
- **Dependent coverage.** The premium for children is based on the cost of group life coverage for one child, regardless of how many children you have. Therefore, all of your children will have the same amount of coverage.
- **Basic and optional life.** If you are porting both basic life and optional life, be sure to total the two amounts. For example, if you were covered for \$50,000 of basic life and \$200,000 of optional life, the amount of coverage should be \$250,000.

Example

This example is based on employee, life only, age 40.

Step 1 Coverage amount. Enter the amount of coverage for you, your spouse, and child(ren). Do not add AD&D amount (if applicable).*

Step 2 Units. Divide the amount in step 1 by 1,000 ($\$100,000 \div 1,000 = 100$).

Step 3 Rate Refer to the "Rates for portable group term life" chart to find your age and coverage. Refer to your portability notice to determine whether to use the life-only or life + AD&D rate. Enter the applicable rate.

Step 4 Cost per month. Multiply the number in step 2 by the rate in step 3 ($100 \times 0.26 = \$26.00$).

Step 5 Total. Add the cost for employee, spouse, and child(ren) together.

* You are allowed to apply for portable coverage up to the amount in force prior to termination, and up to a maximum of \$500,000 for most policies. Please check your group insurance booklet or certificate, or ask your benefits administrator.

** Your portable group life plan provides life and AD&D insurance only. It does not include additional provisions like waiver of premium if you become disabled, provide a payment of 75% of your benefits during your lifetime if you become terminally ill (i.e., "accelerated benefits"), or allow you to apply for an increase in coverage.

| EXAMPLE WORKSHEET: Calculating your costs | | | | |
|--|---------------------------|-----------------|-----------------|--------------------------|
| | Step 1 Coverage amount | Step 2 Units | Step 3 Rates | Step 4 Cost per month |
| Employee only, age 40, life coverage only | \$100,000 | 100 | \$0.26 | \$26.00 |
| Step 5 Total cost per month | | | | \$26.00 |

| Rates for portable group term life | | | | | | |
|------------------------------------|-----------------------|-------------------------|---------------------|-----------------------|--------------------|----------------------|
| Age | Employee life only | Employee life & AD&D | Spouse life only | Spouse life & AD&D | Child life only | Child life & AD&D |
| 0–19 | \$0.12 | \$0.17 | \$0.12 | \$0.17 | \$0.20 | \$0.25 |
| 20–24 | \$0.12 | \$0.17 | \$0.12 | \$0.17 | | |
| 25–29 | \$0.17 | \$0.22 | \$0.17 | \$0.22 | | |
| 30–34 | \$0.21 | \$0.26 | \$0.21 | \$0.26 | | |
| 35–39 | \$0.24 | \$0.29 | \$0.24 | \$0.29 | | |
| 40–44 | \$0.26 | \$0.31 | \$0.26 | \$0.31 | | |
| 45–49 | \$0.39 | \$0.44 | \$0.39 | \$0.44 | | |
| 50–54 | \$0.59 | \$0.64 | \$0.59 | \$0.64 | | |
| 55–59 | \$1.10 | \$1.15 | \$1.10 | \$1.15 | | |
| 60–64 | \$1.69 | \$1.74 | \$1.69 | \$1.74 | | |
| 65–69 | \$2.73 | \$2.78 | \$2.73 | \$2.78 | | |

These rates are monthly amounts per \$1,000 of coverage and became effective January 1, 2009. Note: When you reach a new age range, your rates and premium will increase.

Your turn

| YOUR WORKSHEET: Calculating your costs | | | | |
|--|---------------------------|-----------------|-----------------|--------------------------|
| | Step 1 Coverage amount | Step 2 Units | Step 3 Rates | Step 4 Cost per month |
| Employee (self) | | | | |
| Spouse (if eligible) | | | | |
| Child(ren) (if eligible) | | | | |
| Step 5 Total cost per month | | | | |

Step 6 Premium payment. You determine your payment plan. Select one:

Annually

Multiply the total cost per month by 12. **Check the “annually” box in section 2 of the application.** In the example: $\$26.00 \times 12 = \$312.00/\text{year}$.

Semi-annually

Multiply the total cost per month by 6. **Check the “semi-annually” box in section 2 of the application.** In the example: $\$26.00 \times 6 = \156.00 , paid twice per year.

Quarterly

Multiply the total cost per month by 3. **Check the “quarterly” box in section 2 of the application.** In the example: $\$26.00 \times 3 = \78.00 , paid four times per year.

Submitting your application

Make out a check for your first premium, payable to Sun Life Assurance Company of Canada. Mail your portability notice, application, and check to:

Sun Life Assurance Company of Canada
Group Life Portability, SC 4375
One Sun Life Executive Park
Wellesley Hills, MA 02481

If your application is approved, you will receive a certificate of insurance illustrating all the benefits, terms, and conditions of your ported coverage.

Introducing Crosby Benefit Systems, Inc.

After you make your first payment, our designated administrator, Crosby Benefit Systems, will bill you for all future payments. You will receive correspondence and a payment coupon booklet from Crosby, and you can contact Crosby with any billing questions at 800-462-2235.

Note: If your ported coverage lapses due to not paying the premium, you will not be eligible to reinstate your ported coverage or apply for conversion (see details below).

I am not eligible for portability coverage. Now what?

There are a few reasons why you may be ineligible for portability coverage, including the following:

- You were not insured for basic or optional life before your termination date.
- You are aged 65+ (age 70 for some policies).
- Your employer's group policy does not include portability.
- You remain in employment with your employer but not at full-time status.
- Your work hours have been reduced below the minimum hours required for eligibility under your employer's group policy.
- Your insurance is being continued under the waiver of premium provision.

For some policies, the following would also make you ineligible for portability. Please refer to your plan booklet or certificate for more information:

- You retire or have an injury or sickness that would have a material effect on your life expectancy.

If you are ineligible for portability or if you prefer more permanent coverage, you can apply for group life conversion. Conversion allows you to purchase an individual life insurance policy from Sun Life Assurance Company of Canada. You can also apply for conversion for any amount of group life insurance you had with your previous employer in excess of the \$500,000 portability maximum.

Talk with your benefits administrator about applying for conversion. You should receive a conversion notice, application, and kit.

Questions?

Call 800-247-6875

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 93P-LH, 98P-ADD, TDB POLICY-2006, 02-SL, 07-SL, and 01C-LH-PT in all states except New York.

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SLPC 22196 08/10 (exp. 08/12)

Sun Life Assurance Company of Canada

Portability Notice



- Employer Instructions:
- Please complete sections 1 through 4 of this form.
 - Inform the employee that he/she has 31 days from the date of termination to apply for Portability. (Some policies may be longer. Check your group insurance booklet/certificate.)
 - Provide the employee with:
 - This completed form
 - Employee Kit for Group Life Portability, Order # GR/1845
 - Portability Application (Order # varies by state)

1 Employer Information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

| | | | |
|---|-------|---------------------|--|
| Name of group policyholder | | Group policy number | |
| Name of person completing this form (Employer administrative contact) | Title | Phone number | |

2 Employee Information

To be completed by the employer.

| | | | |
|---|------------------------|--|------------------|
| Employee name (first, middle initial, last) | | | Class |
| Date of birth | Social Security number | Basic Annual Salary | Date last worked |
| Date of termination (m/d/y) | | Date optional coverage terminates (if different) | |

- Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information

To be completed by the employer.

Select the appropriate coverage information, according to the group insurance booklet/certificate and/or Optional benefit. Fill in current amount of coverage

| | |
|--|---|
| <input type="checkbox"/> Employee Basic Life \$ | <input type="checkbox"/> Employee Optional / Voluntary Life \$ |
| <input type="checkbox"/> Employee Basic AD&D \$ | <input type="checkbox"/> Employee Optional / Voluntary AD&D \$ |
| <input type="checkbox"/> Spouse Basic Life \$ | <input type="checkbox"/> Spouse Optional / Voluntary Life \$ |
| <input type="checkbox"/> Spouse Basic AD&D \$ | <input type="checkbox"/> Spouse Optional / Voluntary AD&D \$ |
| <input type="checkbox"/> Child Basic Life \$ | <input type="checkbox"/> Child Optional / Voluntary Life \$ |
| <input type="checkbox"/> Child Basic AD&D \$ | <input type="checkbox"/> Child Optional / Voluntary AD&D \$ |

4 Signature

| | |
|---|--------------|
| Signature of person completing this form (Employer administrative contact) X | Today's date |
|---|--------------|

Application for Portable Group Life Insurance



Please PRINT Clearly

Use this form to apply for Portable Basic Group Term Life and Accidental Death and Dismemberment (AD&D) insurance. Use this application for the following company:

- Sun Life Assurance Company of Canada

Please complete sections 1 through 4, read the acknowledgment, and sign and date the form. Mail the completed form, a copy of your Portability Notice, and a check for the first premium to: **Sun Life Financial, Group Life Portability, SC 3015, One Sun Life Executive Park, Wellesley Hills, MA 02481.** Questions about Portability? Please call 1-800-247-6875.

1 General Information

Rates will increase when you reach a new age band. See the Portability Kit or ask your employer for rates and age bands.

Information about the person being insured

| | | | | | |
|--|-------------------|--|-------------------|-----------------------|-----|
| Your name (first, middle initial, last) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of birth (m/d/y) | |
| Residence address (street number & name, apartment or suite) | | | City | State | Zip |
| Social Security Number | Work phone number | | Home phone number | | |
| X X X X X | | | | | |

Information about the qualifying group policy

| | |
|---|---------------|
| Name of group policyholder (i.e. your employer or plan administrator) | Policy number |
| | |

2 Coverage Amounts

See Section 3 of the Portability Notice for the amount of insurance you are eligible to apply for. You may elect to keep the current amount(s)* of Basic and/or Optional Life coverage you had with your prior employer, or elect a lower amount

You may apply for Accidental Death and Dismemberment (AD&D) only if your employer's plan includes this option.

You may apply for spouse and/or child(ren) coverage only if your employer's plan includes these options. Be sure to write in spouse/child name(s), Social Security number(s) and date(s) of birth. To apply for spouse and child, you must apply for portability for yourself.

Check one box and write in amount under each type of insurance

| | | | |
|--|----------------------|---|----------------------|
| Employee Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Employee Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |
| Employee Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Employee Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |
| Spouse Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Spouse Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |
| Spouse Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Spouse Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |
| Child Basic Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Child Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |
| Child Basic AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ | Child Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount <input type="checkbox"/> Elect a lower amount | Amount elected \$ |

| | | |
|---------------------------------|------------------------|-----------------------|
| Spouse name (First, M.I., Last) | Social Security number | Date of birth (m/d/y) |
| | x x x x x | |
| Child name | Social Security Number | Date of birth (m/d/y) |
| | x x x x x | |
| Child name | Social Security Number | Date of birth (m/d/y) |
| | x x x x x | |

* subject to a policy maximum of \$500,000

Premium payment

| | | | |
|-----------------|---------------------------------------|--|------------------------------------|
| Amount enclosed | How would you prefer to pay premiums? | | |
| \$ | <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Quarterly |

3 Beneficiary Designation

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

Proceeds for the loss of a covered family member will be paid to you.

Under Secondary Beneficiaries, list the individuals who should receive proceeds only if ALL of your Primary Beneficiaries are not living at the time of your death.

On the lines below, list the individual(s) who you want to receive Portable Basic Group Term Life and Optional Group Term Life Insurance proceeds in the event of your death. You may specify as many individuals as you like, but the total shares must equal 100% for your Primary Beneficiaries and 100% for your Secondary Beneficiaries. If you need additional space, check here and attach a separate sheet.

| Primary Beneficiaries | | Social Security Number | Relationship to the person being insured | Percent share of proceeds |
|------------------------------------|------------------------------------|-------------------------|--|---------------------------|
| Name (first, middle initial, last) | Address (street, city, state, zip) | | | |
| 1. | | (last four digits only) | | % |
| 2. | | (last four digits only) | | % |
| | | | | Total = 100% |

| Secondary Beneficiaries | | Social Security Number | Relationship to the person being insured | Percent share of proceeds |
|------------------------------------|------------------------------------|-------------------------|--|---------------------------|
| Name (first, middle initial, last) | Address (street, city, state, zip) | | | |
| 1. | | (last four digits only) | | % |
| 2. | | (last four digits only) | | % |
| | | | | Total = 100% |

4 Acknowledgment and Signature

To begin processing of your portable coverage, Sun Life Assurance Company of Canada must receive this signed Application, any other required documentation, and your first premium payment within 31 days of your termination date.

You must read and sign to apply for coverage.

I/We understand and agree that: (1) The answers and statements in this Application will be the basis for and become part of any insurance certificate issued as a result of this Application. (2) The certificate issued will replace the coverage provided by the qualifying group policy indicated in Section 1 of this Application. (3) No insurance requested in this Application will be effective until Sun Life Assurance Company of Canada approves this Application. (4) I am not eligible for a Portability Certificate if I have left my employment due to retirement, sickness or injury. (5) A claim may be denied in accordance with the Incontestability provision of the Portability Certificate if the statements in this Application are not complete and true.

Fraud Warnings: Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

Fraud Warning (except as specified below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Colorado the following notice applies: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For District of Columbia the following notice applies: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Continued on next page

For Florida the following notice applies: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Maryland the following notice applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime as determined by a court of competent jurisdiction.

For New Jersey the following notice applies: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Ohio the following notice applies: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Oklahoma the following notice applies: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Oregon the following notice applies: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Pennsylvania the following notice applies: Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance, containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Washington, Virginia, Maine, and Tennessee the following notice applies: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For Vermont the following notice applies: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

No insurance requested in this Application will become effective until Sun Life Assurance Company of Canada approves the Application, notifies you of its approval, and receives the first premium payment from you. If you submit the initial premium payment with the Application and Sun Life denies the Application, Sun Life will refund it. If your Application is approved, Sun Life will bill you for future premium payments.

| | |
|--|--------------|
| Signature of employee X | Today's date |
| Signature of spouse (if also applying for coverage) X | Today's date |