

your **group**
benefits

Langara College

Administrators

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General Information

About this booklet

The information in this employee benefits booklet is important to you. It provides the information you need about the group benefits available through your employer's group contract with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

Your group benefits may be modified after the effective date of this booklet. You will receive written notification of changes to your group plan. The notification will supplement your group benefits booklet and should be kept in a safe place together with this booklet.

If you have any questions about the information in this employee benefits booklet, or you need additional information about your group benefits, please contact your employer.

Eligibility

To be eligible for group benefits, you must meet the following conditions:

- you are:
- a permanent administrator, or
- a term administrator who has a 1 year appointment which has been extended and you work half-time or more.
- you have completed the waiting period.

If you are a permanent administrator, the waiting period is the period until the first day of the month coincident with or next following the date you are appointed to permanent staff.

If you are a term administrator, the waiting period is the period until the first day of the month coincident with or next following the date you complete 1 year of continuous full-time equivalent employment.

We consider you to be actively working if you are performing all the usual and customary duties of your job with your employer for the scheduled number of hours for that day. This includes scheduled non-working days and any period of continuous paid vacation of up to 4 months for the Short-Term Disability and Long-Term Disability benefits and up to 12 months for Life benefits, if you were actively working on the last scheduled working day. We do not consider you to be actively at work if you are receiving disability benefits or are participating in a rehabilitation program.

Your spouse becomes eligible for coverage on the date you become eligible or the date the person becomes your spouse, whichever is later. You must apply for coverage for yourself in order for your spouse to be eligible.

Who qualifies as your spouse

Your spouse must be a resident of Canada or the United States.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last year, is an eligible dependent. You can only cover one spouse at a time.

Enrolment

You have to enrol to receive coverage. To enrol, you must request coverage in writing by supplying the appropriate enrolment information to your employer. For your spouse to receive coverage, you must request spouse coverage.

Normally, you request coverage within 31 days of becoming eligible for coverage. If you do not request coverage within this time limit, you will have to provide proof of good health at your own expense for the Short-Term Disability benefit.

You may request Voluntary Life coverage for you and your spouse, or request a change to this coverage, at any time.

Proof of good health will be required for all amounts of Voluntary Life coverage, other than for the following amounts:

- proof of good health is not required for the first \$50,000 of

Voluntary Life coverage you request for yourself during the 31 day period following the date you become eligible.

- proof of good health is not required for the first \$50,000 of Voluntary Life coverage you request for your spouse during the 31 day period following the date your spouse becomes eligible.
- if you request Voluntary Life coverage for yourself during the 31 day period following the date you acquire a dependent, proof of good health is not required for amounts up to the greater of:
 - \$50,000, or
 - the amount of your existing Voluntary Life coverage.

Coverage which does not require proof of good health takes effect on the first day of the month following the date your employer receives your request.

Coverage which does require proof of good health takes effect on the first day of the month following the date Sun Life approves the proof of good health.

Decreases take effect on the date your employer receives your request.

When coverage begins

Your Long-Term Disability, Basic Life and Accidental Death and Dismemberment coverage begin on the date you become eligible for coverage.

Your Short-Term Disability coverage begins on the later of the following dates:

- the date you become eligible for coverage.
- the date your employer receives your enrolment information for coverage.
- the date Sun Life approves your proof of good health, if required.

Your Voluntary Life coverage begins on the later of the following dates:

- the date you become eligible for coverage.
- the date specified under the Enrolment section.

If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work.

Your spouse's Voluntary Life coverage begins on the later of the following dates:

- the date your coverage begins.
- the date your spouse becomes eligible for coverage.
- the date specified under the Enrolment section.

However, for a spouse who is hospitalized, coverage will begin when the spouse is discharged from hospital and is actively pursuing normal activities.

If you are not actively working on the date your spouse's Voluntary Life coverage would normally begin, then that coverage will not begin until you return to active work with your employer.

If there are additional conditions for a particular benefit, these conditions will appear in the appropriate benefit section later in this booklet.

Changes affecting your coverage

From time to time, there may be circumstances that change your coverage.

For example, your employment status may change, or your employer may change the group contract. Any resulting change in the coverage will take effect on the first day of the month following the date of the change in circumstances. If the change takes effect on the first day of the month, the change in coverage will take effect on that same day.

The following exceptions apply if the result of the change is an increase in coverage:

- if proof of good health is required, the change cannot take effect before Sun Life approves the proof of good health.
- if you are not actively working when the change occurs or when Sun Life approves proof of good health, the change cannot take effect before you return to active work.
- if your spouse is hospitalized on the date when the change occurs, the change in your spouse's coverage cannot take effect before your spouse is discharged and is actively pursuing normal activities.

Updating your records

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to your employer:

- change of spouse.
- change of name.
- change of beneficiary.

Accessing your records

For insured benefits, you may obtain copies of the following documents:

- your enrolment form or application for insurance.
- any written statements or other record, not otherwise part of the application, that you provided to Sun Life as evidence of insurability.

For insured benefits, on reasonable notice, you may also request a copy of the contract.

The first copy will be provided at no cost to you but a fee may be charged for subsequent copies.

All requests for copies of documents should be directed to one of the following sources:

- our website at www.mysunlife.ca.

- our Customer Care centre by calling toll-free at 1-800-361-6212.

When coverage ends As an employee, your coverage will end on the earlier of the following dates:

- for Life and Accidental Death and Dismemberment coverage – the last day of the month in which your employment ends for any reason other than retirement on pension.
- for Short-Term Disability and Long-Term Disability coverage – the date your employment ends.
- the date you are no longer actively working.
- the end of the period for which premiums have been paid to Sun Life for your coverage.
- the date the group contract ends.

Your spouse's coverage ends on the earlier of the following dates:

- the date your coverage ends.
- the date your spouse is no longer an eligible spouse.
- the end of the period for which premiums have been paid for your spouse's coverage.

The termination of coverage may vary from benefit to benefit. For information about the termination of a specific benefit, please refer to the appropriate section of this employee benefits booklet.

Replacement coverage

The group contract will be interpreted and administered according to all applicable legislation and the guidelines of the Canadian Life and Health Insurance Association concerning the continuation of insurance following contract termination and the replacement of group insurance.

Sun Life will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

If such legislation or guidelines require that Sun Life resume paying

certain benefits because of a recurrence of an employee's total disability, Sun Life will resume payment at the same amount and for the remainder of the maximum benefit period.

Making claims

Sun Life is dedicated to processing your claims promptly and efficiently. You should contact your employer to get the proper form to make a claim.

There are time limits for making claims. These limits are discussed in the appropriate sections of this employee benefits booklet. If you fail to abide by these time limits, you may not be entitled to some or all benefit payments.

All claims must be made in writing on forms approved by Sun Life.

For the assessment of a claim, Sun Life may require medical records or reports, proof of payment, itemized bills, or other information Sun Life considers necessary. Proof of claim is at your expense.

Legal actions

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation period for any other province:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation of your province or territory.

Proof of disability

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of the request, you will not be entitled to benefits.

Medical examination

We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.

Recovering overpayments

We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

Definitions

Here is a list of definitions of some terms that appear in this employee benefits booklet. Other definitions appear in the benefit sections.

Accident An accident is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.

Basic earnings If you have a fluctuating workload, your basic earnings are the current salary you are receiving from your employer or the average salary you have received from your employer during the last 12 months, whichever is greater.

Otherwise, basic earnings are the current salary you are receiving from your employer.

Bonus, overtime and incentive pay are not included when determining basic earnings.

Doctor A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.

Illness An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.

Retirement date If you are totally disabled, your retirement date is your 65th birthday, unless you have actually retired before then.

We, our and us We, our and us mean Sun Life Assurance Company of Canada.

Short-Term Disability (Weekly Indemnity)

General description of the coverage

Short-Term Disability coverage provides a benefit if you become totally disabled. You qualify for this benefit if you present proof of claim acceptable to Sun Life that:

- you became totally disabled while covered, and
- you have been under the continuous care of a doctor for the disability since its onset.

For the purposes of your Short-Term Disability coverage, you will be considered totally disabled while you are continuously unable due to an illness to do the essential duties of your own job, and you do not engage in any occupation or employment for wage or profit.

Your benefits will be based on your coverage on the date you became totally disabled. Benefits are paid at the end of each week for which you are entitled to payments.

If you are on a partial leave of absence when you become totally disabled, your benefits will be based on your partial basic earnings. If you become totally disabled on or after December 17, 1999 and are still totally disabled on the date your partial leave of absence is scheduled to end, your benefits will be recalculated at that time based on your basic earnings for your regularly scheduled hours.

When disability payments begin

If you become totally disabled because of an **accident** and your total disability begins within 60 days of the accident, you will be eligible for Short-Term Disability payments on the date you become totally disabled or the first day you consult a doctor, whichever is later.

If you become totally disabled because of an **illness**, you will be eligible for Short-Term Disability payments after 5 working days of uninterrupted total disability, including statutory holidays, upon the

expiration of your sick leave allowance or on the first day you consult a doctor, whichever is later.

Short-Term Disability benefits are paid only for the scheduled working days that you are totally disabled. If you are totally disabled for part of any week, we will pay 1/5 of the weekly benefit for each day you are totally disabled.

If you become totally disabled during an approved partial leave and your coverage continues during this time, you will be eligible for benefit payments on the dates outlined above for accidents and illnesses.

If you become totally disabled during a lay-off, lawful strike, lockout or an approved leave (other than a partial leave) and your coverage continues during this time, you will be eligible for benefit payments following your recall, the end of the strike or lockout or upon your scheduled return to full-time work with your employer. On that date, you must still be totally disabled and, in the case of illness, you must have been totally disabled for at least 5 uninterrupted working days, including statutory holidays.

Interrupted periods of disability

If you had a total disability for which we paid Short-Term Disability benefits and total disability occurs again due to the same or related causes, we will consider it a continuation of your previous total disability if it occurs within 2 weeks of the end of your previous disability. You must be covered when the total disability reoccurs.

These benefits will be based on your coverage as it existed on the original date of total disability and will be paid for no longer than the rest of the maximum benefit period.

What we will pay

Here is how we calculate your Short-Term Disability payments. All references to income in this disability provision are to the gross amounts before any deductions.

We take 70% of the first \$1,030 of your weekly basic earnings, add 35% of the balance of your weekly earnings, up to a maximum benefit of \$1,370.

If your Short-Term Disability benefit is less than the benefit that would be payable under the Employment Insurance Act, your basic earnings will be increased by the amount of bonus, commission, overtime or incentive pay earned on a regular basis, required to calculate the amount of benefit payable under the Employment Insurance Act.

Step 2: We subtract any income provided to you:

- under a motor vehicle insurance plan which provides disability benefits as long as any benefits payable under the Employment Insurance Act are not taken into account when determining the amount of benefits payable under the motor vehicle insurance plan, and as long as the law does not prohibit such a deduction.
- under the Québec Parental Insurance Plan.

**Maternity / parental
leave of absence**

Maternity leave agreed to with your employer will begin on the date you and your employer have agreed will be the start of your leave or the date the child is born, whichever is earlier. The leave will end on the date you and your employer have agreed that you will return to active, full-time work or the actual date you return to active, full-time work, whichever is earlier.

Parental leave is the period of time that you and your employer have agreed on.

Sun Life will determine any portions of a maternity or parental leave which are voluntary and any portions which are health-related. The health-related portion of the leave is the period in which a woman can establish, through appropriate medical documentation, that she is unable to work for health reasons related to childbirth or recovery from childbirth.

Short-Term Disability benefits will only be payable for health-related portions of the leave where necessary in order to comply with requirements such as employment standards, human rights and employment insurance, after you have been disabled for 5 uninterrupted working days, provided your coverage has been continued.

However, if your employer has a Supplemental Unemployment Benefit (SUB) plan as defined in the Employment Insurance regulations covering the health-related portion of the maternity or parental leave, Sun Life will not pay any benefits under this plan during any period benefits are payable to you under your employer's SUB plan.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us the amount for the loss of income recovered from the third party, or the total disability income benefits paid or payable to you under this plan, whichever is less.

We have the right to withhold or discontinue disability income payments if you refuse or fail to comply with any of these terms.

When payments end

Your Short-Term Disability payments end on the earlier of the following dates:

- the date you are no longer totally disabled.
- the end of a maximum benefit period of 52 weeks of payment. After your 65th birthday, the maximum period is 26 weeks during any period of 12 consecutive months.
- the date you retire on pension.
- the date you die.

When coverage ends

Your Short-Term Disability coverage will end on the day you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Payments after coverage ends

If the Short-Term Disability benefit terminates while you are totally disabled, you are entitled to continue receiving payments, as long as your total disability is uninterrupted, as if the benefit were still in effect.

What is not covered

We will not pay benefits for any period you are not under the care of a doctor.

We will not pay for total disability resulting from:

- a bodily injury sustained while doing any act or thing pertaining to any occupation or employment for wage or profit.
- any cause for which benefits are payable to you under any Workers' Compensation Act or similar legislation.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.

When and how to make a claim

To make a claim, claim forms that are available from your employer must be completed. You, the attending doctor and your employer will all have to complete claim forms.

In order for you to receive benefits, we must receive these forms no later than 60 days after your total disability begins.

We will assess the claim and send you or your employer a letter outlining our decision.

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of the request, you will not be entitled to benefits.

Long-Term Disability

General description of the coverage

Long-Term Disability coverage provides a benefit to you if you are totally disabled. You qualify for this benefit if you provide proof of claim acceptable to Sun Life that:

- you became totally disabled while covered, and
- you have been under the continuous care of a doctor for the disability since its onset.

For your Long-Term Disability coverage,

- during the elimination period and the following 24 months, you will be considered totally disabled while you are continuously unable due to an illness to do the essential duties of your own job, and
- afterwards, you will be considered totally disabled if you are continuously unable due to an illness to do any occupation for which you are or may become reasonably qualified by education, training or experience.

Benefits are paid at the end of each month and are based on your coverage on the date you became totally disabled.

If you are on a partial leave of absence when you become totally disabled, your benefits will be based on your partial basic earnings. If you become totally disabled on or after December 17, 1999 and are still totally disabled on the date your partial leave of absence is scheduled to end, your benefits will be recalculated at that time based on your basic earnings for your regularly scheduled hours.

If you are totally disabled for part of any month, we will pay 1/30 of the monthly benefit for each day you are totally disabled.

When disability payments begin

Your Long-Term Disability payments begin after you have been totally disabled for an uninterrupted period of 52 weeks or after the last day benefits are payable under any short-term disability, loss of income or other salary continuation plan, whichever is later.

This period, which must be completed before disability benefits become payable, is the **elimination period**.

If you become totally disabled during an approved partial leave and your coverage continues during this time, you will be eligible for benefit payments on the date outlined above.

If you become totally disabled while you are on strike and your coverage continues during this time, the elimination period outlined above will begin on the date you are no longer on strike.

If you become totally disabled during a lay-off, lockout or an approved leave (other than a partial leave) and your coverage continues during this time, you will be eligible for benefit payments following your recall, the end of the lockout or upon your scheduled return to full-time work with your employer. On that date, you must have been totally disabled for an uninterrupted period of 52 weeks and still be totally disabled.

What we will pay

Here is how we calculate your Long-Term Disability payments. All references to income in this disability provision are to the gross amounts before any deductions.

Step 1: We take 70% of the first \$4,460 of your monthly basic earnings, add 35% of the balance of your monthly earnings, up to a maximum benefit of \$5,936, rounded to the next higher \$10.

Step 2: We subtract any income provided to you:

- for the same or a subsequent disability under any government-sponsored plan, excluding dependent benefits, employment insurance benefits and automatic cost-of-living increases under any government-sponsored plan that occur after benefits begin.
- under any Workers' Compensation Act or similar law, excluding

automatic cost-of-living increases that occur after benefits begin.

- from any employer for the same or a subsequent disability.
- under a group plan, including any coverage resulting from your membership in an association of any kind.
- under any retirement or pension plan of the employer.
- under a motor vehicle insurance plan which provides disability benefits to the extent that the law does not prohibit such a deduction.
- under any Criminal Injuries Compensation Act or similar law, where allowed by law.
- under the Québec Parental Insurance Plan.

The result from Step 2 is the amount you will normally receive.

If this amount plus the above sources of income exceeds 75% of your pre-disability basic earnings after income tax, we will reduce your Long-Term Disability payment by the excess.

If you are eligible for any of the income amounts above and do not apply for them, we will still consider them part of your income. We can estimate those benefits and use those amounts when we calculate your payments.

If you receive any of the income amounts above in a lump sum, we will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.

We will not take into account any benefits that began before your disability began. However, increases in those benefits as a result of your disability will be taken into account.

We have the right to adjust your benefit payments when necessary.

Your Long-Term Disability payment will never be less than \$100.

**Maternity / parental
leave of absence**

Maternity leave agreed to with your employer will begin on the date you and your employer have agreed will be the start of your leave or the date the child is born, whichever is earlier. The leave will end on the date you and your employer have agreed that you will return to active, full-time work or the actual date you return to active, full-time work, whichever is earlier.

Parental leave is the period of time that you and your employer have agreed on.

Sun Life will determine any portions of a maternity or parental leave which are voluntary and any portions which are health-related. The health-related portion of the leave is the period in which a woman can establish, through appropriate medical documentation, that she is unable to work for health reasons related to childbirth or recovery from childbirth.

Long-Term Disability benefits will only be payable for health-related portions of the leave where necessary in order to comply with requirements such as employment standards, human rights and employment insurance, after you have been disabled for an uninterrupted period of 52 weeks, provided your coverage has been continued.

However, if your employer has a Supplemental Unemployment Benefit (SUB) plan as defined in the Employment Insurance regulations covering the health-related portion of the maternity or parental leave, Sun Life will not pay any benefits under this plan during any period benefits are payable to you under your employer's SUB plan.

**Rehabilitation
program**

You may be required to participate in a rehabilitation program approved by Sun Life in writing.

It may include the involvement of our rehabilitation specialist, part-time work, working in another occupation or vocational training to help you become capable of full-time employment.

Sun Life is under no obligation to approve or continue a rehabilitation program for an employee. We will consider such factors as financial considerations and our opinion on the merits of rehabilitation.

During your rehabilitation program, you may receive your Long-Term Disability payments plus income from other sources. However, the Long-Term Disability payments will be reduced by 50% of the income you receive under the rehabilitation program. If during any month your total income is more than 85% of your pre-disability basic earnings, your Long-Term Disability payments will be reduced by the excess.

You should consider participating in a rehabilitation program as soon as possible after becoming totally disabled. If you enter a rehabilitation program during the elimination period, it will not be considered an interruption of the elimination period.

Interrupted periods of disability after payments begin

If you had a total disability for which we paid Long-Term Disability benefits and total disability occurs again due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 6 months of the end of your previous disability. You must be covered when total disability reoccurs.

These benefits will be based on your coverage as it existed on the original date of total disability.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

If you recover money, you must pay us the amount for the loss of income recovered from the third party, or the total disability income benefits paid or payable to you under this plan, whichever is less.

We have the right to withhold or discontinue disability income payments if you refuse or fail to comply with any of these terms.

Your responsibilities

During your total disability, you must make reasonable efforts to:

- return to your own job during the first 24 months that benefits are payable.

- obtain training in order to qualify for another job if it becomes apparent that you will not be able to return to your own job within the first 24 months that benefits are payable.
- try to obtain work in another job after the first 24 months that benefits are payable.
- obtain benefits that may be available from other sources.

If you do not, Sun Life may hold back or discontinue benefits.

When payments end Your Long-Term Disability payments end on the earlier of the following dates:

- the date you are no longer totally disabled.
- the end of the school term following the date you reach age 65 or retire.
- the end of the school year following the date you reach age 65 or retire.
- the date you die.

When coverage ends Long-Term Disability coverage will end on the earlier of the following dates:

- the end of the school term following the date you reach age 65, less the elimination period of 52 weeks.
- the end of the school year following the date you reach age 65, less the elimination period of 52 weeks.
- the day you retire.

Coverage may also end on an earlier date, as specified in *General Information*.

Payments after coverage ends

If the Long-Term Disability benefit terminates while you are totally disabled, you are entitled to continue receiving payments, as long as your total disability is uninterrupted, as if the benefit were still in effect.

What is not covered

We will not pay benefits for any period that you do any work for wage or profit except as approved by Sun Life.

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries.
- participation in a criminal offence.

When and how to make a claim

To make a claim, complete the Notice of Claim for Group Long-Term Disability Benefits that is available from your employer.

We must receive notice of claim on the earlier of the following dates:

- 30 days before the end of the elimination period.
- within 30 days of the termination of this Long-Term Disability benefit.

Part of the application process will include filling out claim forms that give us as many details about the claim as possible. You, the attending doctor and your employer will all have to complete claim forms.

In order to receive benefits, we must receive these forms no later than 90 days after the end of the elimination period.

We will assess the claim and send you or your employer a letter outlining our decision.

From time to time, Sun Life can require that you provide us with proof of your total disability. If you do not provide this information within 90 days of this request, you will not be entitled to benefits.

Life Coverage

General description of the coverage Your Life coverage provides a benefit for your beneficiary if you die while covered. Your spouse's Life coverage provides a benefit if your spouse dies while covered.

Basic Life coverage for you

Amount Your Life benefit is 3 times your annual basic earnings, rounded to the next higher \$1,000. The maximum amount of coverage is \$600,000.

Reduction If you work beyond age 65 your coverage will continue, however, the amount will be limited to \$10,000 on the date you reach age 65.

Also, if you retire at age 55 or later and are eligible for pension under the College Pension Plan or the Municipal Superannuation Plan, your coverage will continue, however, the amount will be limited to \$10,000 on the date you retire.

Coverage ends For employees who retire at age 55 or later and are eligible for pension under the College Pension Plan or the Municipal Superannuation Plan – your coverage will end on the fifth anniversary of your retirement.

For all other employees – your coverage will end when you retire.

Coverage may also end on an earlier date, as specified in *General Information*.

Voluntary Life coverage for you

Amount You can choose coverage in units of \$10,000. The maximum amount of coverage is \$300,000.

Coverage ends Your coverage will end when you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Voluntary Life coverage for your spouse

Amount You can choose Optional Life coverage for your spouse in units of \$10,000, up to a maximum of \$300,000.

Coverage ends Voluntary coverage for your spouse will end when you retire or reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

Who we will pay

If you die while covered, Sun Life will pay the full amount of your benefit to your last named beneficiary on file with Sun Life.

If you have not named a beneficiary, the benefit amount will be paid to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.

For your spouse's voluntary coverage, Sun Life will pay the full amount of the benefit to the last named beneficiary on file with Sun Life. If you have not named a beneficiary, the benefit amount will be paid to you.

A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If you reside outside Québec and are designating a minor as your beneficiary, you may wish to designate someone to receive the death benefits during the time your beneficiary is a minor. If you reside outside Québec and have not designated a trustee, current legislation may require Sun Life to pay the death benefit to the court or to a guardian or public trustee. If you reside in Québec, the death benefit will be paid to the parent(s)/legal guardian of the minor on the minor's behalf. Alternatively, you may wish to designate the estate as beneficiary and provide a trustee with directions in your will. You are encouraged to consult a legal advisor.

Coverage during total disability

If you become totally disabled before you retire or reach age 65, whichever is earlier, Life coverage may continue without the payment of premiums as long as you are totally disabled.

If you are covered for Long-Term Disability, your basic Life coverage will be continued without the payment of premiums from the date you complete the elimination period for the Long-Term Disability benefit.

Your voluntary Life coverage, and your basic Life coverage if you are not covered for Long-Term Disability, will be continued without the payment of premiums from the date you become totally disabled.

This continued coverage is subject to the terms of the contract which were in effect on the date you became totally disabled, including reductions and terminations.

Sun Life must receive proof of your total disability within 12 months of the date the disability begins. After that, we can require ongoing proof that you are still totally disabled.

If proof of total disability is approved after an individual insurance policy becomes effective as a result of converting the group Life coverage, the group Life coverage will be reduced by the amount of the individual insurance policy, unless the individual insurance policy is exchanged for a refund of premiums.

This coverage will continue without payment of premiums until the date you cease to be totally disabled or the date you fail to give Sun Life proof of your continued total disability, whichever is earlier.

Your spouse's voluntary Life coverage will also continue without payment of premiums from the date you become totally disabled, if you become totally disabled before you retire or reach age 65, whichever is earlier.

For the purposes of your Life coverage, you will be considered totally disabled if you are prevented by illness from performing any work for compensation or profit or from engaging in any gainful occupation. However, if you are totally disabled under the Long-Term Disability benefit, you are also considered to be totally disabled under the Life benefit.

Converting Life coverage

If your Life coverage ends or reduces for any reason other than your request, you may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.

If your spouse's Life coverage ends for any reason other than your request, your spouse may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.

The request must be made within 31 days of the reduction or end of the Life coverage.

There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.

When and how to make a claim

Claims for Life benefits must be made as soon as reasonably possible. Claim forms are available from your employer.

Accidental Death and Dismemberment

General description of the coverage Accidental Death and Dismemberment coverage provides benefits if, due to an accident occurring while covered, you die or suffer any of the losses listed in the table under *What we will pay*. Any death benefit paid under this coverage is in addition to the Life coverage.

Accidental coverage for you

Amount Your Accidental Death and Dismemberment coverage is equal to the amount of basic Life coverage.

Coverage ends Your coverage will end when you retire or at the end of the Pension Plan fiscal year (August 31st) following the date you reach age 65, whichever is earlier. Coverage may also end on an earlier date, as specified in *General Information*.

What we will pay

We will pay for this benefit if you:

- accidentally drown.
- are in an accident and, as a direct result, you suffer one of the losses listed below within one year of that accident.

The amount that we will pay is a percentage of the Accidental Death and Dismemberment coverage. The percentage depends on the loss suffered. The following table shows the percentages we use to determine the payment.

TABLE OF LOSSES

Loss of life	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	66 2/3%
Loss of thumb and index finger on the same hand	33 1/3%
Loss of entire sight of one eye	66 2/3%
Loss of speech	50%
Loss of hearing in both ears	50%

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. We will not pay more than 100% of the amount of coverage if an accident results in more than one loss.

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb and index finger means that it was severed at or above the first joint from the hand. Loss of sight, speech or hearing must be total and permanent.

Coverage during total disability

If you become totally disabled while covered and premiums are no longer payable for your basic Life coverage, this Accidental Death and Dismemberment coverage will continue without the payment of premiums, but not beyond age 65, for as long as premiums are not payable for your basic Life coverage.

Any amount of coverage continued is subject to the terms of this group plan when total disability began.

What is not covered

We will not pay for losses that are the result of:

- self-inflicted injuries, by firearm or otherwise.
- attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions.
- bodily or mental infirmity or disease of any kind or infection other than infection which occurs simultaneously with, and in

consequence of, an accidental cut or wound.

- war, insurrection or the hostile action of the armed forces of any country.

Converting coverage If your Accidental Death and Dismemberment coverage ends or reduces, for any reason other than your request, and if you apply to convert your group Life coverage to an individual Life policy, you may also apply at that time to have an Accidental Death benefit attached to the individual Life policy.

There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.

When and how to make a claim

For any loss other than death, the claim must be received by Sun Life within one year after the loss.

If the claim is the result of a death, the claim should be made as soon as possible after the death occurred.

Claim forms are available from your employer.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

