

Voluntary Long-Term Disability Insurance

Virginia State Bar | 952829

Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

How it works

You are being offered this coverage at a group rate. You are responsible for the cost.

Choose the benefit that best meets your needs and your budget.

Benefits

| | Choice 1 |
|---|--|
| Monthly benefit after your claim is approved | Get a monthly check of \$500 to \$10,000 , in any \$100 increment you choose, to replace a portion of your income--up to 66.67% of your Total Monthly Earnings. |
| When benefits begin | Benefits begin as soon as 30 days |
| Benefits may be paid for | Up to 2 years |
| Additional plan information | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. |



What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

Top 5

Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

Sun Life claims data, July 2018



Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

| | Choice 2 |
|---|--|
| Monthly benefit after your claim is approved | Get a monthly check of \$500 to \$10,000 , in any \$100 increment you choose, to replace a portion of your income--up to 66.67% of your Total Monthly Earnings. |
| When benefits begin | Benefits begin as soon as 60 days |
| Benefits may be paid for | Up to 5 years |
| Additional plan information | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. |

| | Choice 3 |
|---|--|
| Monthly benefit after your claim is approved | Get a monthly check of \$500 to \$10,000 , in any \$100 increment you choose, to replace a portion of your income--up to 66.67% of your Total Monthly Earnings. |
| When benefits begin | Benefits begin as soon as 90 days |
| Benefits may be paid for | If your covered disability occurs prior to age 60, benefits will be paid until you reach age 65; if your approved disability occurs after age 60, benefits will be paid for a specified number of years. |
| Additional plan information | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. |



| | Choice 4 |
|---|--|
| Monthly benefit after your claim is approved | Get a monthly check of \$500 to \$10,000 , in any \$100 increment you choose, to replace a portion of your income--up to 66.67% of your Total Monthly Earnings. |
| When benefits begin | Benefits begin as soon as 180 days |
| Benefits may be paid for | Up to 5 years |
| Additional plan information | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. |

| | Choice 5 |
|---|--|
| Monthly benefit after your claim is approved | Get a monthly check of \$500 to \$10,000 , in any \$100 increment you choose, to replace a portion of your income--up to 66.67% of your Total Monthly Earnings. |
| When benefits begin | Benefits begin as soon as 365 days |
| Benefits may be paid for | If your covered disability occurs prior to age 60, benefits will be paid until you reach age 65; if your approved disability occurs after age 60, benefits will be paid for a specified number of years. |
| Additional plan information | You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. |

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.**



Additional considerations

| | |
|-------------------------------------|--|
| If I have other income | Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings. |
| If I can work while disabled | Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working. |

Long-term disability FAQs

How do I file a claim after becoming disabled?

File a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

Read the important plan provisions section for more information including limitations and exclusions.

*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

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 certain eligibility requirements. 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. 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.

Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

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.

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Rate Sheet

Member - Coverage and **monthly** rate for Voluntary Long Term Disability Insurance.
 Find your age bracket (as of the effective date of coverage) to determine the associated rate for the coverage amount you choose.
 Follow the example below to determine your monthly cost.

| Choice 1 | |
|--|--------|
| Duration: Graded Benefit: 66.67% EP: 30 days | |
| Your Age | Rate |
| Under 25 | 4.110 |
| 25 - 29 | 4.110 |
| 30 - 34 | 4.880 |
| 35 - 39 | 4.880 |
| 40 - 44 | 9.150 |
| 45 - 49 | 9.150 |
| 50 - 54 | 9.380 |
| 55 - 59 | 9.380 |
| 60 - 64 | 15.440 |
| 65 - 69 | 15.440 |
| 70+ | 15.440 |

| Choice 2 | |
|--|--------|
| Duration: Graded Benefit: 66.67% EP: 60 days | |
| Your Age | Rate |
| Under 25 | 5.180 |
| 25 - 29 | 5.180 |
| 30 - 34 | 6.240 |
| 35 - 39 | 6.240 |
| 40 - 44 | 11.820 |
| 45 - 49 | 11.820 |
| 50 - 54 | 12.780 |
| 55 - 59 | 12.780 |
| 60 - 64 | 23.710 |
| 65 - 69 | 23.710 |
| 70+ | 23.710 |

| Choice 3 | |
|---|--------|
| Duration: to age 65 Benefit: 66.67% EP: 90 days | |
| Your Age | Rate |
| Under 25 | 6.530 |
| 25 - 29 | 6.530 |
| 30 - 34 | 7.540 |
| 35 - 39 | 7.540 |
| 40 - 44 | 14.380 |
| 45 - 49 | 14.380 |
| 50 - 54 | 18.240 |
| 55 - 59 | 18.240 |
| 60 - 64 | 22.520 |
| 65 - 69 | 22.520 |
| 70+ | 22.520 |

| Choice 4 | |
|---|--------|
| Duration: Graded Benefit: 66.67% EP: 180 days | |
| Your Age | Rate |
| Under 25 | 4.700 |
| 25 - 29 | 4.700 |
| 30 - 34 | 5.470 |
| 35 - 39 | 5.470 |
| 40 - 44 | 9.620 |
| 45 - 49 | 9.620 |
| 50 - 54 | 10.630 |
| 55 - 59 | 10.630 |
| 60 - 64 | 19.190 |
| 65 - 69 | 19.190 |
| 70+ | 19.190 |

| Choice 5 | |
|--|--------|
| Duration: to age 65 Benefit: 66.67% EP: 365 days | |
| Your Age | Rate |
| Under 25 | 5.220 |
| 25 - 29 | 5.220 |
| 30 - 34 | 5.820 |
| 35 - 39 | 5.820 |
| 40 - 44 | 10.280 |
| 45 - 49 | 10.280 |
| 50 - 54 | 13.310 |
| 55 - 59 | 13.310 |
| 60 - 64 | 15.150 |
| 65 - 69 | 15.150 |
| 70+ | 15.150 |

| Example Monthly Earnings | Divided by 100 | | Multiplied by rate | Example monthly cost* |
|--------------------------|----------------|--|--------------------|-----------------------|
|--------------------------|----------------|--|--------------------|-----------------------|

\$3,500 / 100 = 35 x \$4.88 \$170.79

| Your Monthly Earnings | Divided by 100 | | Multiplied by rate | Your monthly cost* |
|-----------------------|----------------|--|--------------------|--------------------|
|-----------------------|----------------|--|--------------------|--------------------|

\$_____ / 100 = _____ 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 = \$_____ / _____ = \$_____

*The rate is in effect for 7/1/2023.