

Voluntary Life insurance

Hope College | All Eligible Employees | 952772

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

Protect your family

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

How it works

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

Benefits

For you	<p>You can choose your basic annual earnings, with no medical questions asked.</p> <p>The benefit amount is reduced to 65% at age 65 and to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from —in increments of \$5,000 —with no medical questions asked.</p> <p>(The amount you select for your spouse cannot exceed 50% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount is reduced to 65% when your spouse turns age 65 and to 50% at age 70.</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose</p>



Sun Life Assurance Company of Canada

sunlife.com

800-SUN-LIFE (247-6875)

Important information

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

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

Limitations and exclusions

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

Life

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

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

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

© 2021 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us

Rates

- Coverage and rate Voluntary Life Insurance.

Rates are effective as of July , .

Voluntary Life coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see your rate. Follow the example below to figure out your monthly and pay period costs

Your Age	Rate
Under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.138
45 - 49	\$0.228
50 - 54	\$0.391
55 - 59	\$0.631
60 - 64	\$0.839
65 - 69	\$1.330
70+	\$2.060

Example amount of insurance		Divided by 1000		Multiplied by rate	Example cost*	
		1000 = 20	x	\$0.050	\$1.00	
Your volume of insurance		Divided by 1000		Multiplied by rate	Your monthly cost*	
\$ _____	/	1000 = _____	x	\$ _____	\$ _____	
Your Monthly Cost		# of Months		Annual cost	# of pay periods per year (12,24,26,52, etc.)	Your estimated cost per pay period*
\$ _____	x	12	=	\$ _____	/ _____ =	\$ _____

*Contact your employer to confirm the portion of the cost for which you will be responsible.

