

Optional Life Insurance

Prime Healthcare - Legacy, Policy #93678

Benefits

For you	For your spouse	For your dependent child(ren)
 You can elect \$10,000 to \$1,000,000—in \$10,000 increments, not to exceed five times your base annual earnings. You can elect coverage with no medical questions asked up to the Guaranteed Issue amount of: \$250,000 if you are under age 65, \$100,000 if you are age 65–69, \$20,000 if you are age 70–79; and \$1,000 if age 80 or over.¹ Benefits are reduced to 67% at age 70 and to 50% at age 75. Coverage ends at termination of employment or retirement. 	 If you elect coverage for yourself, you can elect \$5,000 to \$150,000—in \$5,000 increments—with no medical questions asked up to the Guaranteed Issue amount of \$50,000.¹ (Not to exceed 50% of your coverage.). Coverage ends when your spouse turns age 70. Spouse rates are based on your spouse's age. 	 If you elect coverage for yourself, you can elect \$2,500 to \$10,000—in \$2,500 increments—with no medical questions asked.¹ (Not to exceed 50% of your coverage.) A full benefit is payable for a dependent child who is 1 year to 26 years old. A reduced benefit is payable for a child from birth to 1 year.

About Evidence of Insurability

Evidence of Insurability – also called "proof of good health" – is required if:

- You decline coverage during your initial eligibility period and then want coverage at a later date; or
- You apply for Optional Life in excess of the Guaranteed Issue Amount.
 - All late entrants and increases require Evidence of Insurability.

Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life booklet containing complete plan details.
- Please be sure to designate beneficiaries for this coverage.

Limitations and exclusions²

- · If cause of death is suicide:
- No amount of contributory Life insurance is payable if suicide occurs within 24 months after the insurance is effective.
- No increased or additional amount of Life insurance is payable if the suicide occurs within 24 months after an increased or additional amount of Life insurance is effective.
- No amount of Life insurance in excess of the Guaranteed Issue amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue amount is effective.
- 1. If the amount you apply for exceeds the Guaranteed Issue amount or if you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.
- 2. Subject to state law variations.

The Effective Date of any initial, increased or additional insurance will be delayed for an Employee if he is not Actively at Work. The initial, increased or additional insurance will become effective on the date the Employee returns to an Actively at Work status. An Employee is considered Actively at Work if he performs all the regular duties of his job for a full work day scheduled by the Employer at the Employer's normal place of business or a site where the Employer's business requires the Employee to travel.

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. 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-GP-01, 15-LF-C-01, 12-GPPort-P-01, 15-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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