

AFSCME Local 685



SUN LIFE EMPLOYEE BENEFITS

Protect what you love  
about your life





# Welcome

It's time to enroll in your benefits!

We are pleased to offer you coverage made available through Sun Life as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

This booklet contains information about the following coverages being offered to you:

Voluntary Long Term Disability Insurance

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

# Notes

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# Voluntary Long-Term Disability Insurance

AFSCME Local 685 | 913395

## Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Choose the benefit that best meets your needs and your budget.

## Benefits

<b>Monthly benefit after your claim is approved</b>	Get a monthly check of <b>\$500 to \$5,000</b> , in any <b>\$100</b> increment you choose, to replace a portion of your income--up to <b>60%</b> of your Total Monthly Earnings.
<b>When benefits begin</b>	Benefits begin as soon as <b>30 days</b>
<b>Benefits may be paid for</b>	Up to 2 years graded. Ask your employer for details.
<b>Additional plan information</b>	You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week. You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more. A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.\**



## What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

## Top 5

### Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

*Sun Life claims data, July 2018*

Sun Life Assurance Company of Canada  
sunlife.com  
800-SUN-LIFE (786-5433)

## Additional considerations

<b>If I have other income</b>	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
<b>If I can work while disabled</b>	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.

## Long-term disability FAQs

### What if I have a pre-existing condition?

If you submit a claim 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 6 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### How much insurance do I need?

Visit [www.sunlife.com/calculators](http://www.sunlife.com/calculators) for help understanding how much insurance you may need.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

### 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 definition of disability if you're insured when you become disabled.

## Read the important plan provisions section for more information including limitations and exclusions.

\*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.

## Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

### 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.

### 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.

### Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

**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 Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “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, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701

SLPC 29219 08/18 (exp 08/20)



# Notes

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# Rate Sheet

**Employee** - Coverage and **monthly** cost for Long Term Disability.

Rates are effective as of September 01, 2018.

The chart below shows possible coverage amounts and corresponding costs per month.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

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

Annual Earnings	Monthly 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	\$500	7.37	8.97	9.69	10.46	11.29	12.18	17.05	23.47	46.64	46.64	46.64
\$12,000	\$600	8.84	10.76	11.62	12.55	13.54	14.62	20.46	28.16	55.96	55.96	55.96
\$14,000	\$700	10.32	12.56	13.56	14.64	15.80	17.05	23.87	32.86	65.29	65.29	65.29
\$16,000	\$800	11.79	14.35	15.50	16.73	18.06	19.49	27.28	37.55	74.62	74.62	74.62
\$18,000	\$900	13.27	16.15	17.43	18.82	20.31	21.92	30.69	42.25	83.94	83.94	83.94
\$20,000	\$1,000	14.74	17.94	19.37	20.91	22.57	24.36	34.10	46.94	93.27	93.27	93.27
\$22,000	\$1,100	16.21	19.73	21.31	23.00	24.83	26.80	37.51	51.63	102.60	102.60	102.60
\$24,000	\$1,200	17.69	21.53	23.24	25.09	27.08	29.23	40.92	56.33	111.92	111.92	111.92
\$26,000	\$1,300	19.16	23.32	25.18	27.18	29.34	31.67	44.33	61.02	121.25	121.25	121.25
\$28,000	\$1,400	20.64	25.12	27.12	29.27	31.60	34.10	47.74	65.72	130.58	130.58	130.58
\$30,000	\$1,500	22.11	26.91	29.06	31.37	33.86	36.54	51.15	70.41	139.91	139.91	139.91
\$32,000	\$1,600	23.58	28.70	30.99	33.46	36.11	38.98	54.56	75.10	149.23	149.23	149.23
\$34,000	\$1,700	25.06	30.50	32.93	35.55	38.37	41.41	57.97	79.80	158.56	158.56	158.56
\$36,000	\$1,800	26.53	32.29	34.87	37.64	40.63	43.85	61.38	84.49	167.89	167.89	167.89
\$38,000	\$1,900	28.01	34.09	36.80	39.73	42.88	46.28	64.79	89.19	177.21	177.21	177.21
\$40,000	\$2,000	29.48	35.88	38.74	41.82	45.14	48.72	68.20	93.88	186.54	186.54	186.54
\$42,000	\$2,100	30.95	37.67	40.68	43.91	47.40	51.16	71.61	98.57	195.87	195.87	195.87
\$44,000	\$2,200	32.43	39.47	42.61	46.00	49.65	53.59	75.02	103.27	205.19	205.19	205.19
\$46,000	\$2,300	33.90	41.26	44.55	48.09	51.91	56.03	78.43	107.96	214.52	214.52	214.52
\$48,000	\$2,400	35.38	43.06	46.49	50.18	54.17	58.46	81.84	112.66	223.85	223.85	223.85
\$50,000	\$2,500	36.85	44.85	48.43	52.28	56.43	60.90	85.25	117.35	233.18	233.18	233.18
\$52,000	\$2,600	38.32	46.64	50.36	54.37	58.68	63.34	88.66	122.04	242.50	242.50	242.50
\$54,000	\$2,700	39.80	48.44	52.30	56.46	60.94	65.77	92.07	126.74	251.83	251.83	251.83
\$56,000	\$2,800	41.27	50.23	54.24	58.55	63.20	68.21	95.48	131.43	261.16	261.16	261.16
\$58,000	\$2,900	42.75	52.03	56.17	60.64	65.45	70.64	98.89	136.13	270.48	270.48	270.48
\$60,000	\$3,000	44.22	53.82	58.11	62.73	67.71	73.08	102.30	140.82	279.81	279.81	279.81
\$62,000	\$3,100	45.69	55.61	60.05	64.82	69.97	75.52	105.71	145.51	289.14	289.14	289.14
\$64,000	\$3,200	47.17	57.41	61.98	66.91	72.22	77.95	109.12	150.21	298.46	298.46	298.46
\$66,000	\$3,300	48.64	59.20	63.92	69.00	74.48	80.39	112.53	154.90	307.79	307.79	307.79
\$68,000	\$3,400	50.12	61.00	65.86	71.09	76.74	82.82	115.94	159.60	317.12	317.12	317.12
\$70,000	\$3,500	51.59	62.79	67.80	73.19	79.00	85.26	119.35	164.29	326.45	326.45	326.45
\$72,000	\$3,600	53.06	64.58	69.73	75.28	81.25	87.70	122.76	168.98	335.77	335.77	335.77
\$74,000	\$3,700	54.54	66.38	71.67	77.37	83.51	90.13	126.17	173.68	345.10	345.10	345.10
\$76,000	\$3,800	56.01	68.17	73.61	79.46	85.77	92.57	129.58	178.37	354.43	354.43	354.43
\$78,000	\$3,900	57.49	69.97	75.54	81.55	88.02	95.00	132.99	183.07	363.75	363.75	363.75
\$80,000	\$4,000	58.96	71.76	77.48	83.64	90.28	97.44	136.40	187.76	373.08	373.08	373.08
\$82,000	\$4,100	60.43	73.55	79.42	85.73	92.54	99.88	139.81	192.45	382.41	382.41	382.41
\$84,000	\$4,200	61.91	75.35	81.35	87.82	94.79	102.31	143.22	197.15	391.73	391.73	391.73
\$86,000	\$4,300	63.38	77.14	83.29	89.91	97.05	104.75	146.63	201.84	401.06	401.06	401.06
\$88,000	\$4,400	64.86	78.94	85.23	92.00	99.31	107.18	150.04	206.54	410.39	410.39	410.39
\$90,000	\$4,500	66.33	80.73	87.17	94.10	101.57	109.62	153.45	211.23	419.72	419.72	419.72
\$92,000	\$4,600	67.80	82.52	89.10	96.19	103.82	112.06	156.86	215.92	429.04	429.04	429.04
\$94,000	\$4,700	69.28	84.32	91.04	98.28	106.08	114.49	160.27	220.62	438.37	438.37	438.37
\$96,000	\$4,800	70.75	86.11	92.98	100.37	108.34	116.93	163.68	225.31	447.70	447.70	447.70
\$98,000	\$4,900	72.23	87.91	94.91	102.46	110.59	119.36	167.09	230.01	457.02	457.02	457.02
\$100,000	\$5,000	73.70	89.70	96.85	104.55	112.85	121.80	170.50	234.70	466.35	466.35	466.35

# Notes

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# Sun Life Assurance Company of Canada

Group Enrollment Form



## 1. General Information

<b>Employer Name</b> AFSCME Local 685	<b>Account / Policy Number</b> 913395	<b>Location</b>	<b>Date Effective</b>
<b>Street Address</b>	<b>City</b>	<b>State</b> CA	<b>Zip Code</b>
<b>Type of activity:</b> <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:		<b>Occupation</b>	

## 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Marital Status</b>	<b>Social Security Number</b>		<b>Phone Number</b>	
<b>Date employed:</b> <input type="checkbox"/> Full-Time Date:	<input type="checkbox"/> Part-Time Date:	<input type="checkbox"/> Rehire Date:	<input type="checkbox"/> Return from layoff Date:	
<b>Current Active Employment Type</b> _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<b>Employee Status:</b> <input type="checkbox"/> Management <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Retired		<b>Salary</b>	

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies above, outside of New York, 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. See the Evidence of Insurability section for details.

## 3. Benefit Elections

**Disability Coverage;** underwritten by Sun Life Assurance Company of Canada (Wellesley, MA)

Long Term Disability Insurance

Choice 1

Elect  Refuse

Coverage amount selected \_\_\_\_\_

#### 4. Evidence of Insurability and authorization information

A medical Evidence of Insurability ("EOI") application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- apply for higher coverage than the maximum Guaranteed Issue amount.
- want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Assurance Company of Canada or a prior insurance carrier.
- decline coverage and then want it at a later date.

Coverage subject to evidence of insurability will not go into effect until Sun Life Assurance Company of Canada approves it.

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- 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 which is acceptable to Sun Life Assurance Company of Canada. I have read the Evidence of Insurability notice.
- 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.
- California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief and understand that any false statements or misrepresentation made with actual intent to deceive or are material to the acceptance of the risk may result in a loss of coverage under the Group Insurance Policy.

Signature of employee X	Date signed
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**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.

#### 5. Employer Information

##### For Employer Use Only.

Provide the employee's earnings amount below.

Indicate pay frequency. If hourly, please indicate the number of hours worked per week. Although most plans define earnings as **salary-only** (not including bonuses, commissions, etc.), you should check your group policy for the proper earnings definition to use.

LTD Earnings \$	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly		Number of hours worked per week: _____

## Contact us



### By mail

Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



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

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# You've built a great life. Protect it.

No matter what stage of life you're in, insurance helps protect what you love about your life, giving you the freedom to focus on what matters most.

**Talk to your benefits administrator today** to learn more about your choices.





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