

Earnhardt Management Company

BENEFIT HIGHLIGHTS

**Discover new
ways to protect
what you love**



Sun Life

Life's brighter under the sun

Find your benefits here.

EARNHARDT MANAGEMENT COMPANY

POLICY #: 932864

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- **Dental insurance** to help maintain healthy smiles and better overall health, too.
- **Prepaid/DHMO Dental** for convenient dental care at fixed copayment amounts.
- **Voluntary Life insurance** to protect your family if something happens to you.
- **Short-Term Disability insurance** that pays a portion of your income if a covered disability means you can't work.
- **Long-Term Disability insurance** to protect your savings - once your claim is approved - when you can't work for an extended time.

Dental Insurance

COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the DHMO/prepaid plan. Then, choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

| PLAN YEAR MAXIMUM | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| Type I, II, III (Preventive, Basic and Major Services) | \$1,500 per person (includes Preventive Rewards) | \$1,500 per person (includes Preventive Rewards) |

PLAN YEAR DEDUCTIBLE

| PROCEDURE | IN-NETWORK | OUT-OF-NETWORK |
|---|-----------------|-----------------|
| Type I Preventive Services | N/A | N/A |
| Type II, III (Basic and Major Services) | \$50 individual | \$50 individual |

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

| PROCEDURE | IN-NETWORK | OUT-OF-NETWORK |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100% | 100% |
| Type II Basic Services | 90% | 80% |
| Type III Major Services | 60% | 50% |

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 16*
- Space maintainers – *only for children under age 19*
- Bitewing x-rays – 1 in any 12 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months

- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

Type III Major Dental Services, including:

- Dentures and bridges – subject to 7 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 7 year period
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Complex oral surgery
- General anesthesia/IV sedation – medically required

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services

Frequently asked questions

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists³.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. 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.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, 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.

5. Please see your employer for more specific information.

6. Classification of services varies by plan design.

7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year^{6,7}, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Rewards so you can get up to \$1250 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and everyone covered on your dental plan. To locate a VSP doctor near you, visit www.vsp.com or call VSP at 800-877-7195. This plan is not insurance.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

Read the *Important information* section for more details including limitations and exclusions

Dental plan provisions

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 24 months for late entrants will be limited as follows:

| TIME INSURED CONTINUOUSLY UNDER THE POLICY | BENEFITS PROVIDED FOR ONLY THESE SERVICES |
|--|---|
| Less than 6 months | Preventive Services |
| At least 6 months but less than 12 months | Preventive Services and fillings under Basic Services |
| At least 12 months but less than 24 months | Preventive and Basic Services |
| At least 24 months | Preventive, Basic and Major Services |

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

Rates

Coverage and **semi-monthly** cost for Dental.

Rates are effective as of October 1, 2024.

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

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$18.35 |
| Employee + Spouse | \$35.89 |
| Employee + Child(ren) | \$41.78 |
| Employee + Family | \$63.06 |

*Contact your employer to confirm your part of the cost.

Prepaid Dental

COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

▶ PROTECTS YOUR SMILE.

A dental plan encourages routine cleanings and checkups at the dentist so you can protect your teeth for a lifetime. A healthy smile helps everyone feel more confident.

▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes.¹ Many plans offer low copayment amounts for preventive services to make it easy for you to use your dental benefits.

▶ LOWERS OUT-OF-POCKET EXPENSES.

No maximums, no deductibles, no waiting periods and fixed copayment amounts keep your out-of-pocket expenses down. Benefits are even payable for pre-existing dental conditions within the copayment schedule.

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the Dental Insurance plan and choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.¹

50% of adults over the age of 30 are suffering from periodontal disease.²

What's covered

Sample copayment schedule - This is just a sampling of the services available. To see a complete list of services and copayments, please ask to see your Evidence of Coverage (EOC).

| PROCEDURE TYPE | YOUR COPAYMENT GENERAL DENTIST | YOUR COPAYMENT SPECIALIST |
|--|-----------------------------------|------------------------------|
| Office visit | \$10 | N/A |
| Periodic oral evaluation | No Charge | N/A |
| Bitewing x-rays – 4 films | No Charge | N/A |
| Routine cleaning – Adult | \$5 | N/A |
| Routine cleaning – Child | \$5 | N/A |
| Resin-based composite (tooth-colored fillings) | | |
| 1 surface – Posterior | \$75 | N/A |
| 2 surfaces – Posterior | \$80 | N/A |
| 3 surfaces – Posterior | \$95 | N/A |
| Crowns and Pontics | | |
| Crown – Porcelain fused to high noble metal* | \$265 | N/A |
| Crown – Full cast high noble metal* | \$265 | N/A |
| Crown (Bridge abutment) - Porcelain fused to high noble metal* | \$305 | N/A |
| Pontic – Porcelain fused to high noble metal* | \$305 | N/A |
| Root Canals | | |
| Anterior | \$125 | N/A |
| Bicuspid | \$220 | \$280 |
| Molar | \$275 | \$395 |

*These services may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Frequently asked questions

How does a Prepaid plan work?

This plan gives you and your family access to a range of dental services from in-network providers at fixed copayment amounts. A copayment is the set fee that you pay to the plan dentist at the time of treatment for covered services that are being performed. To receive services at these fixed rates, you must use a network provider.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the Heritage network. You can also call 800-443-2995 for help finding a dentist.

Do I have to choose a dentist in the network?

Yes. To receive the fixed copayment amounts you must visit a dentist in the network and you must select the dentist in advance. Each family member may choose a different plan dentist.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse³ and dependent children. An eligible child is defined as a child to age 26.⁴

What features does my plan include?

- No annual dollar maximums for plan dentists and plan specialists
- No deductibles
- No waiting periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Extensive provider network updated regularly
- Copayments and discounts for specialty care

How will the plan dentist know I am a patient?

The plan dentist receives a patient listing, called a roster, from Sun Life each month that includes all members who have chosen those individuals as their dentist. Please confirm at the time of making your appointment with the plan dentist that you are on their roster.

Do I have to file the claim?

No. You will not need to file a claim for a plan dentist or plan specialist.

If I have a dental emergency, do I need to see my plan dentist?

First, contact your plan dentist to make an appointment. If your plan dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit of your plan is limited to the temporary relief of pain and has limited benefits.

What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and everyone covered on your dental plan. To locate a VSP doctor near you, visit www.vsp.com or call VSP at 800-877-7195. This plan is not insurance.

How can I get more information about my coverage, change my assigned dentist or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – *Benefit Tools*, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-443-2995. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

FIND A PLAN SPECIALIST

You will find a list of plan specialists by looking in the plan network directory, visiting www.sunlife.com/findadentist or calling 800-443-2995 for assistance. No referrals are necessary from your plan dentist to seek treatment from a plan specialist.

1. <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21)

2. <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21)

3. If permitted by the Employer's employee benefit plan and not prohibited by state law, 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.

4. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Coverage and **semi-monthly** cost for Prepaid Dental.

Rates are effective as of October 1, 2024.

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

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$6.92 |
| Employee + Spouse | \$11.27 |
| Employee + Child(ren) | \$15.28 |
| Employee + Family | \$17.93 |

*Contact your employer to confirm your part of the cost.

Voluntary Life Insurance

▶ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)

For you*

You can choose from **\$10,000 to \$500,000**—in increments of \$10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$200,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

For your spouse*

If you elect coverage for yourself, you can choose from **\$10,000 to \$250,000**—in increments of \$10,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000**.

The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.

For your child(ren)*

If you elect coverage for yourself, you can choose **\$10,000**. No medical questions asked.

The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child from birth to 21 or to 25 years old if a full-time student.

***This coverage includes Accidental Death and Dismemberment insurance.**

Frequently asked questions

What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

Do I need to answer any health questions to enroll?

Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if my spouse and I work for the same employer?

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Employee - Coverage and **semi-monthly** cost for Employee Voluntary Life and AD&D.

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

| Coverage amounts | Age and cost | | | | | | | | | | | |
|------------------|--------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
| \$10,000 | 0.43 | 0.43 | 0.49 | 0.56 | 0.77 | 1.20 | 1.97 | 2.99 | 4.57 | 8.12 | 14.45 | 14.17 |
| \$20,000 | 0.86 | 0.86 | 0.98 | 1.12 | 1.54 | 2.40 | 3.94 | 5.98 | 9.14 | 16.24 | 28.90 | 28.34 |
| \$30,000 | 1.29 | 1.29 | 1.47 | 1.68 | 2.31 | 3.60 | 5.91 | 8.97 | 13.71 | 24.36 | 43.35 | 42.51 |
| \$40,000 | 1.72 | 1.72 | 1.96 | 2.24 | 3.08 | 4.80 | 7.88 | 11.96 | 18.28 | 32.48 | 57.80 | 56.68 |
| \$50,000 | 2.15 | 2.15 | 2.45 | 2.80 | 3.85 | 6.00 | 9.85 | 14.95 | 22.85 | 40.60 | 72.25 | 70.85 |
| \$60,000 | 2.58 | 2.58 | 2.94 | 3.36 | 4.62 | 7.20 | 11.82 | 17.94 | 27.42 | 48.72 | 86.70 | 85.02 |
| \$70,000 | 3.01 | 3.01 | 3.43 | 3.92 | 5.39 | 8.40 | 13.79 | 20.93 | 31.99 | 56.84 | 101.15 | 99.19 |
| \$80,000 | 3.44 | 3.44 | 3.92 | 4.48 | 6.16 | 9.60 | 15.76 | 23.92 | 36.56 | 64.96 | 115.60 | 113.36 |
| \$90,000 | 3.87 | 3.87 | 4.41 | 5.04 | 6.93 | 10.80 | 17.73 | 26.91 | 41.13 | 73.08 | 130.05 | 127.53 |
| \$100,000 | 4.30 | 4.30 | 4.90 | 5.60 | 7.70 | 12.00 | 19.70 | 29.90 | 45.70 | 81.20 | 144.50 | 141.70 |
| \$110,000 | 4.73 | 4.73 | 5.39 | 6.16 | 8.47 | 13.20 | 21.67 | 32.89 | 50.27 | 89.32 | 158.95 | 155.87 |
| \$120,000 | 5.16 | 5.16 | 5.88 | 6.72 | 9.24 | 14.40 | 23.64 | 35.88 | 54.84 | 97.44 | 173.40 | 170.04 |
| \$130,000 | 5.59 | 5.59 | 6.37 | 7.28 | 10.01 | 15.60 | 25.61 | 38.87 | 59.41 | 105.56 | 187.85 | 184.21 |
| \$140,000 | 6.02 | 6.02 | 6.86 | 7.84 | 10.78 | 16.80 | 27.58 | 41.86 | 63.98 | 113.68 | 202.30 | 198.38 |
| \$150,000 | 6.45 | 6.45 | 7.35 | 8.40 | 11.55 | 18.00 | 29.55 | 44.85 | 68.55 | 121.80 | 216.75 | 212.55 |
| \$160,000 | 6.88 | 6.88 | 7.84 | 8.96 | 12.32 | 19.20 | 31.52 | 47.84 | 73.12 | 129.92 | 231.20 | 226.72 |
| \$170,000 | 7.31 | 7.31 | 8.33 | 9.52 | 13.09 | 20.40 | 33.49 | 50.83 | 77.69 | 138.04 | 245.65 | 240.89 |
| \$180,000 | 7.74 | 7.74 | 8.82 | 10.08 | 13.86 | 21.60 | 35.46 | 53.82 | 82.26 | 146.16 | 260.10 | 255.06 |
| \$190,000 | 8.17 | 8.17 | 9.31 | 10.64 | 14.63 | 22.80 | 37.43 | 56.81 | 86.83 | 154.28 | 274.55 | 269.23 |
| \$200,000 | 8.60 | 8.60 | 9.80 | 11.20 | 15.40 | 24.00 | 39.40 | 59.80 | 91.40 | 162.40 | 289.00 | 283.40 |
| \$210,000 | 9.03 | 9.03 | 10.29 | 11.76 | 16.17 | 25.20 | 41.37 | 62.79 | 95.97 | 170.52 | 303.45 | 297.57 |
| \$220,000 | 9.46 | 9.46 | 10.78 | 12.32 | 16.94 | 26.40 | 43.34 | 65.78 | 100.54 | 178.64 | 317.90 | 311.74 |
| \$230,000 | 9.89 | 9.89 | 11.27 | 12.88 | 17.71 | 27.60 | 45.31 | 68.77 | 105.11 | 186.76 | 332.35 | 325.91 |
| \$240,000 | 10.32 | 10.32 | 11.76 | 13.44 | 18.48 | 28.80 | 47.28 | 71.76 | 109.68 | 194.88 | 346.80 | 340.08 |
| \$250,000 | 10.75 | 10.75 | 12.25 | 14.00 | 19.25 | 30.00 | 49.25 | 74.75 | 114.25 | 203.00 | 361.25 | 354.25 |
| \$260,000 | 11.18 | 11.18 | 12.74 | 14.56 | 20.02 | 31.20 | 51.22 | 77.74 | 118.82 | 211.12 | 375.70 | 368.42 |
| \$270,000 | 11.61 | 11.61 | 13.23 | 15.12 | 20.79 | 32.40 | 53.19 | 80.73 | 123.39 | 219.24 | 390.15 | 382.59 |
| \$280,000 | 12.04 | 12.04 | 13.72 | 15.68 | 21.56 | 33.60 | 55.16 | 83.72 | 127.96 | 227.36 | 404.60 | 396.76 |
| \$290,000 | 12.47 | 12.47 | 14.21 | 16.24 | 22.33 | 34.80 | 57.13 | 86.71 | 132.53 | 235.48 | 419.05 | 410.93 |
| \$300,000 | 12.90 | 12.90 | 14.70 | 16.80 | 23.10 | 36.00 | 59.10 | 89.70 | 137.10 | 243.60 | 433.50 | 425.10 |
| \$310,000 | 13.33 | 13.33 | 15.19 | 17.36 | 23.87 | 37.20 | 61.07 | 92.69 | 141.67 | 251.72 | 447.95 | 439.27 |
| \$320,000 | 13.76 | 13.76 | 15.68 | 17.92 | 24.64 | 38.40 | 63.04 | 95.68 | 146.24 | 259.84 | 462.40 | 453.44 |
| \$330,000 | 14.19 | 14.19 | 16.17 | 18.48 | 25.41 | 39.60 | 65.01 | 98.67 | 150.81 | 267.96 | 476.85 | 467.61 |
| \$340,000 | 14.62 | 14.62 | 16.66 | 19.04 | 26.18 | 40.80 | 66.98 | 101.66 | 155.38 | 276.08 | 491.30 | 481.78 |
| \$350,000 | 15.05 | 15.05 | 17.15 | 19.60 | 26.95 | 42.00 | 68.95 | 104.65 | 159.95 | 284.20 | 505.75 | 495.95 |
| \$360,000 | 15.48 | 15.48 | 17.64 | 20.16 | 27.72 | 43.20 | 70.92 | 107.64 | 164.52 | 292.32 | 520.20 | 510.12 |
| \$370,000 | 15.91 | 15.91 | 18.13 | 20.72 | 28.49 | 44.40 | 72.89 | 110.63 | 169.09 | 300.44 | 534.65 | 524.29 |
| \$380,000 | 16.34 | 16.34 | 18.62 | 21.28 | 29.26 | 45.60 | 74.86 | 113.62 | 173.66 | 308.56 | 549.10 | 538.46 |
| \$390,000 | 16.77 | 16.77 | 19.11 | 21.84 | 30.03 | 46.80 | 76.83 | 116.61 | 178.23 | 316.68 | 563.55 | 552.63 |
| \$400,000 | 17.20 | 17.20 | 19.60 | 22.40 | 30.80 | 48.00 | 78.80 | 119.60 | 182.80 | 324.80 | 578.00 | 566.80 |
| \$410,000 | 17.63 | 17.63 | 20.09 | 22.96 | 31.57 | 49.20 | 80.77 | 122.59 | 187.37 | 332.92 | 592.45 | 580.97 |
| \$420,000 | 18.06 | 18.06 | 20.58 | 23.52 | 32.34 | 50.40 | 82.74 | 125.58 | 191.94 | 341.04 | 606.90 | 595.14 |
| \$430,000 | 18.49 | 18.49 | 21.07 | 24.08 | 33.11 | 51.60 | 84.71 | 128.57 | 196.51 | 349.16 | 621.35 | 609.31 |
| \$440,000 | 18.92 | 18.92 | 21.56 | 24.64 | 33.88 | 52.80 | 86.68 | 131.56 | 201.08 | 357.28 | 635.80 | 623.48 |
| \$450,000 | 19.35 | 19.35 | 22.05 | 25.20 | 34.65 | 54.00 | 88.65 | 134.55 | 205.65 | 365.40 | 650.25 | 637.65 |

Rates

| Coverage amounts | Age and cost | | | | | | | | | | | |
|------------------|--------------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
| \$460,000 | 19.78 | 19.78 | 22.54 | 25.76 | 35.42 | 55.20 | 90.62 | 137.54 | 210.22 | 373.52 | 664.70 | 651.82 |
| \$470,000 | 20.21 | 20.21 | 23.03 | 26.32 | 36.19 | 56.40 | 92.59 | 140.53 | 214.79 | 381.64 | 679.15 | 665.99 |
| \$480,000 | 20.64 | 20.64 | 23.52 | 26.88 | 36.96 | 57.60 | 94.56 | 143.52 | 219.36 | 389.76 | 693.60 | 680.16 |
| \$490,000 | 21.07 | 21.07 | 24.01 | 27.44 | 37.73 | 58.80 | 96.53 | 146.51 | 223.93 | 397.88 | 708.05 | 694.33 |
| \$500,000 | 21.50 | 21.50 | 24.50 | 28.00 | 38.50 | 60.00 | 98.50 | 149.50 | 228.50 | 406.00 | 722.50 | 708.50 |

Rates

Spouse - Coverage and **semi-monthly** cost for Spouse Voluntary Life and AD&D.

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

| Coverage amounts | Age and cost | | | | | | | | | | | |
|------------------|--------------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|
| | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
| \$10,000 | 0.43 | 0.43 | 0.49 | 0.56 | 0.77 | 1.20 | 1.97 | 2.99 | 4.57 | 8.12 | 14.45 | 14.17 |
| \$20,000 | 0.86 | 0.86 | 0.98 | 1.12 | 1.54 | 2.40 | 3.94 | 5.98 | 9.14 | 16.24 | 28.90 | 28.34 |
| \$30,000 | 1.29 | 1.29 | 1.47 | 1.68 | 2.31 | 3.60 | 5.91 | 8.97 | 13.71 | 24.36 | 43.35 | 42.51 |
| \$40,000 | 1.72 | 1.72 | 1.96 | 2.24 | 3.08 | 4.80 | 7.88 | 11.96 | 18.28 | 32.48 | 57.80 | 56.68 |
| \$50,000 | 2.15 | 2.15 | 2.45 | 2.80 | 3.85 | 6.00 | 9.85 | 14.95 | 22.85 | 40.60 | 72.25 | 70.85 |
| \$60,000 | 2.58 | 2.58 | 2.94 | 3.36 | 4.62 | 7.20 | 11.82 | 17.94 | 27.42 | 48.72 | 86.70 | 85.02 |
| \$70,000 | 3.01 | 3.01 | 3.43 | 3.92 | 5.39 | 8.40 | 13.79 | 20.93 | 31.99 | 56.84 | 101.15 | 99.19 |
| \$80,000 | 3.44 | 3.44 | 3.92 | 4.48 | 6.16 | 9.60 | 15.76 | 23.92 | 36.56 | 64.96 | 115.60 | 113.36 |
| \$90,000 | 3.87 | 3.87 | 4.41 | 5.04 | 6.93 | 10.80 | 17.73 | 26.91 | 41.13 | 73.08 | 130.05 | 127.53 |
| \$100,000 | 4.30 | 4.30 | 4.90 | 5.60 | 7.70 | 12.00 | 19.70 | 29.90 | 45.70 | 81.20 | 144.50 | 141.70 |
| \$110,000 | 4.73 | 4.73 | 5.39 | 6.16 | 8.47 | 13.20 | 21.67 | 32.89 | 50.27 | 89.32 | 158.95 | 155.87 |
| \$120,000 | 5.16 | 5.16 | 5.88 | 6.72 | 9.24 | 14.40 | 23.64 | 35.88 | 54.84 | 97.44 | 173.40 | 170.04 |
| \$130,000 | 5.59 | 5.59 | 6.37 | 7.28 | 10.01 | 15.60 | 25.61 | 38.87 | 59.41 | 105.56 | 187.85 | 184.21 |
| \$140,000 | 6.02 | 6.02 | 6.86 | 7.84 | 10.78 | 16.80 | 27.58 | 41.86 | 63.98 | 113.68 | 202.30 | 198.38 |
| \$150,000 | 6.45 | 6.45 | 7.35 | 8.40 | 11.55 | 18.00 | 29.55 | 44.85 | 68.55 | 121.80 | 216.75 | 212.55 |
| \$160,000 | 6.88 | 6.88 | 7.84 | 8.96 | 12.32 | 19.20 | 31.52 | 47.84 | 73.12 | 129.92 | 231.20 | 226.72 |
| \$170,000 | 7.31 | 7.31 | 8.33 | 9.52 | 13.09 | 20.40 | 33.49 | 50.83 | 77.69 | 138.04 | 245.65 | 240.89 |
| \$180,000 | 7.74 | 7.74 | 8.82 | 10.08 | 13.86 | 21.60 | 35.46 | 53.82 | 82.26 | 146.16 | 260.10 | 255.06 |
| \$190,000 | 8.17 | 8.17 | 9.31 | 10.64 | 14.63 | 22.80 | 37.43 | 56.81 | 86.83 | 154.28 | 274.55 | 269.23 |
| \$200,000 | 8.60 | 8.60 | 9.80 | 11.20 | 15.40 | 24.00 | 39.40 | 59.80 | 91.40 | 162.40 | 289.00 | 283.40 |
| \$210,000 | 9.03 | 9.03 | 10.29 | 11.76 | 16.17 | 25.20 | 41.37 | 62.79 | 95.97 | 170.52 | 303.45 | 297.57 |
| \$220,000 | 9.46 | 9.46 | 10.78 | 12.32 | 16.94 | 26.40 | 43.34 | 65.78 | 100.54 | 178.64 | 317.90 | 311.74 |
| \$230,000 | 9.89 | 9.89 | 11.27 | 12.88 | 17.71 | 27.60 | 45.31 | 68.77 | 105.11 | 186.76 | 332.35 | 325.91 |
| \$240,000 | 10.32 | 10.32 | 11.76 | 13.44 | 18.48 | 28.80 | 47.28 | 71.76 | 109.68 | 194.88 | 346.80 | 340.08 |
| \$250,000 | 10.75 | 10.75 | 12.25 | 14.00 | 19.25 | 30.00 | 49.25 | 74.75 | 114.25 | 203.00 | 361.25 | 354.25 |

Child - Coverage and **semi-monthly** cost for Child Voluntary Life and AD&D.

Rates are effective as of October 1, 2024.

The chart below shows possible coverage amounts and their **semi-monthly** costs.

| Coverage amounts | Cost per pay period |
|------------------|---------------------|
| \$10,000 | 1.11 |

Short-Term Disability Insurance

COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

▶ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

▶ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

BENEFITS (You can purchase this coverage at a group rate.)

| | |
|--|---|
| Weekly benefit after your claim is approved | You will receive a check for your benefits on a weekly basis. It will replace 60% of your Total Weekly Earnings, up to \$1,300 each week. |
| When benefits begin | Benefits begin as soon as 15 days from the date you are unable to work due to an injury and 15 days due to an illness. |
| Benefits may be paid for | Up to 26 weeks , as long as you are still unable to work due to a covered disability. |
| Additional plan information | This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related. |

SHORT-TERM DISABILITY FAST FACTS

1 in 4 workers
will miss up to 3 months of work due to disability during their career.¹

More than three-quarters of workers are living paycheck to paycheck.²

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Short-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

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 policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

Can I work while I'm 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.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Employee - monthly rate for Short-Term Disability.

Rates are effective as of October 1, 2024.

Short-Term Disability 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 | \$0.363 |
| 25 - 29 | \$0.363 |
| 30 - 34 | \$0.363 |
| 35 - 39 | \$0.363 |
| 40 - 44 | \$0.390 |
| 45 - 49 | \$0.417 |
| 50 - 54 | \$0.476 |
| 55 - 59 | \$0.602 |
| 60 - 64 | \$0.723 |
| 65 - 69 | \$0.826 |
| 70+ | \$0.912 |

| | | | |
|---|----------------------------------|-----------------------------|---|
| Example weekly benefit (60% of earnings) | Divide by 10 | Multiply by rate | Example monthly cost |
| \$350 | / 10 = 35 | x 0.363 | = \$12.71 |
| Your weekly benefit (60% of earnings) | Divide by 10 | Multiply by rate | Your monthly cost |
| \$ _____ | / 10 = _____ | x \$ _____ | = \$ _____ |
| Your monthly cost | Multiply by 12 months | Annual cost | Divide by your number of pay periods per year (ex: 12,24,26,52,etc.) |
| \$ _____ | x 12 | = \$ _____ | / _____ = \$ _____ |
| | | | Your estimated cost per pay period |

*Contact your employer to confirm your part of the cost.

Long-Term Disability Insurance

COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

▶ HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

▶ HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

BENEFITS (You can purchase this coverage at a group rate.)

| | |
|--|--|
| Monthly benefit after your claim is approved | You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$7,500 each month. |
| When benefits begin | Benefits begin as soon as 180 days from the date of your disability. |
| Benefits may be paid for | Up to your Social Security Normal Retirement Age or longer, depending on your age at disability. |
| Additional plan information | This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job. |

LONG-TERM DISABILITY FAST FACTS

34.6 months
The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

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 policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm 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.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

Rates

Employee - monthly rate for Long-Term Disability.

Rates are effective as of October 1, 2024.

Long-Term Disability 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 | \$0.156 |
| 25 - 29 | \$0.156 |
| 30 - 34 | \$0.216 |
| 35 - 39 | \$0.299 |
| 40 - 44 | \$0.415 |
| 45 - 49 | \$0.743 |
| 50 - 54 | \$0.978 |
| 55 - 59 | \$1.356 |
| 60 - 64 | \$1.204 |
| 65 - 69 | \$0.743 |
| 70+ | \$0.491 |

| | | | |
|---------------------------------|------------------------------|-------------------------|---|
| Example monthly earnings | Divide by 100 | Multiply by rate | Example monthly cost |
| \$2,500 | / 100 = 25 | x 0.156 | = \$3.90 |
| Your monthly earnings | Divide by 100 | Multiply by rate | Your monthly cost |
| \$ _____ | / 100 = _____ | x \$ _____ | = \$ _____ |
| Your monthly cost | Multiply by 12 months | Annual cost | Divide by your number of pay periods per year (ex: 12,24,26,52,etc.) |
| \$ _____ | x 12 | = \$ _____ | / _____ = \$ _____ |
| | | | Your estimated cost per pay period |

*Contact your employer to confirm your part of the cost.

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.

For the prepaid dental plan, you must meet the eligibility requirements set forth by your employer. Your effective date will be determined by your Group Dental Service Agreement and Evidence of Coverage. Refer to these plan documents 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.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This 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).

Prepaid Dental

We will not pay a benefit for any Dental procedure or service not specifically mentioned in the Copayment Schedule (including any hospital or outpatient care facility cost associated with any dental procedures). Any dental service listed in the Copayment Schedule initiated prior to Member’s Effective Date or after the Member’s termination is not covered. Services provided by non-Plan Providers are not covered unless for Emergency Services specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage. Fixed or removable prosthetics are subject to a 5 year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider’s normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member’s oral conditions without regard to whether or not such conditions existed before the effective date of the Member’s enrollment.

This 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).

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.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; 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; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

Short-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. We will not pay a benefit for any accident or sickness covered by Workers' Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

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.

The prepaid dental Overview is preliminary to the issuance of your plan documents. Refer to your Evidence of Coverage for details. Receipt of this Overview does not constitute approval of coverage. In the event of a discrepancy between this Overview and the Evidence of Coverage, the terms of the Evidence of Coverage 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. 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 of Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc.

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Evidence of Insurability



Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.sunlife.com/account

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.sunlife.com/account.

- Click *Where can I find a form?*
- From list of forms, select EOI Application

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

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, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Group Enrollment Form

- Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481
- United Dental Care of Arizona, Inc.

Employer use (check one): New employee Change COBRA

1. General Information

| | | |
|--|--|---|
| Employer Name Earnhardt Management Company | Account / Policy Number 932864 | Location <input style="width: 95%;" type="text"/> |
|--|--|---|

2. Employee Information

| | | | |
|--|--|---|--|
| Employee's Full Legal Name (First, M.I., Last) <input style="width: 95%;" type="text"/> | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth <input style="width: 95%;" type="text"/> |
| Street Address <input style="width: 95%;" type="text"/> | City <input style="width: 95%;" type="text"/> | State <input style="width: 95%;" type="text"/> | Zip Code <input style="width: 95%;" type="text"/> |
| Occupation <input style="width: 95%;" type="text"/> | Eligibility Class (if applicable) <input style="width: 95%;" type="text"/> | Social Security Number <input style="width: 95%;" type="text"/> | Phone Number <input style="width: 95%;" type="text"/> |
| Date employed: <input type="checkbox"/> Full-Time Date: <input style="width: 95%;" type="text"/> <input type="checkbox"/> Part-Time Date: <input style="width: 95%;" type="text"/> | <input type="checkbox"/> Return from layoff Date: <input style="width: 95%;" type="text"/> <input type="checkbox"/> Rehire | | |
| Current Active Employment Type <input style="width: 95%;" type="text"/> # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Earnings \$ <input style="width: 95%;" type="text"/> | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: <input style="width: 95%;" type="text"/> | |

3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

| Relationship | Full legal name (First, M.I., Last) | Gender | Social Security number | Date of birth | Student Y / N |
|--|--|--|--|--|--|
| Spouse | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Children | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and service providers above and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

| Elect | Refuse | Coverage |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dental: <input type="checkbox"/> PPO <input type="checkbox"/> Prepaid / DHMO <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family Facility ID(s) if electing a Prepaid / DHMO dental plan: <input type="text"/> Were you covered under another dental plan within the last 31 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the termination date: <input type="text"/> Reason for termination of coverage? <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Spouse Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Child(ren) Voluntary Life and Accidental Death & Dismemberment (AD&D) \$ <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Short-Term Disability (STD) \$ <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Long-Term Disability (LTD) \$ <input type="text"/> |

5. Beneficiary Designation Information

Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

| Primary Beneficiary(ies) | Percent share of proceeds* | | |
|----------------------------|----------------------------|------------------------|----------------------|
| 1 Name (First, M.I., Last) | Relationship to employee | Social Security number | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | Phone number | Date of birth | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 2 Name (First, M.I., Last) | Relationship to employee | Social Security number | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | Phone number | Date of birth | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

*Must equal 100%

Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)

Percent share
of proceeds*

| | | | |
|--|--|--|------------------------|
| 1 Name (First, M.I., Last) <input type="text"/> | Relationship to employee <input type="text"/> | Social Security number <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Phone number <input type="text"/> | Date of birth <input type="text"/> | |
| 2 Name (First, M.I., Last) <input type="text"/> | Relationship to employee <input type="text"/> | Social Security number <input type="text"/> | <input type="text"/> % |
| Address <input type="text"/> | Phone number <input type="text"/> | Date of birth <input type="text"/> | |

*Must equal 100%

6. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability may be required.
- For Life, Short-Term Disability, and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Short-Term Disability, and Long-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA). For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant benefit waiting period specified in the certificate of insurance.
- For Dental Insurance plans, I have the right to select any dental care provider of my choice.
- If I elect a Prepaid/DHMO product, I must select a provider included in my plan's directory.
- The dental plan includes a pre-determination provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- Coverages include benefit waiting periods, limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

| | |
|---------------------|----------------------|
| Agent name | <input type="text"/> |
| Agent / Broker name | <input type="text"/> |
| Enroller name | <input type="text"/> |

Contact us



By mail

Sun Life
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

▶ **TALK TO YOUR BENEFITS ADMINISTRATOR
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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