Voluntary Life Insurance

Sun Life

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 $150,000**. 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 **$5,000 to $250,000**—in increments of $5,000. No medical questions asked **up to the Guaranteed Issue amount of $25,000**. The amount you select for your spouse cannot exceed 50% 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 50% 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 who is 6 months to 26. A reduced benefit of $1,000 is payable for a child from 14 days to 6 months. (No benefit is payable for a child from birth to 14 days).

MCPHERSON COLLEGE

All Eligible Employees

POLICY #: 941712

Frequently asked questions

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.

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.)

1. LIMRA, Facts about Life 2018.

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

Important information

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 life 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-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384 SLPC 29579

Rates

Employee - Coverage and **monthly** cost for Employee Voluntary Life.

Rates are effective as of January 1, 2023.

The chart below shows possible coverage amounts and their **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+
$10,000	0.51	0.51	0.52	0.77	1.28	2.16	3.60	6.08	7.47	11.10	21.30
$20,000	1.02	1.02	1.04	1.54	2.56	4.32	7.20	12.16	14.94	22.20	42.60
$30,000	1.53	1.53	1.56	2.31	3.84	6.48	10.80	18.24	22.41	33.30	63.90
$40,000	2.04	2.04	2.08	3.08	5.12	8.64	14.40	24.32	29.88	44.40	85.20
$50,000	2.55	2.55	2.60	3.85	6.40	10.80	18.00	30.40	37.35	55.50	106.50
$60,000	3.06	3.06	3.12	4.62	7.68	12.96	21.60	36.48	44.82	66.60	127.80
$70,000	3.57	3.57	3.64	5.39	8.96	15.12	25.20	42.56	52.29	77.70	149.10
$80,000	4.08	4.08	4.16	6.16	10.24	17.28	28.80	48.64	59.76	88.80	170.40
$90,000	4.59	4.59	4.68	6.93	11.52	19.44	32.40	54.72	67.23	99.90	191.70
$100,000	5.10	5.10	5.20	7.70	12.80	21.60	36.00	60.80	74.70	111.00	213.00
$110,000	5.61	5.61	5.72	8.47	14.08	23.76	39.60	66.88	82.17	122.10	234.30
$120,000	6.12	6.12	6.24	9.24	15.36	25.92	43.20	72.96	89.64	133.20	255.60
$130,000	6.63	6.63	6.76	10.01	16.64	28.08	46.80	79.04	97.11	144.30	276.90
$140,000	7.14	7.14	7.28	10.78	17.92	30.24	50.40	85.12	104.58	155.40	298.20
$150,000	7.65	7.65	7.80	11.55	19.20	32.40	54.00	91.20	112.05	166.50	319.50
$160,000	8.16	8.16	8.32	12.32	20.48	34.56	57.60	97.28	119.52	177.60	340.80
$170,000	8.67	8.67	8.84	13.09	21.76	36.72	61.20	103.36	126.99	188.70	362.10
$180,000	9.18	9.18	9.36	13.86	23.04	38.88	64.80	109.44	134.46	199.80	383.40
$190,000	9.69	9.69	9.88	14.63	24.32	41.04	68.40	115.52	141.93	210.90	404.70
$200,000	10.20	10.20	10.40	15.40	25.60	43.20	72.00	121.60	149.40	222.00	426.00
$210,000	10.71	10.71	10.92	16.17	26.88	45.36	75.60	127.68	156.87	233.10	447.30
$220,000	11.22	11.22	11.44	16.94	28.16	47.52	79.20	133.76	164.34	244.20	468.60
$230,000	11.73	11.73	11.96	17.71	29.44	49.68	82.80	139.84	171.81	255.30	489.90
$240,000	12.24	12.24	12.48	18.48	30.72	51.84	86.40	145.92	179.28	266.40	511.20
$250,000	12.75	12.75	13.00	19.25	32.00	54.00	90.00	152.00	186.75	277.50	532.50
$260,000	13.26	13.26	13.52	20.02	33.28	56.16	93.60	158.08	194.22	288.60	553.80
$270,000	13.77	13.77	14.04	20.79	34.56	58.32	97.20	164.16	201.69	299.70	575.10
$280,000	14.28	14.28	14.56	21.56	35.84	60.48	100.80	170.24	209.16	310.80	596.40
$290,000	14.79	14.79	15.08	22.33	37.12	62.64	104.40	176.32	216.63	321.90	617.70
$300,000	15.30	15.30	15.60	23.10	38.40	64.80	108.00	182.40	224.10	333.00	639.00
$310,000	15.81	15.81	16.12	23.87	39.68	66.96	111.60	188.48	231.57	344.10	660.30
$320,000	16.32	16.32	16.64	24.64	40.96	69.12	115.20	194.56	239.04	355.20	681.60
$330,000	16.83	16.83	17.16	25.41	42.24	71.28	118.80	200.64	246.51	366.30	702.90
$340,000	17.34	17.34	17.68	26.18	43.52	73.44	122.40	206.72	253.98	377.40	724.20
$350,000	17.85	17.85	18.20	26.95	44.80	75.60	126.00	212.80	261.45	388.50	745.50
$360,000	18.36	18.36	18.72	27.72	46.08	77.76	129.60	218.88	268.92	399.60	766.80
$370,000	18.87	18.87	19.24	28.49	47.36	79.92	133.20	224.96	276.39	410.70	788.10
$380,000	19.38	19.38	19.76	29.26	48.64	82.08	136.80	231.04	283.86	421.80	809.40
$390,000	19.89	19.89	20.28	30.03	49.92	84.24	140.40	237.12	291.33	432.90	830.70
$400,000	20.40	20.40	20.80	30.80	51.20	86.40	144.00	243.20	298.80	444.00	852.00
$410,000	20.91	20.91	21.32	31.57	52.48	88.56	147.60	249.28	306.27	455.10	873.30
$420,000	21.42	21.42	21.84	32.34	53.76	90.72	151.20	255.36	313.74	466.20	894.60
$430,000	21.93	21.93	22.36	33.11	55.04	92.88	154.80	261.44	321.21	477.30	915.90
$440,000	22.44	22.44	22.88	33.88	56.32	95.04	158.40	267.52	328.68	488.40	937.20
$450,000	22.95	22.95	23.40	34.65	57.60	97.20	162.00	273.60	336.15	499.50	958.50

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+
$460,000	23.46	23.46	23.92	35.42	58.88	99.36	165.60	279.68	343.62	510.60	979.80
$470,000	23.97	23.97	24.44	36.19	60.16	101.52	169.20	285.76	351.09	521.70	1001.10
$480,000	24.48	24.48	24.96	36.96	61.44	103.68	172.80	291.84	358.56	532.80	1022.40
$490,000	24.99	24.99	25.48	37.73	62.72	105.84	176.40	297.92	366.03	543.90	1043.70
$500,000	25.50	25.50	26.00	38.50	64.00	108.00	180.00	304.00	373.50	555.00	1065.00

Rates

Spouse - Coverage and **monthly** cost for Spouse Voluntary Life.

Rates are effective as of January 1, 2023.

The chart below shows possible coverage amounts and their **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+
$5,000	0.26	0.26	0.26	0.39	0.64	1.08	1.80	3.04	3.74	5.55	10.65
$10,000	0.51	0.51	0.52	0.77	1.28	2.16	3.60	6.08	7.47	11.10	21.30
$15,000	0.77	0.77	0.78	1.16	1.92	3.24	5.40	9.12	11.21	16.65	31.95
$20,000	1.02	1.02	1.04	1.54	2.56	4.32	7.20	12.16	14.94	22.20	42.60
$25,000	1.28	1.28	1.30	1.93	3.20	5.40	9.00	15.20	18.68	27.75	53.25
$30,000	1.53	1.53	1.56	2.31	3.84	6.48	10.80	18.24	22.41	33.30	63.90
$35,000	1.79	1.79	1.82	2.70	4.48	7.56	12.60	21.28	26.15	38.85	74.55
$40,000	2.04	2.04	2.08	3.08	5.12	8.64	14.40	24.32	29.88	44.40	85.20
$45,000	2.30	2.30	2.34	3.47	5.76	9.72	16.20	27.36	33.62	49.95	95.85
$50,000	2.55	2.55	2.60	3.85	6.40	10.80	18.00	30.40	37.35	55.50	106.50
$55,000	2.81	2.81	2.86	4.24	7.04	11.88	19.80	33.44	41.09	61.05	117.15
$60,000	3.06	3.06	3.12	4.62	7.68	12.96	21.60	36.48	44.82	66.60	127.80
$65,000	3.32	3.32	3.38	5.01	8.32	14.04	23.40	39.52	48.56	72.15	138.45
$70,000	3.57	3.57	3.64	5.39	8.96	15.12	25.20	42.56	52.29	77.70	149.10
$75,000	3.83	3.83	3.90	5.78	9.60	16.20	27.00	45.60	56.03	83.25	159.75
$80,000	4.08	4.08	4.16	6.16	10.24	17.28	28.80	48.64	59.76	88.80	170.40
$85,000	4.34	4.34	4.42	6.55	10.88	18.36	30.60	51.68	63.50	94.35	181.05
$90,000	4.59	4.59	4.68	6.93	11.52	19.44	32.40	54.72	67.23	99.90	191.70
$95,000	4.85	4.85	4.94	7.32	12.16	20.52	34.20	57.76	70.97	105.45	202.35
$100,000	5.10	5.10	5.20	7.70	12.80	21.60	36.00	60.80	74.70	111.00	213.00
$105,000	5.36	5.36	5.46	8.09	13.44	22.68	37.80	63.84	78.44	116.55	223.65
$110,000	5.61	5.61	5.72	8.47	14.08	23.76	39.60	66.88	82.17	122.10	234.30
$115,000	5.87	5.87	5.98	8.86	14.72	24.84	41.40	69.92	85.91	127.65	244.95
$120,000	6.12	6.12	6.24	9.24	15.36	25.92	43.20	72.96	89.64	133.20	255.60
$125,000	6.38	6.38	6.50	9.63	16.00	27.00	45.00	76.00	93.38	138.75	266.25
$130,000	6.63	6.63	6.76	10.01	16.64	28.08	46.80	79.04	97.11	144.30	276.90
$135,000	6.89	6.89	7.02	10.40	17.28	29.16	48.60	82.08	100.85	149.85	287.55
$140,000	7.14	7.14	7.28	10.78	17.92	30.24	50.40	85.12	104.58	155.40	298.20
$145,000	7.40	7.40	7.54	11.17	18.56	31.32	52.20	88.16	108.32	160.95	308.85
$150,000	7.65	7.65	7.80	11.55	19.20	32.40	54.00	91.20	112.05	166.50	319.50
$155,000	7.91	7.91	8.06	11.94	19.84	33.48	55.80	94.24	115.79	172.05	330.15
$160,000	8.16	8.16	8.32	12.32	20.48	34.56	57.60	97.28	119.52	177.60	340.80
$165,000	8.42	8.42	8.58	12.71	21.12	35.64	59.40	100.32	123.26	183.15	351.45
$170,000	8.67	8.67	8.84	13.09	21.76	36.72	61.20	103.36	126.99	188.70	362.10
$175,000	8.93	8.93	9.10	13.48	22.40	37.80	63.00	106.40	130.73	194.25	372.75
$180,000	9.18	9.18	9.36	13.86	23.04	38.88	64.80	109.44	134.46	199.80	383.40
$185,000	9.44	9.44	9.62	14.25	23.68	39.96	66.60	112.48	138.20	205.35	394.05
$190,000	9.69	9.69	9.88	14.63	24.32	41.04	68.40	115.52	141.93	210.90	404.70
$195,000	9.95	9.95	10.14	15.02	24.96	42.12	70.20	118.56	145.67	216.45	415.35
$200,000	10.20	10.20	10.40	15.40	25.60	43.20	72.00	121.60	149.40	222.00	426.00
$205,000	10.46	10.46	10.66	15.79	26.24	44.28	73.80	124.64	153.14	227.55	436.65
$210,000	10.71	10.71	10.92	16.17	26.88	45.36	75.60	127.68	156.87	233.10	447.30
$215,000	10.97	10.97	11.18	16.56	27.52	46.44	77.40	130.72	160.61	238.65	457.95
$220,000	11.22	11.22	11.44	16.94	28.16	47.52	79.20	133.76	164.34	244.20	468.60

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+
$225,000	11.48	11.48	11.70	17.33	28.80	48.60	81.00	136.80	168.08	249.75	479.25
$230,000	11.73	11.73	11.96	17.71	29.44	49.68	82.80	139.84	171.81	255.30	489.90
$235,000	11.99	11.99	12.22	18.10	30.08	50.76	84.60	142.88	175.55	260.85	500.55
$240,000	12.24	12.24	12.48	18.48	30.72	51.84	86.40	145.92	179.28	266.40	511.20
$245,000	12.50	12.50	12.74	18.87	31.36	52.92	88.20	148.96	183.02	271.95	521.85
$250,000	12.75	12.75	13.00	19.25	32.00	54.00	90.00	152.00	186.75	277.50	532.50

Child - Coverage and **monthly** cost for Child Voluntary Life.

Rates are effective as of January 1, 2023.

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

Coverage amounts	Cost per pay period
$10,000	2.31