

Overview

Your premium calculations are illustrated based on the number of payroll deductions provided by your employer. Due to small differences in rounding, actual payroll deductions may vary slightly from the amounts illustrated in these materials.

This document provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms under which the policy or plan may be continued in force or discontinued. We reserve the right to cancel the policy or plan with advance written notice to the policyholder or group. Issued insurance contracts and agreements determine all plan features and benefits. Products are subject to state variations and availability. Benefits provided and premium amounts depend on the plan selected. Contact us for costs and complete details.

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) under Policy Form Series GP-90, GP-09, GP-10, GP-11, GP-12/GC-12, GP-13/GC-13, GP-13/GC-14, GP-15/GC-15, GP-16/GC-16, GP LTD CA, GP STD CA, and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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Benefit Summary

It's annual enrollment time!

Annual enrollment is here and it's time to review your current benefit elections. Whether you want to add benefits, increase coverage or simply maintain your current plan choices, you'll find all the information you need in this booklet.

The products in this benefit plan were selected with you and your family's well-being in mind. They're an important part of your compensation package. And, because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.



What benefits are available to me?

- **Accident insurance** provides a range of benefits for accidental injuries.
- **Critical Illness insurance** for help in the event of sudden illness.

How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to the program administrator.

Choosing to expect the unexpected

Accident Insurance

Have you ever thought about what you would do if you or a family member were accidentally injured or died as a result of an accident?

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

- One in six U.S. residents require medical treatment from an injury each year.¹
- Over 40 million Americans visit a physician's office for unintentional injuries each year.²
- The 2007 national economic impact of unintentional injuries mounted to \$684.4 billion.²



How can accident insurance help?

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

If you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Provides coverage for off-the-job accidents.
- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Center for Disease Control, Congressional Testimony, May 1, 2008
² National Safety Council, "Injury Facts" 2008

This is an accident only insurance policy. It provides limited benefits and has some specific benefit limits. It does not pay benefits for sickness or loss from any other cause and is not a policy of Workers' Compensation. Please refer to the issued insurance policy for complete details and all benefit requirements including all limitations, exclusions and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits.

Accident Q&A

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

How much does Accident insurance cost?

The financial assistance that Accident insurance provides doesn't have to take a big bite out of your wallet. Review the costs and benefits below to determine if Accident insurance is right for you. We've included an example of how benefits can be paid under this plan to help you with your decision.

Treatment	Benefit*	Treatment	Benefit*
Broken Finger (no surgery)	\$175	Broken Leg (no surgery)	\$800
Emergency Treatment	\$150	Emergency Treatment	\$150
Follow-up Visit (2)	\$50	Ambulance	\$200
Total Payment	\$375	Initial Hospitalization	\$1,000
		Hospital Benefit (1 day)	\$250
		Crutches	\$125
		Follow-up Visit (3)	\$75
		Physical Therapy (2x)	\$50
		Total Payment	\$2,650

*These hypothetical examples are for illustrative purposes only.

Your Semi-Monthly Premium Deduction	
Non-occupational Coverage	
For you	\$7.07
For you and your spouse	\$11.86
For you and your child(ren)	\$14.11
For you and your family	\$18.90

Premiums will not change due to age changes.

What benefits are payable for covered accidents?

Accident Insurance Schedule	
<i>Initial Emergency Treatment: Pays a benefit for accident emergency treatment, ambulance transportation for medical treatment of a covered accident and certain other services.</i>	
Ambulance*	\$200 - Ground ambulance \$1,500 - Air ambulance
Accident Emergency Treatment*	\$150 - Emergency Room \$150 - Non-Emergency Room Limited to once each accident and once in any 24-hour period.
Major Diagnostic Exams	\$200 per benefit year. Initial treatment must be provided within 6 days of the accident.
Blood/Plasma/Platelets	\$200 payable once for any accident
<i>Hospital Care: Traditional health insurance policies may have deductibles and co-payments associated with hospital stays. Accident benefits can help cover your out-of-pocket costs resulting from a hospital admission due to a covered accident.</i>	
Initial Accident Hospitalization	\$1,000 limited to once per benefit year. Increases to \$1,500 if immediately admitted to the ICU.
Daily Hospital Confinement	\$250 not to exceed 365 days
Daily Intensive Care Unit Confinement	\$500 not to exceed 15 days per Accident. Paid <u>in addition</u> to the daily Hospital Confinement Benefit.
<i>Accidental Injuries: Benefits are payable for many injuries.</i>	
Dislocation (Separated Joint)*	Up to \$4,000 for Open Reduction (Surgical). Up to \$1,000 for Closed Reduction (repair by manipulation). Limited to 2 dislocations per accident. If reduction is administered without general anesthesia, 25% of the Closed Reduction benefit is payable.
Fractures (Broken Bones)	Up to \$5,000 for Open Reduction (Surgical). Up to \$2,500 for Closed Reduction (repair by manipulation). Limited to 2 fractures per accident. Chip fractures and other fractures not reduced by Open or Closed Reduction will be payable at 25% of the amount otherwise payable for the Closed Reduction.
Emergency Dental Work*	\$200 - Broken teeth repaired with crowns \$65 - Broken teeth resulting in extractions Limited to 1 benefit per accident.
Concussion*	\$100
Eye Injury	\$300 - Surgical repair \$65 - Removal of foreign body by a doctor
Lacerations*	\$35 to \$500
Burns*	Third Degree Burns - \$1,000 to \$20,000** Second Degree Burns - \$400 to \$2,000** Skin Grafts - 50% of the total burn benefit* payable **Burn benefit is a fixed amount determined by the surface area burned.
<i>Surgical Care: Provides a benefit for covered surgical procedures performed within 90 days of the accident.</i>	
\$1,250	Open abdominal (including exploratory laparotomy), cranial (head), hernia, or thoracic (chest) surgery.
\$625	Repair of tendons and/or ligaments, torn rotator cuffs, ruptured discs, or torn knee cartilages.
\$300	Arthroscopy without surgical repair, or miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum injury benefit. Miscellaneous surgery limited to one surgery per 24-hour period.

Transportation: Assists when you or your covered dependent require medical care or treatment as prescribed by an attending doctor that is not available within 100 miles of the accident or your or your covered dependent's residence.

Transportation	\$600 limited to 3 round trips per benefit year for you and each covered dependent. Benefit is payable upon completion of the round trip. Excludes ground or air ambulance.
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Lodging Assistance: If you or your covered dependent are hospital confined more than 100 miles from your or your covered dependent's residence due to an injury, the Accident policy can help with costs.

Lodging	\$100 per day Limited to one benefit per day and 30 days per accident per benefit year.
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Accidental Death and Dismemberment: If injury results in death or dismemberment, a lump sum benefit is payable.

Accidental Death Benefit	Employee - \$50,000 ; Spouse - \$25,000 ; Child - \$12,500
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Common Carrier Death Benefit	Employee - \$150,000 ; Spouse - \$75,000 ; Child - \$37,500 Either the accidental death or the common carrier accidental death benefit will be paid, but not both.
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Dismemberment	Loss of Finger, Toe, Hand, Foot, Arm, Leg, Eye - \$625 to \$50,000
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Follow-up care: Helps with expenses for additional care or support that might be required after the initial treatment for an accident. Certain benefits may not be payable if provided on the same day.

Follow-up Treatment*	\$25 per day, not to exceed 6 payments
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Physical Therapy*	\$25 per day, for up to 10 days of treatments
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Appliances	\$125 - Wheelchairs, leg or back braces, crutches or walkers Limited to one appliance per accident
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Rehabilitation Unit	\$150 per day; limited to 30 days per period of confinement and limited to 60 days per benefit year
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Prosthesis	\$500 limited to one per accident
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Serious Accidents: Serious accidents can result in life changing losses. Benefits are payable for the following conditions as a result of a covered accidental injury.

Coma	\$20,000
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Paralysis	\$50,000 for Quadriplegia; \$25,000 for Paraplegia Payable only once per lifetime
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*Initial treatment must be provided within 72 hours of the accident.

Important Definitions

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements: maintain clinical records on all patients; have every patient be under the care of a doctor; provide 24-hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse; be licensed or be approved by the state or local licensing agency; meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

State variations can exist; please contact Sun Life Financial for additional information.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.

Other Important Plan Provisions

Accident

For benefits to be payable under this policy, the accident must be due to a sudden, unforeseen, external and unexpected event, which results in an injury and which occurs while you or your covered dependent are insured under this policy. This plan does not cover sickness, cerebrovascular accident (stroke) or any drug overdose unless the drugs were used as prescribed by a doctor. Sickness means a disease, illness or other condition not related to an injury, including diseases or infections resulting from bug bites, stings or infestations by microorganisms.

We will not pay benefits for you or your covered dependent relating to or resulting from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; services or treatment rendered or hospital confinement outside the United States; or dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an accident. We will not pay benefits for you or your covered dependent if the accident or injury results, directly or indirectly, from: service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder or an associated company, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats; participation in mountaineering, operating a glider, bungee jumping or skydiving; operating a taxi or any other delivery service for any kind of compensation or profit; any physical or mental sickness or related complications; or treatment or complications of treatment.

In the case of non-occupational coverage, we will not pay benefits if the accident or injury results, directly or indirectly, from any work you or your covered dependent do for pay or benefits.

State variations can exist; please contact Sun Life Financial for additional information.

Choosing to plan for sudden illness

Critical Illness Insurance

Can your finances survive a serious illness?

Maybe it's happened to someone you know. A sudden illness such as a heart attack or stroke can cause devastating physical and financial consequences.

- 1.5 million Americans will declare bankruptcy this year, 60% due to medical bills.¹
- An estimated 83.6 million American adults (greater than 1 in 3) have cardiovascular disease.²
- Fewer than 1 in 4 Americans (24%) have enough savings to cover at least 6 months' expenses.³



How can critical illness insurance help?

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date with a covered critical illness.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Facts About Critical Illness Insurance Coverage and Costs, 2012

² American Heart Association 2013

³ 2013 research from Bankrate.com

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Sun Life Financial for additional details.

Critical Illness Q&A

Q. I'm not signed up for Critical Illness insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you first became eligible for this coverage within the last 90 days, you can enroll for amounts up to **\$5,000** for yourself without answering health questions. To enroll for more coverage than the amount shown above, you'll need to answer a simple health statement.

If you were offered this coverage more than 90 days ago, but chose not to enroll, you can join the plan now, but you'll need to provide proof of good health. Once approved, a pre-existing conditions limitation will apply.

A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition unless you or your covered dependent are initially diagnosed with a critical illness or undergo a procedure after the earlier of:

- 12 consecutive months during which you or your covered dependent are continuously insured under this plan; or
- 12 consecutive months during which you or your covered dependent do not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances for that condition.

See your certificate for additional pre-existing condition details.

Q. What benefits are provided under this plan?

A. After your coverage effective date, if you are first diagnosed for a covered critical illness or undergo a covered procedure, you could receive up to **\$50,000** depending on the amount of coverage you elect.

- You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit.
- You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

Q. What is the Recurrence Benefit?

A. If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category. Note: the recurrence benefit is not payable for Category 3.

Q. What is the Total Benefit I can receive?

A. You could receive up to 350% of your elected amount (100% of the elected amounts in each category as well as the 25% Recurrence Benefit in categories 1 and 2 only).

Q. What is the Annual Wellness Screening Benefit?

A. If you and your dependents enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: cardiac exercise stress test; fasting blood glucose test; blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; CA15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis; carotid doppler; electrocardiogram; echocardiogram. In order to receive this benefit, the wellness screening test must be performed after your coverage effective date.

Category	Covered Illnesses/Procedures	Percent of Benefit Payable
1	<ul style="list-style-type: none"> • Heart attack, heart failure, stroke • Coronary bypass surgery 	100% 25%
2	<ul style="list-style-type: none"> • Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma 	100%
3	<ul style="list-style-type: none"> • Invasive cancer • Cancer in situ 	100% 25%

Q. When will my coverage become effective?

- A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

How much does Critical Illness Cost?

Your cost depends on how much coverage you select, your age as of the effective date and whether or not you use tobacco. Because issue age rating applies, your premiums will not increase due to age changes.

You may elect coverage for yourself in units of \$5,000 up to \$50,000. **Your benefit is subject to a 50% reduction, rounded to the next higher \$1,000, when you turn age 70.**

Employee Critical Illness Insurance Semi-Monthly Premiums													
Benefit	Issue Age	Non-Tobacco User					Tobacco User						
		<30	30-39	40-49	50-59	60-64	65+	<30	30-39	40-49	50-59	60-64	65+
\$5,000		\$1.95	\$3.15	\$5.05	\$9.65	\$13.98	\$16.38	\$2.85	\$5.25	\$8.93	\$17.83	\$23.88	\$25.23
\$10,000		\$3.90	\$6.30	\$10.10	\$19.30	\$27.95	\$32.75	\$5.70	\$10.50	\$17.85	\$35.65	\$47.75	\$50.45
\$15,000		\$5.85	\$9.45	\$15.15	\$28.95	\$41.93	\$49.13	\$8.55	\$15.75	\$26.78	\$53.48	\$71.63	\$75.68
\$20,000		\$7.80	\$12.60	\$20.20	\$38.60	\$55.90	\$65.50	\$11.40	\$21.00	\$35.70	\$71.30	\$95.50	\$100.90
\$25,000		\$9.75	\$15.75	\$25.25	\$48.25	\$69.88	\$81.88	\$14.25	\$26.25	\$44.63	\$89.13	\$119.38	\$126.13
\$30,000		\$11.70	\$18.90	\$30.30	\$57.90	\$83.85	\$98.25	\$17.10	\$31.50	\$53.55	\$106.95	\$143.25	\$151.35
\$35,000		\$13.65	\$22.05	\$35.35	\$67.55	\$97.83	\$114.63	\$19.95	\$36.75	\$62.48	\$124.78	\$167.13	\$176.58
\$40,000		\$15.60	\$25.20	\$40.40	\$77.20	\$111.80	\$131.00	\$22.80	\$42.00	\$71.40	\$142.60	\$191.00	\$201.80
\$45,000		\$17.55	\$28.35	\$45.45	\$86.85	\$125.78	\$147.38	\$25.65	\$47.25	\$80.33	\$160.43	\$214.88	\$227.03
\$50,000		\$19.50	\$31.50	\$50.50	\$96.50	\$139.75	\$163.75	\$28.50	\$52.50	\$89.25	\$178.25	\$238.75	\$252.25

Can I buy coverage for my family?

If you elect coverage for yourself, you can elect coverage for your eligible family members. You may purchase coverage for your spouse in units of \$2,500 up to \$25,000. The spouse amount cannot exceed 50% of the employee amount. You may buy coverage for your children too in units of \$2,500 up to \$5,000. The child amount cannot exceed 50% of the employee amount.

If your dependents first became eligible for this coverage within the last 90 days, you can enroll your spouse for amounts up to \$2,500 and up to \$2,500 for each child without answering health questions. You will need to complete a simple health questionnaire if your dependent became eligible more than 90 days ago. Once approved, the pre-existing conditions limitation will apply.

Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

Spouse Critical Illness Insurance Semi-Monthly Premiums												
Issue Age	Non-Tobacco User						Tobacco User					
	<30	30-39	40-49	50-59	60-64	65+	<30	30-39	40-49	50-59	60-64	65+
Benefit \$2,500	\$1.05	\$1.63	\$2.53	\$4.70	\$6.75	\$7.90	\$1.50	\$2.63	\$4.40	\$8.66	\$11.58	\$12.21
\$5,000	\$2.10	\$3.25	\$5.05	\$9.40	\$13.50	\$15.80	\$3.00	\$5.25	\$8.80	\$17.33	\$23.15	\$24.43
\$7,500	\$3.15	\$4.88	\$7.58	\$14.10	\$20.25	\$23.70	\$4.50	\$7.88	\$13.20	\$25.99	\$34.73	\$36.64
\$10,000	\$4.20	\$6.50	\$10.10	\$18.80	\$27.00	\$31.60	\$6.00	\$10.50	\$17.60	\$34.65	\$46.30	\$48.85
\$12,500	\$5.25	\$8.13	\$12.63	\$23.50	\$33.75	\$39.50	\$7.50	\$13.13	\$22.00	\$43.31	\$57.88	\$61.06
\$15,000	\$6.30	\$9.75	\$15.15	\$28.20	\$40.50	\$47.40	\$9.00	\$15.75	\$26.40	\$51.98	\$69.45	\$73.28
\$17,500	\$7.35	\$11.38	\$17.68	\$32.90	\$47.25	\$55.30	\$10.50	\$18.38	\$30.80	\$60.64	\$81.03	\$85.49
\$20,000	\$8.40	\$13.00	\$20.20	\$37.60	\$54.00	\$63.20	\$12.00	\$21.00	\$35.20	\$69.30	\$92.60	\$97.70
\$22,500	\$9.45	\$14.63	\$22.73	\$42.30	\$60.75	\$71.10	\$13.50	\$23.63	\$39.60	\$77.96	\$104.18	\$109.91
\$25,000	\$10.50	\$16.25	\$25.25	\$47.00	\$67.50	\$79.00	\$15.00	\$26.25	\$44.00	\$86.63	\$115.75	\$122.13

Child Critical Illness Insurance Semi-Monthly Premiums		
Benefit \$2,500		\$0.20
\$5,000		\$0.40

For Critical Illness insurance for your children, choose the benefit you want for the corresponding premium. One premium covers all of your dependent children.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.

Other Important Plan Provisions

Critical Illness

We will not pay benefits for you or your covered dependent if the critical illness or procedure is related to or resulting directly or indirectly from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant for you or your covered dependent in which the covered person's own bone marrow is used; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.

State variations can exist; please contact Sun Life Financial for additional information.

Employee Application

Please print clearly in blue or black ink.

RENEWAL

Check one — Employer Use

- New Employee
 Change
 COBRA

Employee Information — Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	Employer	Employment location				
→	City of Burnet					
Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate		
4052820						
Sex	Job title or position	Employee hire date	# hours per week	Earnings \$	Married	Children
<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	Zip			

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

Dependent Information — Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

NOTE — Coverage not elected will be assumed refused even if not specifically refused

Employee Choice Accident, Critical Illness Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Accident <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness <input type="checkbox"/> Employee Critical Illness - Amount _____ Have you used tobacco, in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Critical Illness - Amount _____ Has your spouse used tobacco, in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child(ren) Critical Illness - Amount _____

Beneficiaries - Applies to all coverages for which a beneficiary designation is required

Last Name	First	MI	Relationship	
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

- 1) Give FULL names and relationships of each beneficiary.
- 2) Beneficiaries elected will apply to all coverages elected on this form for which a beneficiary designation is required.
- 3) If primary/secondary election is not noted, the beneficiary will be considered primary.
- 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries.
- 5) If your designation does not fit in the above arrangement, or you want to specify a beneficiary by coverage, please contact Union Security Insurance Company for the appropriate forms.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

- 1) Apply for the coverages designated for which I am eligible under my employer’s plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Authorize any required deductions from my earnings.
- 4) Designate the beneficiary named on this application to receive any benefits payable in the event of my death.
- 5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 7) Understand that coverages include limitations and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

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

Employee’s signature _____ Date _____

AGENT, BROKER, AND/OR ENROLLER INFORMATION:

Agency Name: _____

Agent/Broker Name: _____

Enroller Name: _____

Employee Health Statement

Please print clearly in blue or black ink.

VOLUNTARY AND WORKSITE COVERAGE

Check one – Employer Use

- New Enrollee
 Annual Enrollment
 Life Event-Type/Date

Employee Information - Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)		Employer		
→		City of Burnet		
Group policy/participant #	Account #	Cert. #	Employee SSN	Employee birthdate
4052820				

Answer the following questions based upon the coverage for which you are applying for you and your dependents - For **CRITICAL ILLNESS**, answer questions 1 through 6. –

Applicant Height: _____ Weight: _____ Spouse Height: _____ Weight: _____ YES NO

1. Have you or your dependents used tobacco in any form in the past 12 months? YES NO
2. In the last 10 years, have you or your dependents been diagnosed, treated, or received advice to seek treatment for any tumor, malignancy or any type of internal cancer, melanoma, leukemia, lymphoma, sarcoma or Hodgkin’s disease or been diagnosed with an elevated PSA, abnormal Pap or colposcopy? Have you had a hysterectomy or prostate removal? YES NO
3. In the past 5 years, have you or your dependents been hospitalized, undergone any inpatient or outpatient surgery or procedure or been advised to be hospitalized or have surgery by a physician or medical provider? YES NO
4. In the past 12 months, have you or your dependents been prescribed or advised to take prescription medication? YES NO
5. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for any mental, psychiatric, emotional or eating disorder, alcoholism, alcohol abuse, prescription or illegal drug abuse? Have you or your dependents ever been arrested for DUI, illegal drug possession or use? YES NO
6. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for: YES NO
(circle all that apply and provide details below)
 diabetes, heart or vascular disease, heart attack, blood disorder, stroke, high blood pressure, asthma, emphysema or other lung disorder, kidney disease, liver disease, gallstones, pancreas disorder, colitis, Crohn’s disease, glaucoma, seizures, lupus or autoimmune disorder, multiple sclerosis, Parkinson’s, Muscular Dystrophy or any paralysis, arthritis, disorder of the back, neck, spine, or joint, including hip or knee?
 Have you or your dependents ever been diagnosed, treated, or advised to seek treatment for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)? YES NO
7. Have you or your dependents ever been diagnosed with or treated for fibromyalgia, chronic fatigue, chronic pain, carpal tunnel, muscle or nerve disorder, eye or ear disorder, vertigo, bowel or bladder disorder? YES NO

NOTE – “Disorder” is defined as a disease, illness, injury and/or condition differing in any way from the usual or normal state or structure.

Remarks – If you answered “Yes” to any medical questions above, please provide details below: **Sign and date the form on back.**

Question No.	First Name	Description of illness, injury or pregnancy, medication and treatment	Duration (dates) & no. of episodes	Residual Effects	Name and address of attending physician or hospital (including zip)

Employee name (last, first, initial)		Employer		
		City of Burnet		
Group policy/participant #	Account #	Cert. #	Employee SSN	Employee birthdate
4052820				

IMPORTANT NOTICE TO APPLICANTS - PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE INFORMATION: To properly underwrite applications, determine eligibility for coverage and issue insurance policies on an equitable basis, we must obtain information about you. The nature of the information we seek includes age, occupation, physical condition, health history, habits, avocations and other personal characteristics and information. This information will be collected from you and various sources, including health professionals and health facilities. Information regarding factors affecting insurability will be treated as confidential.

By signing below, I authorize any provider of medical services, physicians, or other medical practitioner, hospital, clinic, pharmacy, pharmacy benefits manager or any pharmacy related services entity, insurance company, employer, consumer reporting agency, or other individual or entity to give Union Security Insurance Company or its reinsurers any information regarding my medical or health history. Such information includes but is not limited to any and all medical/dental records relating to my physical and/or mental health, alcohol or drug abuse information, psychiatric or psychological care or pharmacy records.

I understand that I have the right to refuse to sign this authorization but if I refuse, Union Security Insurance Company may refuse to consider my application for enrollment. I understand that a photocopy or facsimile of this authorization will be as valid as the original.

I understand that this authorization is voluntary and that I may revoke it at any time by writing Union Security Insurance Company, P.O. Box 419052, Kansas City, MO 64141-6052, Attn: Privacy Office. Such revocation will not affect any action taken by Union Security Insurance Company prior to receipt of the revocation. If there is a conflict between a prior request for restrictions and this authorization, this authorization controls.

The authorization is effective from the date signed below until the earliest of denial of my application, declination of enrollment, or, if insured, when I am no longer an insured of Union Security Insurance Company, but at no time longer than 30 months.

Federal law requires that we inform you that the information which we collect may, under certain circumstances, be re-disclosed by us to third parties and thus no longer protected by federal law. However, be assured that disclosure will be strictly limited to that which is reasonably necessary and we will comply with all federal and state privacy and security laws and regulations. You have the right to gain access to and request correction of information contained in our files.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

- 1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 4) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 5) Understand that coverages include limitations and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.

This will certify that I HAVE read and understand the above important notice.

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

Employee's signature _____ Date _____

Spouse's signature (if spouse coverage elected) _____ Date _____

