

# Life and Accidental Death and Dismemberment (AD&D)

Town of Saugus | All Eligible Employees | 94508

## Protect your family

Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

## How it works

You are responsible for sharing the cost of this insurance.

### Benefits

For you	<p><b>\$5,000</b>, with no medical questions asked.</p> <p>Your coverage ends at termination of employment or retirement, unless eligible for retiree coverage.</p>
---------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------



## Reasons why you may need life insurance



Provide financial support for others



Pay household expenses



Pay tuition



Leave an inheritance or philanthropic gift



Pay funeral or medical expenses

# Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you suffer a covered accidental injury or die from a covered accident.	<b>Benefits</b> – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	<b>Accidental injury</b>	<b>The plan pays</b>	<b>Accidental injury</b>	<b>The plan pays</b>
	Accidental death	100%	Loss of speech only or hearing only	50%
	Quadriplegia	100%	Loss of limb (arm or leg)	50%
	Loss of sight of one eye	50%	Loss of thumb and index finger on same hand	25%

## Additional considerations

<b>If I become Totally Disabled</b>	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.
-------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Life and AD&D FAQ

### How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is 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receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time.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 plan provisions section for more information including limitations and exclusions.**

# 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.

## 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.

### 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.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY.

© 2019 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GVBH-EE-8384

SLPC 29579

1255178 LIF 09/29/2020 09:09:38

# Rate Sheet

**Employee** - Coverage and **monthly** rates for Life Insurance.

Basic Life insurance is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your cost by dividing your amount of Basic Life insurance by 1000 and multiplying the result by the rate

**\$1.953** Follow the example below to determine your monthly cost.

Example amount of Insurance	Divided by 1000		Multiplied by rate	Example cost*
-----------------------------	-----------------	--	--------------------	---------------

\$25,000 / 1000 = 25 x \$1.953 \$48.83

Your volume of insurance	Divided by 1000		Multiplied by rate	Your monthly cost*
--------------------------	-----------------	--	--------------------	--------------------

\$\_\_\_\_\_ / 1000 = \_\_\_\_\_ x \$\_\_\_\_\_ \$\_\_\_\_\_

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
-------------------	-------------	--	-------------	--------------------------------------------------	-------------------------------------

\$\_\_\_\_\_ x 12 = \$\_\_\_\_\_ / \_\_\_\_\_ = \$\_\_\_\_\_

\*The rate is in effect for **07/01/2019**. Contact your employer to confirm the portion of the cost for which you will be responsible.