

The background of the slide is a black and white photograph. It depicts a person sitting in a meditative pose on a wooden dock that extends into a calm body of water. The water's surface is dark with subtle ripples. In the distance, a dense forest of evergreen trees covers a hillside, partially shrouded in a light mist or fog. The overall mood is peaceful and serene.

Making care and benefits easier

Proposal for: City of Douglas

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Introduction

Thank you for the opportunity to offer this proposal to you.

Proposal Presented to

City of Douglas
425 E 10th St
Douglas, AZ 85607

SIC Code: 9111

Proposal Presented by

Sun Life

Benefits Quoted

Employee Basic Life; Employee Basic AD&D; Employee Voluntary Life; Employee Voluntary AD&D; Spouse Voluntary Life; Spouse Voluntary AD&D; Child Voluntary Life; Child Voluntary AD&D; Short-Term Disability; Long-Term Disability; Dental; Vision; Accident insurance and Hospital Indemnity

Proposed Effective Date

July 1, 2025

Things to Know

- This proposal shows a summary of proposed product(s), rates, and underlying assumptions. It is not part of the group policy or an administrative services agreement with Sun Life or its affiliated companies.
- This proposal is valid for 60 days, starting from April 29, 2025, and only for the proposed Effective Date.
- This proposal may include fully insured, nonparticipating coverage that terminates at retirement, unless otherwise noted.
- For fully insured coverages, we require that you provide a copy of the current carrier's policy or certificate, and for self-funded plans we require your Plan Document at time of sale.

The following notices apply to quotes for fully insured coverage:

Producer Licensing

All Sun Life companies require producers who use insurance quotes for the purpose of soliciting, selling, or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale, or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale, or negotiation of insurance, including but not limited to solicitation, sale, or negotiation conducted in person or by telephone, by e-mail, by fax, or otherwise.

Producer Compensation

We encourage brokers and their clients to discuss what commission or other compensation may be paid in connection with the purchase of products and services from Sun Life companies. All Sun Life companies may pay the selling broker, agency, or third party administrator for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation arrangements, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business. For New York-issued cases, producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

Plan and Rates

Acceptance of the group and final rates will be determined by Sun Life and may be based on actual enrollment and case experience, if required. Terms and conditions of any coverage under the policy may be determined by all required final data and by underwriting rules, minimum participation requirements, and policy provisions in effect on the date coverage begins.

Underwriting Companies

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

Life and AD&D

We are pleased to offer Life and AD&D insurance to employers, with the benefits employees want. Here are some highlights:

- **Value-Added Services:** Employers can choose one of the Value-Added Services packages that best fits the needs of their employees. These noninsurance services are included in the price of the Life coverage.
 - **Self Care+:** Offers employees and their families (age 13+) 24/7 access to digital tools such as mindfulness activities, guided journals, blogs, and meditations to help them build resilience and improve their mental health. Service provided by AbleTo and is not insurance.²
 - **Emergency Travel Assistance & ID Theft:** Emergency Travel Assistance provides medical, dental and personal emergency assistance for employees and dependents traveling 100+ miles from home. Identity Theft Protection offers prevention and resolution tools to safeguard data and restore its integrity if it is used fraudulently. These services are provided by Assist America and are not insurance.²
 - **Online Will Preparation & Claimant Support Services:** Online Will Preparation provides step-by-step guidance online to create a legally binding will. Claimant Support Services connect claimants and beneficiaries to professional grief, financial and legal counseling. These services are provided by ComPsych and are not insurance.²
- **Accelerated Benefits:** Terminally ill employees may access a portion of their death benefit while they are alive.
- **Waiver of Premium:** This benefit helps employees maintain important Life coverage when they become Totally Disabled, as defined by the policy, and meet age requirements. Employers can customize the Elimination Period or choose no Elimination Period—a popular choice because it means easy tracking and immediate benefits for eligible employees.
- **Claims Settlement:** Beneficiaries may elect to receive either a complimentary interest-bearing account or a lump-sum payment. Availability may vary by state.
- **Accidental Death & Dismemberment (AD&D):** Protection for covered Accidental Death and covered injuries resulting in Speech/Hearing Loss, Loss of Limb, Loss of Thumb and Index Finger, and Loss of Use of a Limb Due to Quadriplegia, Paraplegia, or Hemiplegia—all with a standard 365-day loss period. Many optional riders can be added, including Seat Belt, Air Bag, Helmet, Business Travel, Bereavement Counseling, and Child and/or Spouse Education. Availability may vary by state.
- **Enrollment Campaigns and Support:** We work with benefits managers to ensure easy enrollment and provide a wide range of tools to help ensure maximum participation at no additional cost.
- **Portability/Continuation:** Allows employees to take their group Life insurance with them (Portability) or continue their Life insurance (Continuation) under the group policy when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for portable or continued Term Life coverage without satisfying Evidence of Insurability. Continuation is available in lieu of Portability in states where Portability is not available.
- **Service Guarantees:** We are pleased to offer a Life Service Guarantee, which covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to

Group Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

the lesser of 3% of the policyholder's annual Life premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.

Footnote information is located in the General Disclosures section on the last page of this proposal.

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(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Basic Life

Plan design and rates

Employee Basic Life and AD&D plan design

Employee Basic Life		
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week	
Effective Date	July 1, 2025	
	Class 1	Class 2
Class description	All Eligible Public Safety Employees	All Other Eligible Employees
Waiting Period	30 days of employment	30 days of employment
Benefit amount	Flat \$20,000	Flat \$40,000
Maximum benefit	\$20,000	\$40,000
Guaranteed Issue amount	\$20,000	\$40,000
Contributions	Noncontributory	Noncontributory
Participation requirement	100%	100%

Employee Basic AD&D		
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week	
Effective Date	July 1, 2025	
	Class 1	Class 2
Class description	All Eligible Public Safety Employees	All Other Eligible Employees
Benefit amount	Flat \$20,000	Flat \$40,000
Maximum benefit	\$20,000	\$40,000
Compulsory coverage	Yes	Yes
Contributions	Noncontributory	Noncontributory
Participation requirement	100%	100%

Basic Life rates

Coverage	Total employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
Employee Basic Life	196	\$0.120	\$6,521,400	\$783	\$9,391
Employee Basic AD&D	196	\$0.030	\$6,521,400	\$196	\$2,348
Total estimated premium				\$979	\$11,739
Rate basis: Per \$1,000 of volume					
There could be income tax and ERISA implications if the employer-funded Basic Life rates shown above have been reduced in cost (subsidized) by employee-funded Voluntary Life rates that may also be in this proposal. Subsidized rates can potentially create additional imputed income for some employees (under IRC Section 79) and potentially violate ERISA's fiduciary rules. As a group insurance carrier, Sun Life cannot make this determination for you. We recommend that you consult with your tax consultant and attorney before implementing the Basic and Voluntary Life rates in this proposal.					

Sequence Number: 35

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Included in this plan:

- A flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- Employee age reductions: All coverage amounts reduce to 67% at age 65, 34% at age 70.
- Waiver of Premium: For employees with an approved disability prior to age 65, premium is waived until age 65 or for 12 months (whichever is later). For employees disabled on or after age 65 but prior to age 70, premium is waived for 12 months. There is an Elimination Period of 6 months which must be satisfied before the waiver of premium begins. The definition of Total Disability is disabled from any occupation.

Waiver of premium is provided on the following benefits: Employee Basic Life.

- Portability: Coverage may be ported upon termination of active employment.
- Conversion Privilege
- Employee Accelerated Death Benefit of 75% to a maximum of \$500,000.
- A choice of one Value-Added Service: Self Care+, Emergency Travel Assistance & ID Theft, or Online Will Preparation & Claimant Support Services.²
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Coverage will be continued on a premium-paying basis for a period of 12 months during a period of injury or sickness.
- Earnings definition: Earnings are defined as the current earnings reported by the employer. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.
- 24-hour AD&D coverage
- Special AD&D benefits:
 - Air Bag
 - Bereavement Counselling
 - Seat Belt

Footnote information is located in the General Disclosures section on the last page of this proposal.

Group Basic Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Voluntary Life

Plan design and rates

Employee Voluntary Life, AD&D, Dependent Voluntary Life, and AD&D plan design

Employee Voluntary Life	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025
	Class 1
Class description	All Eligible Employees
Waiting Period	30 days of employment
Benefit amount	Increments of \$10,000
Maximum benefit	\$500,000 or 5 times annual earnings, whichever is less
Minimum benefit	\$10,000
Guaranteed Issue amount	\$130,000
Participation requirement	20%

Employee Voluntary AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025
	Class 1
Class description	All Eligible Employees
Benefit amount	Increments of \$10,000
Maximum benefit	\$500,000 or 5 times annual earnings, whichever is less
Minimum benefit	\$10,000
Compulsory coverage	Yes

Employee must elect Voluntary Life to elect Voluntary AD&D

Spouse Voluntary Life and AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025
	Class 1
Class description	All Eligible Employees
Spouse benefit amount	Increments of \$5,000
Spouse maximum benefit	\$50,000
Minimum benefit	\$5,000
Spouse Guaranteed Issue amount	\$35,000
Maximum % of employee coverage	50%
Spouse termination age	N/A
Compulsory AD&D coverage	Yes

Employee must elect Voluntary Life to elect Spouse Voluntary Life / AD&D

Child Voluntary Life and AD&D	
Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025

Group Voluntary Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

	Class 1
Class description	All Eligible Employees
Child benefit amount	Increments of \$1,000
Child maximum benefit	\$10,000
Minimum benefit	\$2,000
Child Guaranteed Issue amount	Up to the maximum benefit
Full child benefit begins	birth
Child eligibility	Unmarried dependent children from birth to age 26 or to age 26 if full-time student
Maximum % of employee coverage	50%
Compulsory AD&D coverage	Yes

Employee must elect Voluntary Life to elect Child Voluntary Life / AD&D

Voluntary Life rates

Employee Voluntary Life				
Age band	Participating employees	Monthly rate	Estimated monthly volume	Estimated monthly premium
Under age 20	0	\$0.105	\$0	\$0
20-24	1	\$0.105	\$20,000	\$2
25-29	14	\$0.105	\$1,380,000	\$145
30-34	11	\$0.105	\$890,000	\$93
35-39	9	\$0.123	\$1,160,000	\$143
40-44	16	\$0.167	\$1,980,000	\$331
45-49	14	\$0.277	\$1,570,000	\$435
50-54	13	\$0.415	\$940,000	\$390
55-59	5	\$0.666	\$320,000	\$213
60-64	2	\$1.031	\$80,000	\$82
65-69	1	\$1.469	\$20,000	\$29
70-74	0	\$3.124	\$0	\$0
75-79	0	\$6.738	\$0	\$0
80-84	0	\$13.134	\$0	\$0
85 and over	0	\$24.850	\$0	\$0
Rate basis: Per \$1,000 of volume				

Spouse Voluntary Life				
Age band	Participating employees	Monthly rate	Estimated monthly volume	Estimated monthly premium
Under age 20	0	\$0.073	\$0	\$0
20-24	0	\$0.073	\$0	\$0
25-29	3	\$0.073	\$120,000	\$9
30-34	3	\$0.073	\$110,000	\$8
35-39	3	\$0.110	\$85,000	\$9
40-44	4	\$0.171	\$155,000	\$27
45-49	5	\$0.275	\$180,000	\$50
50-54	2	\$0.387	\$85,000	\$33
55-59	3	\$0.604	\$115,000	\$69
60-64	0	\$0.920	\$0	\$0
65-69	1	\$1.487	\$10,000	\$15
70-74	0	\$2.760	\$0	\$0
75-79	0	\$6.032	\$0	\$0
80-84	0	\$12.482	\$0	\$0
85 and over	0	\$26.310	\$0	\$0
Rate basis: Per \$1,000 of volume				

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Totals

Coverage	Total participating employees	Monthly rate	Total estimated monthly volume	Total estimated monthly premium	Total estimated annual premium
Employee Voluntary Life	86	N/A	\$8,360,000	\$1,864	\$22,371
Employee Voluntary AD&D	86	\$0.028	\$8,360,000	\$234	\$2,809
Spouse Voluntary Life	24	N/A	\$860,000	\$219	\$2,632
Spouse Voluntary AD&D	24	\$0.021	\$860,000	\$18	\$217
Child Voluntary Life	30	\$0.204	\$288,000	\$59	\$705
Child Voluntary AD&D	30	\$0.039	\$288,000	\$11	\$135
Total estimated premium				\$2,405	\$28,869
Rate basis: Per \$1,000 of volume					

Sequence Number: 21

Included in this plan:

- A flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- Employee age reductions: All coverage amounts reduce to 65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85, 15% at age 90.
- Spouse age reductions: All coverage amounts reduce to 65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85, 15% at age 90.
- Includes ability to increase benefit amount to the next increment annually without Evidence of Insurability.
- Waiver of Premium: For employees with an approved disability prior to age 65, premium is waived until age 65 or for 12 months (whichever is later). For employees disabled on or after age 65 but prior to age 70, premium is waived for 12 months. There is an Elimination Period of 6 months which must be satisfied before the waiver of premium begins. The definition of Total Disability is disabled from any occupation.
Waiver of Premium is provided on the following benefits: Employee Voluntary Life.
- Portability Coverage may be ported upon termination of active employment.
- Conversion Privilege
- Employee Accelerated Death Benefit of 75% to a maximum of \$500,000.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Coverage will be continued on a premium-paying basis for a period of 12 months during a period of injury or sickness.
- Earnings definition: Earnings are defined as the current earnings reported by the employer. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.
- 24-hour AD&D coverage
- Special AD&D benefits:
 - Air Bag
 - Bereavement Counselling
 - Seat Belt

Group Voluntary Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Footnote information is located in the General Disclosures section on the last page of this proposal.

Group Voluntary Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Assumptions

- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- Completion and approval of the Group Life Insurance Transition Statement prior to the Effective Date. This statement addresses employees who are not Actively at Work.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- If the minimum participation requirement is not met for any contributory or employee paid coverage, the policy provisions, Guaranteed Issue amount, and rates are subject to change.
- Dependents are eligible for coverage only when the employee is insured. Dependent coverage amounts are subject to state requirements.
- Coverage for dependents who are hospital-confined due to illness or injury will be effective on the date they are no longer hospital-confined. Hospital-confined does not apply to a newborn child.
- If AD&D coverage is compulsory, employees who elect Life coverage automatically receive AD&D coverage equal to their Employee Life amount.
- Receipt of a copy of the prior carrier's policy or certificate at the point of sale.
- Sun Life requires a final census before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, and occupations.
- Common ownership of the business units.
- Notification of any employer-completed merger or acquisition.
- Evidence of Insurability is required for late entrants, coverage increases, and coverage in excess of the Guaranteed Issue amount.
- For Voluntary Life insurance late entrants may elect the initial increment amount without having to provide Evidence of Insurability (EOI). Existing members may increase coverage by one increment in any year without having to provide EOI, even if the increased coverage exceeds the Guaranteed Issue amount. Other scenarios require Evidence of Insurability to be met.
- Police and Fire exposure cannot exceed 50% of the group.

Group Life and AD&D coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Short-Term Disability

We are pleased to offer income replacement coverage with flexible plan designs and Return-to-Work incentives to help employers manage costs. Here are some highlights:

- **Flexible and Fully Insured Plan Designs:** Employers appreciate our flexible Short-Term Disability plan designs, which all include an "own occupation" definition and full maternity coverage. Employers may select from a variety of options: W-2 preparation at no additional cost, employer FICA match, varied benefit durations, and length of Elimination Periods.
- **Claims Management:** Using a team approach, medical, psychiatric, and vocational professionals actively manage Short-Term Disability claims. Employers who buy both Short-Term Disability and Long-Term Disability can also take advantage of our early intervention process.
- **Rehabilitation Services:** We offer this optional benefit through our on-staff specialists. Efforts may include job modification, worksite accommodations, transitional assignments, and other activities reasonably necessary to help employees return to work. For employers who choose this option, claimants who participate in a rehabilitation program approved by Sun Life may receive an additional 10% benefit.
- **Tiered Benefits:** Employers can vary benefits payments over the duration of an employee's disability.
- **Statutory Plans:** We offer statutory plans in New York, New Jersey and Hawaii.
- **Residual Disability Benefits:** This option allows employees to satisfy the Elimination Period by combining days of Total and Partial Disability.
- **Partial Disability Benefits:** We offer multiple options that allow employees to receive benefits when working part time, giving them extra motivation to get back to work as quickly as possible.
- **Survivor Benefit:** This option allows a survivor benefit to be payable in a lump sum to a surviving spouse or eligible child, if an employee dies before the benefit duration ends, was disabled for at least 14 consecutive days, and was eligible to receive Short-Term Disability benefits prior to death.
- **First-Day Hospitalization:** This option helps protect hospitalized employees by providing immediate benefits with no Elimination Period.
- **Service Guarantees:** We are pleased to offer a Short-Term Disability Service Guarantee, which covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual Short-Term Disability premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.

Group Short-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Short-Term Disability

Plan design and rates

Short-Term Disability plan design

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025
	Class 1:
Class description	All Other Eligible Employees
Waiting Period	30 days of employment
Benefit amount	66.67%
Maximum weekly benefit	\$600
Definition of Disability	loss of duties and loss of earnings required
Minimum weekly benefit	\$15
Injury start date	60 days
Sickness start date	60 days
First-Day Hospitalization	No
Maximum Benefit Period	26 weeks
Partial Disability benefit	Return-to-Work
Zero-Day Residual	Yes
Pre-Existing Limitation	None
Contributions	Non-contributory
Participation requirement	100%
Employer contribution %	100%

Short-Term Disability Rates

Coverage	Total participating employees	Monthly rate	Total estimated volume	Total estimated monthly premium	Total estimated annual premium
STD	137	\$0.150	\$75,571	\$1,134	\$13,603
Rate basis: Per \$10 of weekly benefit					
Sequence Number: 36					

Short Term Disability ("STD") benefits will be reduced by the amount of Other Income including income from any mandated benefits act or law that an employee may receive or be eligible to receive. This includes all temporary disability, Paid Family Medical Leave, or state disability benefits required by law and where such reduction is not prohibited by law. Depending on the amount of a state's mandated benefits, STD coverage may not be appropriate for employees who work in that state. To confirm the impact of such offsets on the plans quoted here, please discuss the benefits with your broker or your Sun Life Employee Benefits Representative.

Included in this plan:

- A flat 15% broker commission
- 24-month rate guarantee from the Effective Date
- Disability management services
- Partial Disability benefit
- Employer FICA administration for any taxable benefits not included
- Full maternity coverage
- Nonoccupational coverage
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.

Group Short-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Earnings definition: Earnings are defined as the earnings reported by the employer immediately prior to the first date of disability. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.

Group Short-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Assumptions

- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- There is continuity of coverage from the prior carrier's plan subject to policy limitations.
- This plan does not replace the statutory disability plan in any state.
- Employees in states with statutory STD plans are covered by those statutory plans, and any STD benefit payable will be offset by those statutory benefits. We reserve the right to re-rate if this assumption proves incorrect.
- The employer has not opted out of Workers' Compensation coverage.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Receipt of a copy of the prior carrier's policy or certificate at the point of sale.
- Common ownership of the business units.
- All noncontributory plan designs assume that the employer pays the entire premium and that all benefits are fully taxable.
- Notification of any employer-completed merger or acquisition.
- Police and Fire exposure cannot exceed 50% of the group.

Group Short-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Long-Term Disability

We are pleased to offer income replacement benefits that take into consideration disability management through cost-containment and rehabilitation. Here are some highlights:

- **Retro Disability Benefits®:** In states that allow it, this innovative feature gives extra benefits to employees with serious LTD claims. It's designed to help employees who are continuously hospitalized for 14 days or more at the onset of Total Disability and who complete the Elimination Period. When we pay the first Total Disability benefit, we will retroactively pay that claimant his or her LTD benefits from the first day the claimant was deemed Totally Disabled. This benefit is paid in a lump-sum amount, and there are no offsets.
- **Innovative Return-to-Work Incentives:**
 - We offer Zero-Day Residual benefits with no requirement of Total Disability before benefits are payable. Our Return-to-Work incentive allows combined earnings of up to 100% during the Return-to-Work period.
 - For customers who choose our Rehabilitation option, claimants who participate in a rehabilitation program approved by Sun Life receive an additional 10% benefit.
- **Rehabilitation Services:** We provide comprehensive Rehabilitation Services through our on-staff specialists. We offer customized Return-to-Work plans; physical, recreational, and vocational therapy; job search assistance; and financial assistance for worksite accommodations and other expenses.
- **Service Guarantees:** We are pleased to offer an LTD Service Guarantee, which covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual LTD premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.
- **An Effective Social Security Assistance Program:** We provide this service for all claimants.
- **Integrated Life Waiver of Premium Processing:** When the LTD plan is offered in combination with our Group Life coverage, we automatically start the Life waiver claim review process for claimants. This service helps make it easier for claimants to apply for Life Waiver of Premium benefits.
- **A Wide Range of Optional Features:** Valuable options include a COBRA Continuation Premium Reimbursement benefit, a Child Care Expense benefit, a Child Continuing Education Expense benefit, Cost of Living Adjustments, a Retirement Contribution benefit, an Assisted Living benefit, a Survivor Benefit, and alternate funding (for larger employers).

Group Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Long-Term Disability

Plan design and rates

Long-Term Disability plan design

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 30 hours per week
Effective Date	July 1, 2025
	Class 1
Class description	All Eligible Public Safety Employees
Waiting Period	30 days of employment
Maximum benefit %	66.67% of monthly earnings
Maximum monthly benefit	\$1,500
Elimination Period	60 days
Definition of Disability	24 months own occupation; loss of duties and loss of earnings required
Earnings Test	80% during the own occupation period and 66.67% during the any occupation period
Minimum benefit	\$100
Contributions	Noncontributory
Participation requirement	100%
Employer contribution %	100%

Long-Term Disability rates

Coverage	Total participating employees	Monthly rate	Total estimated volume	Total estimated monthly premium	Total estimated annual premium
LTD	59	\$0.450	\$132,691	\$597	\$7,165

Rate basis: Per \$100 of monthly covered payroll
Sequence Number: 37

Included in this plan:

- A flat 15% broker commission
- 24-month rate guarantee from the Effective Date
- Benefit duration of SSNRA
- Direct integration
- Family Social Security offset
- Partial Disability benefit
- 12-month Return-to-Work incentive
- Zero-Day Residual
- Retro Disability Benefit®: pays a lump-sum amount equal to the employee's gross monthly benefit times the number of months in the Elimination Period if Total Disability required continuous Hospital Confinement for at least 14 consecutive days at the onset of Total Disability. Total Disability must remain continuous throughout the Elimination Period, and the benefit is not subject to Other Income offsets.
- Recurrent Disability
- 3-month lump-sum gross Survivor Benefit
- 3/12 pre-existing condition exclusion
- 24-month mental/nervous limitation

Group Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

- 24-month drug/alcohol limitation
- 24-month of Sun Select® included, which limits the duration for certain conditions
- Voluntary rehabilitation provision
- Rehabilitation program provides additional 10% benefit
- Reasonable Accommodation benefit of up to \$5,000
- Trial work days equals 120 days
- Employer FICA administration for any taxable benefits not included
- Coverage will be continued on a premium-paying basis for a period of 1 month during a layoff.
- Coverage will be continued on a premium-paying basis for a period of 1 month during a leave of absence approved by the policyholder.
- Earnings definition: Earnings are defined as the earnings reported by the employer immediately prior to the first date of disability. Earnings include deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. Earnings do not include commissions, bonuses, overtime, or any other compensation.

Group Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Assumptions

- Standard Sun Life contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Employees in states with statutory STD plans are covered by those statutory plans, and any LTD benefit payable will be offset by those statutory benefits. We reserve the right to re-rate if this assumption proves incorrect.
- The employer has not opted out of Workers' Compensation coverage.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Receipt of a copy of the prior carrier's policy or certificate at the point of sale.
- Common ownership of the business units.
- Notification of any employer-completed merger or acquisition.
- All noncontributory plan designs assume the employer pays the entire premium and that all benefits are fully taxable.
- Police and Fire exposure cannot exceed 50% of the group.

Group Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada
(Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Group Dental

We are pleased to offer comprehensive PPO plans and flexible features that can be easily paired to meet your group's dental needs. Here are the highlights:

- **Flexible Plan Designs:** Employers can customize our Passive PPO, Active PPO, and/or Maximum Allowable Charge (MAC) plans to meet their needs.* Offer two plans for a Dual Choice benefit. Include optional features—like orthodontia coverage—for a more robust offering. Adjust benefit waiting periods, deductibles, and some procedure types to suit your employees and your bottom line.
- **Voluntary Dental:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
- **Administrative Services Only (ASO) Dental:** An Administrative Services Only (ASO) plan offers the cost advantages of self-funding while providing the same claims processing, payment, reporting and other administrative services found in a fully insured plan. Dental ASO is an administrative service provided to employer sponsored, self-insured dental plans. It is not insurance.
- **Sun Life Dental Network®:** Our Dental plans offer one of the nation's largest PPO **networks**¹. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality dental care from a network dentist near home or work.
- **Lifetime of Smiles®:** We know oral health leads to overall health. That's why we built a program to encourage preventive care with optional benefits, such as:
 - Preventive Max Waiver® – routine dental care does not count towards the annual maximum
 - Preventive Rewards – members can get additional annual maximum dollars the next year based on their paid claims for preventive services
 - RollMax – unused annual maximum dollars can rollover to the next year
- **Robust Online Services:** Employers with Sun Life Dental have access to Sun Life Connect, our user-friendly portal for online plan administration. Your employees can create a Sun Life account to view Explanation of Benefits, find a dentist, learn about dental insurance, read about dental health, and more.
- **Great Service, Guaranteed:** We are dedicated to providing our customers with prompt, responsive customer service. To prove it, we offer a money-back service guarantee that covers the speed and accuracy of our claims processing as well as how quickly we respond to our customers' phone calls. In addition, we include an overall satisfaction guarantee to ensure that our customers are 100% satisfied with our service. If we do not meet our service standards, the employer will receive a refund via check. Sun Life's maximum liability under this guarantee for any policy year is limited to the lesser of 3% of the policyholder's annual Dental premium or \$5,000. The maximum payment for a breach of any one component is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid only if the service issue arises under this guarantee. Certain limitations apply.

1. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

*Product offerings may not be available in all states and may vary depending on state laws and regulations.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

Group Dental

Class

All Eligible Employees

Plan design and rates

Basic Plan design summary

Dental plan overview	
Eligible Employees:	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date:	July 1, 2025
Plan type	Maximum Allowable Charge
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	45% off the 80th Percentile of the Usual and Customary Charge
Orthodontic coverage (Type IV)	Not included
Dependent Coverage Children	Children to age 26
Open enrollment at Issue	Yes
Employee coverage contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent coverage contributions	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 45th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services	Not applicable	
Type II Basic Services	\$25 individual	\$25 individual
Type III Major Services		
Type IV Ortho Services	Not applicable	

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	40%	40%
Type III Major Services	20%	20%

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$500 per person (plus Preventive Rewards)	\$500 per person (plus Preventive Rewards)

This plan includes Preventive Rewards so members can get up to \$500 added to their annual maximum for the next year. The amount added is based on their paid claims for preventive services during the prior year. This rewards them for getting preventive care while allowing them to earn more dollars for future care.

Basic Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	2 in any 12 consecutive months
Dental Prophylaxis (Cleanings)	2 per 12 months - is limited to 2 of these services in any 12 consecutive month period
Fluoride Treatments	Covered Persons under age 14 1 in any 6 consecutive months
Sealants	Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Intraoral X-Rays	4 Films in any 12 month period
Type II Basic covered dental expenses	Coverage limitations
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Simple Extractions	No Limitation
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 2 per 12 months.
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months and excluding posterior teeth
Periodontics (Non-Surgical): Scaling and Root Planing	Once per 24 consecutive months per area of the mouth
Type III Major covered dental expenses	Coverage limitations
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth

Class

All Eligible Employees

Plan design and rates

Enhanced Plan design summary

Dental plan overview	
Eligible Employees:	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date:	July 1, 2025
Plan type	PPO
Dental PPO Network	Sun Life Dental Network SM
In-Network Reimbursement	Sun Life Dental Network SM
Out-of-Network Reimbursement	90th Percentile of the Usual and Customary Charge
Orthodontic coverage (Type IV)	<p>This plan includes Child Only Orthodontic coverage.</p> <p>A person must be covered under a Dental Plan to be eligible for Orthodontic coverage</p>
Dependent Coverage Children	Children to age 26
Open enrollment at Issue	Yes
Employee coverage contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent coverage contributions	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services	Not applicable	
Type II Basic Services	\$50 individual / \$150 family	\$50 individual / \$150 family
Type III Major Services		
Type IV Ortho Services	Not applicable	

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$2,000 per person	\$2,000 per person
Type IV Ortho Services	\$1,000 lifetime per child under age 26	\$1,000 lifetime per child under age 26

Enhanced Plan covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	2 in any 12 consecutive months
Dental Prophylaxis (Cleanings)	2 per 12 months - is limited to 2 of these services in any 12 consecutive month period
Fluoride Treatments	Covered Persons under age 14 1 in any 6 consecutive months
Sealants	Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Intraoral X-Rays	4 Films in any 12 month period
Type II Basic covered dental expenses	Coverage limitations
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Simple Extractions	No Limitation
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 2 per 12 months.
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months (Anterior and Posterior teeth)
Periodontics (Non-Surgical): Scaling and Root Planing	Once per 24 consecutive months per area of the mouth
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period
Type III Major covered dental expenses	Coverage limitations
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth
Surgical Implants	Once per 10 years

Type IV Orthodontic covered expenses	Coverage limitations
Orthodontic Treatment	Orthodontic treatment is limited to the Dependent Children or student age listed above

Dental rates and premium

Basic Plan

	Total Employees	Dental and Orthodontia monthly rate	Total monthly premium
Employee only	19	\$10.66	\$202.54
Employee + spouse	4	\$21.32	\$85.28
Employee + child(ren)	6	\$27.95	\$167.70
Employee + Family	19	\$31.44	\$597.36
Total	48		\$1,052.88

Enhanced Plan

	Total Employees	Dental and Orthodontia monthly rate	Total monthly premium
Employee only	15	\$27.67	\$415.05
Employee + spouse	5	\$55.34	\$276.70
Employee + child(ren)	2	\$75.29	\$150.58
Employee + Family	14	\$86.26	\$1,207.64
Total	36		\$2,049.97

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 32

Included in this plan:

- This proposal is net of broker commissions
- 24-month rate guarantee from the Effective Date
- Rates assume 196 eligible employees, with 84 participating or 42.9% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels
- Sun Life reserves the right to adjust rates if final participation is more than 10% different than the participation shown here
- Rates assume this is the only dental plan being offered to employees in this class.

Assumptions

- Prior dental plan certificates are required.
- Rates available with a minimum participation of 20% of eligible employees (10 life minimum).
- High/Low must have 20 eligible employees and 10 enrolled lives (5 in each plan).
- Rates are based on the assumption that dental has been in force for 24+ months. We reserve the right to re-rate if coverage has been in force for less than 24 months.
- Assumes direct employer-employee relationship.
- Sun Life is assumed to be the sole provider of dental insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group dental insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have dental coverage with Sun Life. However, if the group is currently covered under a Sun Life plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life representative for more information about your renewal rates.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Hospital Indemnity insurance

Help employees with out-of-pocket medical costs incurred with a hospital stay. Sun Life's Hospital Indemnity plan provides flexible options that make it easy to meet cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits.

Here are some benefits available under our Hospital Indemnity plan. You can work with your employee benefits representative to customize your plan with these benefits. Please refer to the plan design and rates section of this proposal for the benefits being proposed for your employees. State variations will apply.

- **No health questions required to enroll.**
- **Covered conditions:** Plans can include coverage for hospital confinements due to accident and sickness, mental and nervous disorders, substance abuse, routine pregnancy, and newborn routine care.
- **Benefit options:** Benefits are available for hospital confinements, stays in rehabilitation units, intensive care units, intermediate step down units, emergency room treatment and more.
- **First Day benefits:** Benefits can include a First Day Hospital &/or First Day ICU.
- **Benefits can add up:** Add additional value to your plan by including the option for benefits, such as First Day, Hospital Confinement, or ICU benefits, to be paid on the same day.
- **Extended Hospitalization benefit:** Covered employees and dependents with hospital/ICU confinements of 10 consecutive days or more can receive additional benefits for the duration of their confinement.
- **No lifetime maximums:** There is no limit to the number of hospital claims that may be submitted. This may be of particular interest to employees with chronic conditions.
- **Portable:** In approved states, employees who terminate employment and who meet other eligibility criteria may apply to port this insurance. In other states, Continuation will be available.
- **Complements other plans:** Hospital Indemnity complements Critical Illness, Cancer and Accident coverage in their goal to help protect employees from out-of-pocket medical expenses. Benefits are paid regardless of what other coverages employees may have.
- **Wellness Screening Benefit:** When included, this benefit can help to promote healthy lifestyles and early detection. We will pay employees a defined amount, once per benefit year, when we receive proof of an eligible health screening (full list enclosed if included). We may also pay the employee for spouse or child screening.

Hospital Indemnity Insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, subject to state availability.

Hospital Indemnity insurance

Plan design and rates

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week
Effective Date	July 1, 2025
Policy issue requirement	5 enrolled employees

Class 1	
Class description	All Eligible Employees
Eligibility Waiting Period	First of the month following 30 days of employment
Contributions	Contributory
Member direct billing	Not included
Employer contributions	Employee: 0% Spouse: 0% Child(ren): 0% Family: 0%

First Day Benefits	Low	High
Payable per benefit year		
First Day Hospital	\$500 per day 1 day	\$1,000 per day 1 day

Confinement Benefits	Low	High
Payable per benefit year		
Hospital Confinement	\$100 per day 30 days	\$200 per day 30 days
ICU Confinement	\$100 per day 30 days Payable with Hospital Confinement	\$200 per day 30 days Payable with Hospital Confinement

Covered Conditions	Low	High
Newborn Care	Complications only; payable under Hospital or ICU Confinement	Complications only; payable under Hospital or ICU Confinement
Complications of Pregnancy	Included	
Normal Pregnancy	Included	
Normal Pregnancy Waiting Period	No Waiting Period	
Mental/Nervous	Included	
Substance Abuse	Included	
Sickness and Accidents	Sickness: 24-hour coverage; Accident: 24 Hour coverage	
Pre-existing Condition Limitation	Not included	

Hospital Indemnity monthly rates

	Low Plan	High Plan
Employee only	\$9.36	\$18.84
Employee and Spouse	\$17.67	\$35.22
Employee and Children	\$11.93	\$23.75
Employee and Family	\$19.77	\$39.43

Sequence Number: 39

Employer may offer one or both plan options.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HI-PORT-C-01, subject to state availability.

Definitions

State variations may apply and not all definitions below may apply to your plan.

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means on the advice of a Physician, the assignment of a person to a bed as a resident inpatient in a Hospital for not less than 20 continuous hours. There must be a charge for room and board. The requirement that an Insured be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or other federal government operated Hospital. Observation unit is not covered under First day Hospital Confinement benefit. An Observation Unit stay of 20 hours or more will be covered under the Daily Hospital Confinement Benefit. Confinement does not include that period of time during which an Insured is in a Hospital Emergency Room, Observation Room, a freestanding surgical facility or an outpatient facility. Confinement does not include a newborn child's initial confinement in a Hospital following birth for routine medical and nursing care, except as specifically provided for in the Newborn Nursery Confinement if covered under your plan.

Covered Accident means an Accident that is not excluded by the Policy or applicable riders or endorsements attached to it.

Covered Sickness means a Sickness that is not excluded by the Policy or applicable riders or endorsements attached to it.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an Inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include a rest home; a Skilled Nursing Facility; an extended care facility; a place of convalescence; a Rehabilitation Unit; a Hospice Facility; a place providing custodial care; a Mental and Nervous Disorder Facility or a Substance Abuse Facility.

Hospital Intensive Care Unit (ICU) means a specifically designated part of a Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis and has an assigned Physician on a full-time basis.

A hospital intensive care unit is not any of the following step-down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an Observation Unit.

Inpatient or Inpatient Treatment means the Insured who receives Treatment as a resident patient using and being charged for the room and board facilities of a Hospital. The requirement that an Insured be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated Hospital.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician and which is under the direct supervision of a Physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital Confinement.

Rehabilitation Unit means a distinct unit within a Hospital that provides rehabilitation care services on an Inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIORT-C-01, subject to state availability.

functional ability for disability due to Sickness or Injury. Services are provided by or under the supervision of a trained and experienced rehabilitation Physician.

A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a Skilled Nursing Facility; a rest home or home for the aged; a Hospice Facility; a facility for the Treatment of alcoholism or drug addiction or an assisted living facility.

Important Information

- Please also refer to the Policy Disclosures for additional details.
- The Confinement must occur on or after the effective date of insurance.
- Based on the limited available regulatory guidance, Sun Life believes its Hospital Indemnity insurance is appropriate for use with an HSA and may be purchased when the employee and/or their family members are covered under an HDHP. However, Sun Life cannot provide legal or tax advice. If there are legal or tax questions, we suggest that the employee consult their own legal or tax advisor before purchasing this insurance.
- This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Included in this plan

- No health questions required.
- 36-month rate guarantee from the Effective Date.
- Eligible Child(ren): to age 26.
- Portability – greater of Up to Age 70 or 12 months.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA)
under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIORT-C-01, subject to state availability.

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Coverage for dependents who are hospital-confined due to accident or sickness will be effective on the date they are no longer hospital-confined. Hospital-confined does not apply to a newborn child.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- Common ownership of the business units.
- This proposal assumes that there is a direct employer-employee relationship.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.
- Employee must be insured in order to elect benefits for Dependents.
- No person may be insured as an Employee and as a spouse of an Employee.
- No person may be insured as a Dependent Child of more than one Employee.
- Receipt of a copy of the prior carrier's policy or certificate at the point of sale.
- This proposal assumes replacement coverage which includes continuity of coverage in regards to benefit waiting periods and pre-existing conditions.
- This proposal is for a replacement of inforce Hospital Indemnity plans:
 - This quote does not duplicate the inforce plan. Benefits and rates may differ. Please read through this proposal carefully.
 - A mutually agreed upon enrollment event must occur for employees to enroll in our products.
 - Assumes payroll deductions for the current in-force plan will be terminated.
 - Please note: it is the responsibility of the Policyholder to communicate to employees a change in carriers and any continuation options under the prior plan.
- This group has a minimum lives requirement. If the group drops below the required minimum lives, this proposal is not valid, and Sun Life reserves the right to re-rate or decline the case. The minimum lives requirement can be found under the Plan Design and Rates section.

Group Hospital Indemnity Insurance coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIORT-C-01, subject to state availability.

Group Vision

We are pleased to offer Vision plans and flexible benefits that can be easily paired to meet your group's vision needs. Here are the highlights:

- **Multiple Plan Designs¹:** Employers can select from three different plans to meet their needs.
 - **Plan 1** – Coverage for an eye exam and discounts for materials
 - **Plan 2** – Employer coverage for an eye exam and an option for employees to purchase coverage for materials
 - **Plan 3** – Coverage for an eye exam and materials
- **Voluntary Vision:** Once a plan design is selected, employers can choose to offer the plan at 100% employee paid for a truly voluntary plan. All voluntary plans are equipped with a voluntary enrollment strategy to improve participation in the plan. Participation requirements apply.
- **Easy to Use:** No ID cards or claim forms are necessary
- **Nation's Largest Network:** Your plan comes with access to the largest network² of private-practice eyecare doctors in the U.S. through VSP®. With strong provider penetration and quality assurance controls, it's easy for employees to receive quality vision care.
- **Comprehensive Eye Exam Included:** A comprehensive eye exam is important because VSP doctors can detect signs for other health conditions such as diabetes and high blood pressure.
- **Laser Vision Correction:** Discounts are included with each of our plan options so employees can take advantage of laser surgery to correct farsightedness, nearsightedness, presbyopia or astigmatism.
- **Robust Online Services:** Employers with Sun Life Vision have access to Sun Life Connect, our user friendly portal for online plan administration. Your employees can create a Sun Life account to view explanation of benefits, find an eye care provider, learn about vision insurance, read about vision health, and more.

¹ Product offerings may not be available in all states and may vary depending on state laws and regulations.

² Information based on network analysis performed by Zelis as of April, 2022

Group Vision

All Eligible Employees

Plan design and rates

Plan 3 design summary

Vision Plan Overview	
Eligible Employees	All Full-Time United States Employees working in the United States Who Are Scheduled To Work A Minimum Of 20 Hours Per Week
Effective Date	July 1, 2025
Plan Type	Plan 3
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
Employee Coverage Contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent Coverage Contributions	Employee pays for a portion or all of the cost of Dependent coverage

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Plan 3 Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 12 months	<ul style="list-style-type: none"> \$130 for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco®* 	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> Up to \$60 / 15% savings for your contact lens exam (fitting and evaluation) \$130 for contact lenses 	Up to \$105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Vision Rates and Premium

	Vision monthly rate
Employee only	\$6.85
Employee + spouse	\$10.99
Employee + child(ren)	\$11.20
Employee, spouse + child(ren)	\$18.08

Sequence Number: 4

For illustration purposes, the total employee shown for each plan is based on data provided to us. Actual employee will vary at final enrollment.

Rates assume 196 eligible employees, with 126 participating or 64.3% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.

Sun Life reserves the right to adjust rates if final participation is more than 10% different from the participation provided at quote.

Included in this Plan:

- A flat 10% broker commission
- 24-month rate guarantee from the Effective Date
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Assumptions

- A minimum of 20% participation or 2 employees is required at point of sale. If the enrollment of this group drops below 2 employees this proposal is not valid.
- This fully insured plan will replace any VSP discount plan currently offered by Sun Life.
- Claim forms are not required for in-network vision providers.
- Assumes direct employer-employee relationship.
- If Experience is provided, any plan changes within the experience period must be disclosed at the time of quoting.
- Sun Life is assumed to be the sole provider of vision insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.
- This quote is provided based on information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group vision insurance shown in this proposal. If the application is accepted by Sun Life, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have vision coverage with Sun Life. However, if the group is currently covered under a Sun Life plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life representative for more information about your renewal rates.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Accident insurance

Sun Life's Accident Plan provides accident insurance protection for a wide range of covered benefits. Injured employees and their dependents may use the cash benefits however they want—to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example. Here are some highlights:

- **Guaranteed Issue.**
- **A Wide Range of Covered Benefits:** Benefits for injuries are payable once for each covered accident (unless stated otherwise in the certificate), and benefits for hospital stays and related care are payable up to a specific number of days or visits for each covered accident.
- **Categories of Coverage:**
 - **For Injuries:** Insureds will receive a payment for covered dislocations, fractures, lacerations, burns, and other injuries.
 - **For Diagnosis and Services:** Insureds will receive a payment for related covered medical services (ranging from X-rays to office visits), hospital services (including emergency room admissions and ambulance rides), surgeries and emergency dental (crown and extraction).
 - **For Loss:** The plan includes accidental death and dismemberment coverage and pays benefits for loss of hearing and for loss of sight occurring as a result of a covered accident.
- **Coverage for Families:** Employees can add coverage for spouses and dependent children.
- **Off Job or 24-Hour Coverage:** The plan can provide coverage at all times (24 hours) or for accidents that occur outside of work ("Off Job").
- **Wellness screening benefit:** To promote healthy lifestyles and early detection, we will pay employees a defined amount, once per calendar year, when we receive proof of an eligible health screening, like an electrocardiogram. We may also pay the employee for spouse or child screening (see Plan Design and Rates).
- **Portable:** Employees who terminate employment and who meet other eligibility criteria may apply to port accident insurance.

Accident insurance is a limited benefit policy. It provides accident coverage only. It does not provide basic hospital, basic medical, or major medical insurance. The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider may not be available in all states.

If permitted by the Employer's employee benefit plan and not prohibited by state law, or if the group's situs state is Oregon or Washington, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Accident insurance

Plan design and rates

Accident Insurance plan design

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week			
Effective Date	July 1, 2025			
Participation requirement	5 enrolled employees			
	Class 1			
Class description	All Eligible Employees			
Eligibility Waiting Period	First of the month following 30 days of employment			
Contributions	Contributory			
Member direct billing	Not included			
Covered benefits				
Life and Dismemberment Losses *	STANDARD / 24 hr		ENHANCED / 24 hr	
Accidental Death	\$50,000		\$75,000	
Accidental Death Common Carrier	\$100,000		\$150,000	
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$50,000		\$75,000	
Dislocations	STANDARD / 24 hr		ENHANCED / 24 hr	
	Open	Closed	Open	Closed
Hip	\$4,000	\$2,000	\$6,000	\$3,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000	\$4,000	\$1,000
Elbow, wrist or Lower jaw	\$800	\$400	\$2,000	\$1,000
Shoulder	\$1,000	\$500	\$2,000	\$1,000
Collarbone or bones of the hand	\$1,600	\$800	\$2,000	\$1,000
Finger(s) or toe(s)	\$200	\$100	\$400	\$200
Fractures	STANDARD / 24 hr		ENHANCED / 24 hr	
	Open	Closed	Open	Closed
Hip or thigh	\$4,000	\$2,000	\$6,000	\$2,500
Skull-depressed	\$5,000	\$2,500	\$6,000	\$3,000
Skull-simple	\$3,000	\$1,500	\$5,000	\$2,500
Vertebral processes, Bones of the face, Nose, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$700	\$350	\$1,500	\$750
Leg	\$2,000	\$1,000	\$3,000	\$1,500
Vertebrae, Sternum	\$1,600	\$800	\$3,000	\$1,500
Pelvis	\$1,600	\$800	\$3,200	\$1,600
Upper jaw or upper arm	\$800	\$400	\$1,500	\$750
Rib, Finger, Toe or Coccyx	\$400	\$200	\$600	\$300
Multiple ribs	\$1,000	\$500	\$2,000	\$1,000

Group Accident Insurance is underwritten by

Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series

12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Additional Injuries	STANDARD / 24 hr		ENHANCED / 24 hr	
Eye Injury - surgical repair	\$125		\$250	
Eye Injury - object remove	\$125		\$250	
Gunshot wound	\$250		\$500	
Brain injury	\$500		N/A	
Paralysis—paraplegia	\$7,500		\$12,500	
Paralysis—quadriplegia	\$15,000		\$25,000	
Coma	\$5,000		\$10,000	
Concussion	\$50		\$150	
Lacerations	STANDARD / 24 hr		ENHANCED / 24 hr	
No sutures and treated by doctor	\$100		\$100	
Single laceration under 5 cm with sutures	\$100		\$100	
5-15 cm with sutures (total of all lacerations)	\$100		\$200	
Greater than 15 cm with sutures (total of all lacerations)	\$200		\$500	
Burns	STANDARD / 24 hr		ENHANCED / 24 hr	
	2nd Degree	3rd Degree	2nd Degree	3rd Degree
21-40 square centimeters	\$200	\$500	\$400	\$1,000
41-65 square centimeters	\$400	\$1,000	\$800	\$2,000
66-160 square centimeters	\$600	\$3,000	\$1,200	\$6,000
161-225 square centimeters	\$800	\$7,000	\$1,600	\$14,000
More than 225 square centimeters	\$1,000	\$10,000	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
Medical Services	STANDARD / 24 hr		ENHANCED / 24 hr	
Diagnostic Exam Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$100		\$200	
Diagnostic Exam X-ray (1 time per covered accident)	\$200		\$300	
Accident Emergency Treatment, non- emergency room (once per covered accident)	\$100		\$200	
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$50		\$100	
Physical Therapy (per visit up to 10 visits per covered accident)	\$50		\$100	
Medical Devices	\$200		\$300	
Epidural Pain Management (up to 2 times per covered accident)	\$50		\$100	
Prescription drug	\$35		\$50	
Prosthesis (one)	\$1,000		\$1,500	
Prosthesis (two)	\$2,000		\$2,500	
Anesthesia	\$100		\$100	
Blood, Plasma, or Platelet Transfusion	\$500		\$500	

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Hospital	STANDARD / 24 hr	ENHANCED / 24 hr
Hospital Admission (once per benefit year)	\$1,000	\$1,500
Hospital Confinement (per day up to 365 days per covered accident)	\$200	\$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500	\$2,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$400	\$750
Ambulance (Ground)	\$200	\$300
Ambulance (Air)	\$750	\$1,000
Emergency Room Admission	\$200	\$300
Family Lodging (per day up to 30 days per benefit year)	\$200	\$200
Transportation (100 or more miles up to 3 times per covered accident)	\$500	\$700
Rehabilitation Unit (per day up to 30 days per covered accident)	\$200	\$200
Surgery	STANDARD / 24 hr	ENHANCED / 24 hr
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300	\$750
Open Surgery	\$1,000	\$1,500
Exploratory Surgery or Debridement	\$250	\$500
Tendon/Ligament/Rotator Cuff Tear	\$500	\$750
Torn Knee Cartilage	\$500	\$750
Ruptured/Herniated Disc	\$500	\$750
Emergency Dental	STANDARD / 24 hr	ENHANCED / 24 hr
Emergency Dental extraction	\$30	\$65
Emergency Dental crown	\$100	\$200
Wellness	STANDARD / 24 hr	ENHANCED / 24 hr
Wellness Screening Benefit (once per benefit year)	\$50	\$50

Unless otherwise specified, the above benefits will be payable only once for each Covered Accident as applicable.

* Life and dismemberment losses: Benefits displayed are payable for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Accident Plan monthly rates

	STANDARD / 24 hr	ENHANCED / 24 hr
	24-Hour	24-Hour
Employee only	\$10.82	\$14.95
Employee and Spouse	\$17.79	\$25.79
Employee and Children	\$20.37	\$29.37
Employee and Family	\$27.34	\$40.21

Sequence Number: 38

Please select up to three benefit schedules.

Included in this plan:

- 36-month rate guarantee from the Effective Date.
- Portability
- Coverage options
 - Employee, spouse, and dependent children

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Assumptions

- Standard Sun Life policy and contractual language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance. Policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work.
- Common ownership of the business units.
- This proposal assumes that there is a direct employer-employee relationship.
- Notification of any employer-completed merger or acquisition.
- Retired, temporary, part-time, seasonal, leased, and contracted (1099) employees are not eligible to participate.

This proposal assumes there is no coverage currently in force.

- No person may be insured as a Dependent Child of more than one Employee.
- No person may be insured as an Employee and as a spouse of an Employee.
- A minimum of 5 enrolled employees is required at point of sale. Proposals will not be valid if there are less than 5 enrolled employees.

Group Accident Insurance is underwritten by
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Disclosures

Policy Disclosures

Life and AD&D

The group policy, which is described in this proposal, may include exclusions. Exclusions may prevent any benefits from being payable based on certain circumstances. For life insurance, subject to state variations, these circumstances may include suicide, and for AD&D insurance, subject to state variations, they may include intentionally self-inflicted injuries, war, active participation in a riot, committing or attempting to commit a criminal act, injury sustained from any aviation activities (other than riding as a fare-paying passenger), bodily or mental infirmity or disease of any kind, infection unless due to an accidental cut or wound, voluntary use of any controlled substance, or operation of any motorized vehicle while intoxicated.

The Accelerated Benefit is not long term care insurance. It will reduce the total amount of your life insurance benefit payable under the Policy by the amount of the accelerated payment. Receipt of an Accelerated Benefit may be taxable; you should consult your tax advisor for specific advice. Receipt of an Accelerated Benefit may affect your eligibility for public assistance programs.

The above material is provided for informational purposes only, and the exclusions may vary by policy issue state. For a complete list of exclusions, please refer to the policy documents.

Short-Term Disability

The group policy, which is described in this proposal, may include limitations and exclusions.

Limitations may limit the amount of benefits payable or exclude benefits under certain circumstances. These circumstances may include any period the employee is not under the regular and continuing care of a physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition, or any period during which the employee fails to submit to a medical examination as requested by Sun Life.

Exclusions may prevent any benefits from being payable based on certain circumstances. These circumstances may include disabilities arising from self-inflicted injuries, war, active participation in a riot, committing or attempting to commit a criminal act, work-related injuries, illnesses or a pre-existing condition.

(A pre-existing condition is defined as a condition for which, during the look back period prior to the employee's Effective Date of insurance or in some cases the Effective Date of an increase in coverage, the employee received medical treatment, consultation, care, or services, including diagnostic measures, or took prescribed drugs or medicines.)

The above material is provided for informational purposes only, and the exclusions and limitations may vary by policy issue state. For a complete list of exclusions and limitations, please refer to the policy documents.

Long-Term Disability

The group policy, which is described in this proposal, may include limitations and exclusions.

Limitations may limit the amount of benefits payable for certain conditions, such as mental illness or drug- and alcohol-related illnesses. They may also outline circumstances under which no benefits are payable, such as when the employee is not under the regular and continuing care of a physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition, any period during which the

employee fails to submit to a medical examination as requested by Sun Life, or any period the employee is incarcerated

Exclusions may prevent any benefits from being payable based on certain circumstances. These circumstances may include disabilities arising from self-inflicted injuries, war, active participation in a riot, committing or attempting to commit a criminal act or a pre-existing condition. (A pre-existing condition is defined as a condition for which, during the lookback period prior to the employee's Effective Date of insurance or in some cases the Effective Date of an increase in coverage, the employee received medical treatment, consultation, care, or services, including diagnostic measures, or took prescribed drugs or medicines.)

The above material is provided for informational purposes only, and the exclusions and limitations may vary by policy issue state. For a complete list of exclusions and limitations, please refer to the policy documents.

Dental Limitations and Exclusions

The group policy, which is described in this proposal, may include exclusions. Exclusions may prevent expenses from being covered based on certain circumstances. The following expenses may not be covered:

- procedures not performed by a licensed dentist
- procedures not listed as covered dental expenses
- dental care for injuries that are work-related, self-inflicted, or not caused by an accident
- orthognathic surgery
- dental care resulting from active participation in a riot or commission of a felony
- experimental treatment, oral hygiene, plaque-control programs, and dietary instruction
- dental care for injuries sustained as a result of war or act of war
- charges for pulp caps
- charges for pulpal therapy
- charges for stainless steel crowns
- charges for fluoride treatments
- charges for sealants
- charges for space maintainers
- dental expenses incurred while coverage is not in force
- charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare
- charges not customarily made when there is no insurance or charges for which there is no legal obligation to pay
- charges for failure to keep appointments
- replacement or repair of lost, stolen, or damaged prosthetic or orthodontic appliance
- additional services, such as orthodontia and/or surgical implants, are not covered, unless specifically listed under covered services.
- charges for diagnostic services and treatment of jaw joint problems, such as temporomandibular joint disorders, by any method unless specifically covered under the Certificate.

Other limitations that are plan specific may apply. Please review the Design & Rates section for information on the specific limitations associated to each plan. Other exclusions may apply, please see your certificate for a complete list.

GDOT-6208

Vision

Exclusions

Covered vision expenses do not include, and no benefits are provided for the following:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than + .50 diopter)
- Two pairs of glasses, in lieu of bifocals.
- Replacement of lenses and frames furnished under the Policy which are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Services and/or materials not shown as covered vision expenses in the Benefit Highlights or Covered Vision Benefits.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Additional office visits associated with contact lens pathology.
- Contact lens modification, polishing or cleaning.
- Services associated with CRT or Orthokeratology.

Limitations

- In no event will coverage exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights.
- The allowance for lenses shown in the Benefits Highlights is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.
- Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.
- The policy is designed to cover visually necessary materials rather than cosmetic materials. When the insured selects any of the following extras, the policy will pay the basic cost of the allowed lenses, and the insured will pay the additional costs for the options.
 - Optional cosmetic processes.
 - Anti-reflective coating.
 - Color coating.
 - Mirror coating.
 - Blended lenses.
 - Cosmetic lenses.

- Laminated lenses.
- Oversize lenses.
- Progressive lenses.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Benefit Highlights).

GVISOT-6211

Hospital Indemnity Insurance

The following exclusions and limitations, may vary by plan and by state laws and regulations.

The material below is provided for informational purposes only and may vary by policy issue state. For a complete list, please refer to the policy documents.

Exclusions

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

No benefits will be payable for any loss that is caused or contributed to by:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- incarceration in a penal institution of any kind;
- elective abortion or complications thereof;
- elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a Dependent Child which has resulted in a defect;
- artificial insemination, in vitro fertilization, test tube fertilization;
- or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States or Canada.

Accident insurance

The following exclusions and limitations may vary by plan and by state laws and regulations.

Exclusions

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war [or your active duty in any armed service during a time of war] (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);

- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in [your Employer's] corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- use of any drug, unless used as prescribed by a Physician or as directed;
- improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

For plans that include a Wellness Screening benefit, the benefit is limited to the following tests: cardiac exercise stress test, fasting blood glucose test, blood test for lipids including total cholesterol, LDL, HDL and triglycerides, breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound), CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy), hemocult stool analysis, pap smear, prostate cancer screening (digital rectal exam, PSA blood test), serum protein electrophoresis, skin cancer screening, diabetes tests (fasting blood glucose test, hemoglobin A1c), carotid doppler, electrocardiogram, echocardiogram, immunizations, and interscholastic sports physical exams. In order to receive this benefit, documentation from the physician for the covered employee or dependent (if applicable) must be submitted. Tests may vary by state.

General Disclosures

1. For current financial ratings, please visit www.sunlife.com.

The Sun Life group of companies operates under the “Sun Life” name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

2. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Self Care is provided by AbleTo. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Online Will Preparation and Claimant Support Services are provided by ComPsych®. ComPsych® is a registered trademark of ComPsych Corporation. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by the value-added service providers.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. (“Sun Life”) family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

Service guarantees: If we do not meet the terms of a guarantee, a policyholder may request in writing a service guarantee review. Sun Life will determine whether it failed to meet the guarantee and whether a payment is made. If the request is approved, payment will be made by check during the policy year, as long as the policy remains in force during this time. Sun Life’s maximum liability under a guarantee for any policy year is limited to the lesser of 3% of the policyholder’s annual premium or \$5,000 for each line of coverage. The maximum payment for a breach of any one component of a guarantee is one-third of the maximum liability (lesser of 1% or \$1,667). If a policyholder has more than one line of insurance coverage, the Overall Satisfaction component will be paid under the guarantee under which the service issue arises. Please note the Service Guarantees apply to Life, STD (including ASO), LTD, Dental (including ASO) and may apply to Accident, Critical Illness, Cancer, Hospital Indemnity and Gap. For ASO contracts, service guarantee payments will be based on the annual service fee. Service Guarantees are not available for Stop Loss or Vision.

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, 15-GP-01, 98P-ADD, 07-SL REV 7-12, 07P-LH-PT/07C-LH-PT, 01P-ADD-PT/01C-ADD-PT, GP-A, GC-A, 12-GP-01, 16-DEN-C-01, 12-DI-C-01, 16-DI-C-01, 13-SD-C-01, 12-AC-C-01, 16-AC-C-01, 16-ACPort-C-01, 13-ADD-C-01, 15-ADD-C-01, 12-GPPort-P-01, 13-ADDPort-C-01, 12-STDPort-C-01, ACPort-C-01, 13-SDPort-C-01, 16-SD-C-01, 16-SDPort-C-01, 16-CAN-C-01, 16-CANPort-C-01, 15-LF-C-01, 15-LFPort-C-01, 16-VIS-C-01, TDBPOLICY-2006, TDI-POLICY, 20-HI-C-01, 12-GPPORT-P-01, 20-HIORT-C-01, 21-PFML-GP-01-CT, 20-PFML-GP-01-MA, 23-SD-C-01, 23-SD-R-01, 20-SD-R-01, 23-SD-R-02, 23-SD-R-03, 23-SD-R-04, 23-SD-R-05, 23-SD-R-06 and 23-SDPort-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 06P-NY-DBL-R-PFL, 07-NYSL REV 7-12, GC-A, GP-A, 12-GP-SD-01, 13-SD-C-01, 12-GP-01, 12-AC-C-01, 12-GPPort-01, 13-LFPort-C-01, 13-ADDPort-C-01, 15-LF-GP-01, 15-SD-GP-01, 12-STDPort-C-01, 12-ACPort-C-01 and 13-SDPort-C-01. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental

companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY. Product offerings may not be available in all states and may vary depending on state laws and regulations.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

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