

**Woods Services, Inc.
Allies, Inc.**

BENEFIT HIGHLIGHTS

**Discover new
ways to protect
what you love**



Sun Life

Life's brighter under the sun



Sun Life

Find your benefits here

WOODS SERVICES, INC.

POLICY # 917772

POLICY # 925594

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- **Basic and Voluntary Life insurance** to protect your family if something happens to you.
- **Long-Term Disability** to protect your savings – once your claim is approved – when you can't work for an extended time.
- **Accident insurance** that provides a range of benefits for covered accidental injuries.
- **Critical Illness insurance** for help if you are diagnosed with a covered illness.

Employer-paid Life and Accidental Death and Dismemberment (AD&D)

Woods Services, Inc. | All Eligible Employees | 925594

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

Your employer is providing coverage for you, at no cost to you!

Benefits

For you	<p>Two times your basic annual earnings, up to a maximum of \$650,000—with no medical questions asked.</p> <p>Benefits are reduced to 65% at age 65 and to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</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.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	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

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may affect your eligibility for public assistance programs.
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.
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.

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.

Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance

Woods Services, Inc. | All Eligible Employees | 917772

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

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 all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>You can choose from \$5,000 to \$500,000—in increments of \$5,000, not to exceed 5 times your basic annual earnings—with no medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>The benefit amount is reduced to 65% at age 70 and to 50% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$250,000—in increments of \$5,000 —with no medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>(The amount you select for your spouse cannot exceed 100% of your coverage amount.)</p> <p>Spouse rates are based on spouse age.</p> <p>The benefit amount is reduced to to 65% when your spouse turns age 70 and to 50% at age 75.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$10,000—with no medical questions asked.</p> <p>(The amount you select for your child(ren) cannot exceed 100% of your coverage amount.)</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child who is 6 months to 19 years old or to age 26 if a full-time student. A reduced benefit is payable for a child from birth to 6 months.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

*Since most people would have trouble paying living expenses after several months if their primary wage earner died, * it may be worth asking, who depends on you?*



Accidental Death and Dismemberment (AD&D)

This coverage includes an equal amount of AD&D insurance that provides a benefit if you or a covered dependent suffers a covered accidental injury or dies from a covered accident.	Benefits – This is a partial list. Refer to the certificate for the full list of covered accidental injuries.			
	Accidental injury	The plan pays	Accidental injury	The plan pays
	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

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 not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
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.
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.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life and AD&D FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

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.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

Rate Sheet

Employee - Coverage and **bi-weekly** cost for Employee Voluntary Life.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated 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	70-74	75+
\$5,000	0.18	0.15	0.18	0.25	0.36	0.57	0.90	1.37	1.95	3.33	5.93	11.90
\$10,000	0.36	0.30	0.35	0.49	0.72	1.14	1.80	2.73	3.90	6.66	11.86	23.81
\$15,000	0.53	0.46	0.53	0.74	1.08	1.71	2.69	4.10	5.86	9.98	17.79	35.71
\$20,000	0.71	0.61	0.70	0.99	1.44	2.28	3.59	5.46	7.81	13.31	23.71	47.61
\$25,000	0.89	0.76	0.88	1.23	1.80	2.85	4.49	6.83	9.76	16.64	29.64	59.52
\$30,000	1.07	0.91	1.05	1.48	2.16	3.42	5.39	8.20	11.71	19.97	35.57	71.42
\$35,000	1.24	1.07	1.23	1.73	2.52	3.99	6.28	9.56	13.67	23.29	41.50	83.32
\$40,000	1.42	1.22	1.40	1.98	2.88	4.56	7.18	10.93	15.62	26.62	47.43	95.22
\$45,000	1.60	1.37	1.58	2.22	3.24	5.13	8.08	12.30	17.57	29.95	53.36	107.13
\$50,000	1.78	1.52	1.75	2.47	3.60	5.70	8.98	13.66	19.52	33.28	59.28	119.03
\$55,000	1.95	1.68	1.93	2.72	3.96	6.27	9.87	15.03	21.48	36.60	65.21	130.93
\$60,000	2.13	1.83	2.10	2.96	4.32	6.84	10.77	16.39	23.43	39.93	71.14	142.84
\$65,000	2.31	1.98	2.28	3.21	4.68	7.41	11.67	17.76	25.38	43.26	77.07	154.74
\$70,000	2.49	2.13	2.46	3.46	5.04	7.98	12.57	19.13	27.33	46.59	83.00	166.64
\$75,000	2.67	2.28	2.63	3.70	5.40	8.55	13.47	20.49	29.28	49.92	88.93	178.55
\$80,000	2.84	2.44	2.81	3.95	5.76	9.12	14.36	21.86	31.24	53.24	94.86	190.45
\$85,000	3.02	2.59	2.98	4.20	6.12	9.69	15.26	23.22	33.19	56.57	100.78	202.35
\$90,000	3.20	2.74	3.16	4.44	6.48	10.26	16.16	24.59	35.14	59.90	106.71	214.26
\$95,000	3.38	2.89	3.33	4.69	6.84	10.83	17.06	25.96	37.09	63.23	112.64	226.16
\$100,000	3.55	3.05	3.51	4.94	7.20	11.40	17.95	27.32	39.05	66.55	118.57	238.06
\$105,000	3.73	3.20	3.68	5.19	7.56	11.97	18.85	28.69	41.00	69.88	124.50	249.96
\$110,000	3.91	3.35	3.86	5.43	7.92	12.54	19.75	30.06	42.95	73.21	130.43	261.87
\$115,000	4.09	3.50	4.03	5.68	8.28	13.11	20.65	31.42	44.90	76.54	136.35	273.77
\$120,000	4.26	3.66	4.21	5.93	8.64	13.68	21.54	32.79	46.86	79.86	142.28	285.67
\$125,000	4.44	3.81	4.38	6.17	9.00	14.25	22.44	34.15	48.81	83.19	148.21	297.58
\$130,000	4.62	3.96	4.56	6.42	9.36	14.82	23.34	35.52	50.76	86.52	154.14	309.48
\$135,000	4.80	4.11	4.74	6.67	9.72	15.39	24.24	36.89	52.71	89.85	160.07	321.38
\$140,000	4.98	4.26	4.91	6.91	10.08	15.96	25.14	38.25	54.66	93.18	166.00	333.29
\$145,000	5.15	4.42	5.09	7.16	10.44	16.53	26.03	39.62	56.62	96.50	171.93	345.19
\$150,000	5.33	4.57	5.26	7.41	10.80	17.10	26.93	40.98	58.57	99.83	177.85	357.09
\$155,000	5.51	4.72	5.44	7.65	11.16	17.67	27.83	42.35	60.52	103.16	183.78	369.00
\$160,000	5.69	4.87	5.61	7.90	11.52	18.24	28.73	43.72	62.47	106.49	189.71	380.90
\$165,000	5.86	5.03	5.79	8.15	11.88	18.81	29.62	45.08	64.43	109.81	195.64	392.80
\$170,000	6.04	5.18	5.96	8.40	12.24	19.38	30.52	46.45	66.38	113.14	201.57	404.70
\$175,000	6.22	5.33	6.14	8.64	12.60	19.95	31.42	47.82	68.33	116.47	207.50	416.61
\$180,000	6.40	5.48	6.31	8.89	12.96	20.52	32.32	49.18	70.28	119.80	213.42	428.51
\$185,000	6.57	5.64	6.49	9.14	13.32	21.09	33.21	50.55	72.24	123.12	219.35	440.41
\$190,000	6.75	5.79	6.66	9.38	13.68	21.66	34.11	51.91	74.19	126.45	225.28	452.32
\$195,000	6.93	5.94	6.84	9.63	14.04	22.23	35.01	53.28	76.14	129.78	231.21	464.22
\$200,000	7.11	6.09	7.02	9.88	14.40	22.80	35.91	54.65	78.09	133.11	237.14	476.12
\$205,000	7.29	6.24	7.19	10.12	14.76	23.37	36.81	56.01	80.04	136.44	243.07	488.03
\$210,000	7.46	6.40	7.37	10.37	15.12	23.94	37.70	57.38	82.00	139.76	249.00	499.93
\$215,000	7.64	6.55	7.54	10.62	15.48	24.51	38.60	58.74	83.95	143.09	254.92	511.83
\$220,000	7.82	6.70	7.72	10.86	15.84	25.08	39.50	60.11	85.90	146.42	260.85	523.74
\$225,000	8.00	6.85	7.89	11.11	16.20	25.65	40.40	61.48	87.85	149.75	266.78	535.64
\$230,000	8.17	7.01	8.07	11.36	16.56	26.22	41.29	62.84	89.81	153.07	272.71	547.54
\$235,000	8.35	7.16	8.24	11.61	16.92	26.79	42.19	64.21	91.76	156.40	278.64	559.44
\$240,000	8.53	7.31	8.42	11.85	17.28	27.36	43.09	65.58	93.71	159.73	284.57	571.35
\$245,000	8.71	7.46	8.59	12.10	17.64	27.93	43.99	66.94	95.66	163.06	290.49	583.25
\$250,000	8.88	7.62	8.77	12.35	18.00	28.50	44.88	68.31	97.62	166.38	296.42	595.15

Coverage Amounts	Age and Cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$255,000	9.06	7.77	8.94	12.59	18.36	29.07	45.78	69.67	99.57	169.71	302.35	607.06
\$260,000	9.24	7.92	9.12	12.84	18.72	29.64	46.68	71.04	101.52	173.04	308.28	618.96
\$265,000	9.42	8.07	9.30	13.09	19.08	30.21	47.58	72.41	103.47	176.37	314.21	630.86
\$270,000	9.60	8.22	9.47	13.33	19.44	30.78	48.48	73.77	105.42	179.70	320.14	642.77
\$275,000	9.77	8.38	9.65	13.58	19.80	31.35	49.37	75.14	107.38	183.02	326.07	654.67
\$280,000	9.95	8.53	9.82	13.83	20.16	31.92	50.27	76.50	109.33	186.35	331.99	666.57
\$285,000	10.13	8.68	10.00	14.07	20.52	32.49	51.17	77.87	111.28	189.68	337.92	678.48
\$290,000	10.31	8.83	10.17	14.32	20.88	33.06	52.07	79.24	113.23	193.01	343.85	690.38
\$295,000	10.48	8.99	10.35	14.57	21.24	33.63	52.96	80.60	115.19	196.33	349.78	702.28
\$300,000	10.66	9.14	10.52	14.82	21.60	34.20	53.86	81.97	117.14	199.66	355.71	714.18
\$305,000	10.84	9.29	10.70	15.06	21.96	34.77	54.76	83.34	119.09	202.99	361.64	726.09
\$310,000	11.02	9.44	10.87	15.31	22.32	35.34	55.66	84.70	121.04	206.32	367.56	737.99
\$315,000	11.19	9.60	11.05	15.56	22.68	35.91	56.55	86.07	123.00	209.64	373.49	749.89
\$320,000	11.37	9.75	11.22	15.80	23.04	36.48	57.45	87.43	124.95	212.97	379.42	761.80
\$325,000	11.55	9.90	11.40	16.05	23.40	37.05	58.35	88.80	126.90	216.30	385.35	773.70
\$330,000	11.73	10.05	11.58	16.30	23.76	37.62	59.25	90.17	128.85	219.63	391.28	785.60
\$335,000	11.91	10.20	11.75	16.54	24.12	38.19	60.15	91.53	130.80	222.96	397.21	797.51
\$340,000	12.08	10.36	11.93	16.79	24.48	38.76	61.04	92.90	132.76	226.28	403.14	809.41
\$345,000	12.26	10.51	12.10	17.04	24.84	39.33	61.94	94.26	134.71	229.61	409.06	821.31
\$350,000	12.44	10.66	12.28	17.28	25.20	39.90	62.84	95.63	136.66	232.94	414.99	833.22
\$355,000	12.62	10.81	12.45	17.53	25.56	40.47	63.74	97.00	138.61	236.27	420.92	845.12
\$360,000	12.79	10.97	12.63	17.78	25.92	41.04	64.63	98.36	140.57	239.59	426.85	857.02
\$365,000	12.97	11.12	12.80	18.03	26.28	41.61	65.53	99.73	142.52	242.92	432.78	868.92
\$370,000	13.15	11.27	12.98	18.27	26.64	42.18	66.43	101.10	144.47	246.25	438.71	880.83
\$375,000	13.33	11.42	13.15	18.52	27.00	42.75	67.33	102.46	146.42	249.58	444.63	892.73
\$380,000	13.50	11.58	13.33	18.77	27.36	43.32	68.22	103.83	148.38	252.90	450.56	904.63
\$385,000	13.68	11.73	13.50	19.01	27.72	43.89	69.12	105.19	150.33	256.23	456.49	916.54
\$390,000	13.86	11.88	13.68	19.26	28.08	44.46	70.02	106.56	152.28	259.56	462.42	928.44
\$395,000	14.04	12.03	13.86	19.51	28.44	45.03	70.92	107.93	154.23	262.89	468.35	940.34
\$400,000	14.22	12.18	14.03	19.75	28.80	45.60	71.82	109.29	156.18	266.22	474.28	952.25
\$405,000	14.39	12.34	14.21	20.00	29.16	46.17	72.71	110.66	158.14	269.54	480.21	964.15
\$410,000	14.57	12.49	14.38	20.25	29.52	46.74	73.61	112.02	160.09	272.87	486.13	976.05
\$415,000	14.75	12.64	14.56	20.49	29.88	47.31	74.51	113.39	162.04	276.20	492.06	987.96
\$420,000	14.93	12.79	14.73	20.74	30.24	47.88	75.41	114.76	163.99	279.53	497.99	999.86
\$425,000	15.10	12.95	14.91	20.99	30.60	48.45	76.30	116.12	165.95	282.85	503.92	1011.76
\$430,000	15.28	13.10	15.08	21.24	30.96	49.02	77.20	117.49	167.90	286.18	509.85	1023.66
\$435,000	15.46	13.25	15.26	21.48	31.32	49.59	78.10	118.86	169.85	289.51	515.78	1035.57
\$440,000	15.64	13.40	15.43	21.73	31.68	50.16	79.00	120.22	171.80	292.84	521.70	1047.47
\$445,000	15.81	13.56	15.61	21.98	32.04	50.73	79.89	121.59	173.76	296.16	527.63	1059.37
\$450,000	15.99	13.71	15.78	22.22	32.40	51.30	80.79	122.95	175.71	299.49	533.56	1071.28
\$455,000	16.17	13.86	15.96	22.47	32.76	51.87	81.69	124.32	177.66	302.82	539.49	1083.18
\$460,000	16.35	14.01	16.14	22.72	33.12	52.44	82.59	125.69	179.61	306.15	545.42	1095.08
\$465,000	16.53	14.16	16.31	22.96	33.48	53.01	83.49	127.05	181.56	309.48	551.35	1106.99
\$470,000	16.70	14.32	16.49	23.21	33.84	53.58	84.38	128.42	183.52	312.80	557.28	1118.89
\$475,000	16.88	14.47	16.66	23.46	34.20	54.15	85.28	129.78	185.47	316.13	563.20	1130.79
\$480,000	17.06	14.62	16.84	23.70	34.56	54.72	86.18	131.15	187.42	319.46	569.13	1142.70
\$485,000	17.24	14.77	17.01	23.95	34.92	55.29	87.08	132.52	189.37	322.79	575.06	1154.60
\$490,000	17.41	14.93	17.19	24.20	35.28	55.86	87.97	133.88	191.33	326.11	580.99	1166.50
\$495,000	17.59	15.08	17.36	24.45	35.64	56.43	88.87	135.25	193.28	329.44	586.92	1178.40
\$500,000	17.77	15.23	17.54	24.69	36.00	57.00	89.77	136.62	195.23	332.77	592.85	1190.31

Employee - Coverage and bi-weekly cost for Employee Voluntary Life and AD&D.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

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

Age and Cost												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.23	0.21	0.23	0.30	0.41	0.62	0.95	1.42	2.01	3.38	5.98	11.96
\$10,000	0.46	0.41	0.46	0.60	0.83	1.25	1.90	2.84	4.01	6.76	11.96	23.91
\$15,000	0.69	0.62	0.69	0.90	1.24	1.87	2.85	4.26	6.02	10.14	17.94	35.87
\$20,000	0.92	0.82	0.91	1.20	1.65	2.49	3.80	5.68	8.02	13.52	23.93	47.82
\$25,000	1.15	1.03	1.14	1.50	2.07	3.12	4.75	7.10	10.03	16.90	29.91	59.78
\$30,000	1.38	1.23	1.37	1.80	2.48	3.74	5.70	8.52	12.03	20.28	35.89	71.74
\$35,000	1.62	1.44	1.60	2.10	2.89	4.36	6.66	9.93	14.04	23.67	41.87	83.69
\$40,000	1.85	1.64	1.83	2.40	3.30	4.98	7.61	11.35	16.04	27.05	47.85	95.65
\$45,000	2.08	1.85	2.06	2.70	3.72	5.61	8.56	12.77	18.05	30.43	53.83	107.61
\$50,000	2.31	2.05	2.28	3.00	4.13	6.23	9.51	14.19	20.05	33.81	59.82	119.56
\$55,000	2.54	2.26	2.51	3.30	4.54	6.85	10.46	15.61	22.06	37.19	65.80	131.52
\$60,000	2.77	2.46	2.74	3.60	4.96	7.48	11.41	17.03	24.06	40.57	71.78	143.47
\$65,000	3.00	2.67	2.97	3.90	5.37	8.10	12.36	18.45	26.07	43.95	77.76	155.43
\$70,000	3.23	2.88	3.20	4.20	5.78	8.72	13.31	19.87	28.08	47.33	83.74	167.39
\$75,000	3.46	3.08	3.43	4.50	6.20	9.35	14.26	21.29	30.08	50.71	89.72	179.34
\$80,000	3.69	3.29	3.66	4.80	6.61	9.97	15.21	22.71	32.09	54.09	95.70	191.30
\$85,000	3.92	3.49	3.88	5.10	7.02	10.59	16.16	24.13	34.09	57.47	101.69	203.25
\$90,000	4.15	3.70	4.11	5.40	7.44	11.22	17.11	25.55	36.10	60.85	107.67	215.21
\$95,000	4.38	3.90	4.34	5.70	7.85	11.84	18.06	26.97	38.10	64.23	113.65	227.17
\$100,000	4.62	4.11	4.57	6.00	8.26	12.46	19.02	28.38	40.11	67.62	119.63	239.12
\$105,000	4.85	4.31	4.80	6.30	8.67	13.08	19.97	29.80	42.11	71.00	125.61	251.08
\$110,000	5.08	4.52	5.03	6.60	9.09	13.71	20.92	31.22	44.12	74.38	131.59	263.04
\$115,000	5.31	4.72	5.25	6.90	9.50	14.33	21.87	32.64	46.12	77.76	137.58	274.99
\$120,000	5.54	4.93	5.48	7.20	9.91	14.95	22.82	34.06	48.13	81.14	143.56	286.95
\$125,000	5.77	5.13	5.71	7.50	10.33	15.58	23.77	35.48	50.13	84.52	149.54	298.90
\$130,000	6.00	5.34	5.94	7.80	10.74	16.20	24.72	36.90	52.14	87.90	155.52	310.86
\$135,000	6.23	5.55	6.17	8.10	11.15	16.82	25.67	38.32	54.15	91.28	161.50	322.82
\$140,000	6.46	5.75	6.40	8.40	11.57	17.45	26.62	39.74	56.15	94.66	167.48	334.77
\$145,000	6.69	5.96	6.63	8.70	11.98	18.07	27.57	41.16	58.16	98.04	173.46	346.73
\$150,000	6.92	6.16	6.85	9.00	12.39	18.69	28.52	42.58	60.16	101.42	179.45	358.68
\$155,000	7.15	6.37	7.08	9.30	12.81	19.32	29.47	44.00	62.17	104.80	185.43	370.64
\$160,000	7.38	6.57	7.31	9.60	13.22	19.94	30.42	45.42	64.17	108.18	191.41	382.60
\$165,000	7.62	6.78	7.54	9.90	13.63	20.56	31.38	46.83	66.18	111.57	197.39	394.55
\$170,000	7.85	6.98	7.77	10.20	14.04	21.18	32.33	48.25	68.18	114.95	203.37	406.51
\$175,000	8.08	7.19	8.00	10.50	14.46	21.81	33.28	49.67	70.19	118.33	209.35	418.47
\$180,000	8.31	7.39	8.22	10.80	14.87	22.43	34.23	51.09	72.19	121.71	215.34	430.42
\$185,000	8.54	7.60	8.45	11.10	15.28	23.05	35.18	52.51	74.20	125.09	221.32	442.38
\$190,000	8.77	7.80	8.68	11.40	15.70	23.68	36.13	53.93	76.20	128.47	227.30	454.33
\$195,000	9.00	8.01	8.91	11.70	16.11	24.30	37.08	55.35	78.21	131.85	233.28	466.29
\$200,000	9.23	8.22	9.14	12.00	16.52	24.92	38.03	56.77	80.22	135.23	239.26	478.25
\$205,000	9.46	8.42	9.37	12.30	16.94	25.55	38.98	58.19	82.22	138.61	245.24	490.20
\$210,000	9.69	8.63	9.60	12.60	17.35	26.17	39.93	59.61	84.23	141.99	251.22	502.16
\$215,000	9.92	8.83	9.82	12.90	17.76	26.79	40.88	61.03	86.23	145.37	257.21	514.11
\$220,000	10.15	9.04	10.05	13.20	18.18	27.42	41.83	62.45	88.24	148.75	263.19	526.07
\$225,000	10.38	9.24	10.28	13.50	18.59	28.04	42.78	63.87	90.24	152.13	269.17	538.03
\$230,000	10.62	9.45	10.51	13.80	19.00	28.66	43.74	65.28	92.25	155.52	275.15	549.98
\$235,000	10.85	9.65	10.74	14.10	19.41	29.28	44.69	66.70	94.25	158.90	281.13	561.94
\$240,000	11.08	9.86	10.97	14.40	19.83	29.91	45.64	68.12	96.26	162.28	287.11	573.90
\$245,000	11.31	10.06	11.19	14.70	20.24	30.53	46.59	69.54	98.26	165.66	293.10	585.85
\$250,000	11.54	10.27	11.42	15.00	20.65	31.15	47.54	70.96	100.27	169.04	299.08	597.81
\$255,000	11.77	10.47	11.65	15.30	21.07	31.78	48.49	72.38	102.27	172.42	305.06	609.76
\$260,000	12.00	10.68	11.88	15.60	21.48	32.40	49.44	73.80	104.28	175.80	311.04	621.72
\$265,000	12.23	10.89	12.11	15.90	21.89	33.02	50.39	75.22	106.29	179.18	317.02	633.68

Coverage Amounts	Age and Cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$270,000	12.46	11.09	12.34	16.20	22.31	33.65	51.34	76.64	108.29	182.56	323.00	645.63
\$275,000	12.69	11.30	12.57	16.50	22.72	34.27	52.29	78.06	110.30	185.94	328.98	657.59
\$280,000	12.92	11.50	12.79	16.80	23.13	34.89	53.24	79.48	112.30	189.32	334.97	669.54
\$285,000	13.15	11.71	13.02	17.10	23.55	35.52	54.19	80.90	114.31	192.70	340.95	681.50
\$290,000	13.38	11.91	13.25	17.40	23.96	36.14	55.14	82.32	116.31	196.08	346.93	693.46
\$295,000	13.62	12.12	13.48	17.70	24.37	36.76	56.10	83.73	118.32	199.47	352.91	705.41
\$300,000	13.85	12.32	13.71	18.00	24.78	37.38	57.05	85.15	120.32	202.85	358.89	717.37
\$305,000	14.08	12.53	13.94	18.30	25.20	38.01	58.00	86.57	122.33	206.23	364.87	729.33
\$310,000	14.31	12.73	14.16	18.60	25.61	38.63	58.95	87.99	124.33	209.61	370.86	741.28
\$315,000	14.54	12.94	14.39	18.90	26.02	39.25	59.90	89.41	126.34	212.99	376.84	753.24
\$320,000	14.77	13.14	14.62	19.20	26.44	39.88	60.85	90.83	128.34	216.37	382.82	765.19
\$325,000	15.00	13.35	14.85	19.50	26.85	40.50	61.80	92.25	130.35	219.75	388.80	777.15
\$330,000	15.23	13.56	15.08	19.80	27.26	41.12	62.75	93.67	132.36	223.13	394.78	789.11
\$335,000	15.46	13.76	15.31	20.10	27.68	41.75	63.70	95.09	134.36	226.51	400.76	801.06
\$340,000	15.69	13.97	15.54	20.40	28.09	42.37	64.65	96.51	136.37	229.89	406.74	813.02
\$345,000	15.92	14.17	15.76	20.70	28.50	42.99	65.60	97.93	138.37	233.27	412.73	824.97
\$350,000	16.15	14.38	15.99	21.00	28.92	43.62	66.55	99.35	140.38	236.65	418.71	836.93
\$355,000	16.38	14.58	16.22	21.30	29.33	44.24	67.50	100.77	142.38	240.03	424.69	848.89
\$360,000	16.62	14.79	16.45	21.60	29.74	44.86	68.46	102.18	144.39	243.42	430.67	860.84
\$365,000	16.85	14.99	16.68	21.90	30.15	45.48	69.41	103.60	146.39	246.80	436.65	872.80
\$370,000	17.08	15.20	16.91	22.20	30.57	46.11	70.36	105.02	148.40	250.18	442.63	884.76
\$375,000	17.31	15.40	17.13	22.50	30.98	46.73	71.31	106.44	150.40	253.56	448.62	896.71
\$380,000	17.54	15.61	17.36	22.80	31.39	47.35	72.26	107.86	152.41	256.94	454.60	908.67
\$385,000	17.77	15.81	17.59	23.10	31.81	47.98	73.21	109.28	154.41	260.32	460.58	920.62
\$390,000	18.00	16.02	17.82	23.40	32.22	48.60	74.16	110.70	156.42	263.70	466.56	932.58
\$395,000	18.23	16.23	18.05	23.70	32.63	49.22	75.11	112.12	158.43	267.08	472.54	944.54
\$400,000	18.46	16.43	18.28	24.00	33.05	49.85	76.06	113.54	160.43	270.46	478.52	956.49
\$405,000	18.69	16.64	18.51	24.30	33.46	50.47	77.01	114.96	162.44	273.84	484.50	968.45
\$410,000	18.92	16.84	18.73	24.60	33.87	51.09	77.96	116.38	164.44	277.22	490.49	980.40
\$415,000	19.15	17.05	18.96	24.90	34.29	51.72	78.91	117.80	166.45	280.60	496.47	992.36
\$420,000	19.38	17.25	19.19	25.20	34.70	52.34	79.86	119.22	168.45	283.98	502.45	1004.32
\$425,000	19.62	17.46	19.42	25.50	35.11	52.96	80.82	120.63	170.46	287.37	508.43	1016.27
\$430,000	19.85	17.66	19.65	25.80	35.52	53.58	81.77	122.05	172.46	290.75	514.41	1028.23
\$435,000	20.08	17.87	19.88	26.10	35.94	54.21	82.72	123.47	174.47	294.13	520.39	1040.19
\$440,000	20.31	18.07	20.10	26.40	36.35	54.83	83.67	124.89	176.47	297.51	526.38	1052.14
\$445,000	20.54	18.28	20.33	26.70	36.76	55.45	84.62	126.31	178.48	300.89	532.36	1064.10
\$450,000	20.77	18.48	20.56	27.00	37.18	56.08	85.57	127.73	180.48	304.27	538.34	1076.05
\$455,000	21.00	18.69	20.79	27.30	37.59	56.70	86.52	129.15	182.49	307.65	544.32	1088.01
\$460,000	21.23	18.90	21.02	27.60	38.00	57.32	87.47	130.57	184.50	311.03	550.30	1099.97
\$465,000	21.46	19.10	21.25	27.90	38.42	57.95	88.42	131.99	186.50	314.41	556.28	1111.92
\$470,000	21.69	19.31	21.48	28.20	38.83	58.57	89.37	133.41	188.51	317.79	562.26	1123.88
\$475,000	21.92	19.51	21.70	28.50	39.24	59.19	90.32	134.83	190.51	321.17	568.25	1135.83
\$480,000	22.15	19.72	21.93	28.80	39.66	59.82	91.27	136.25	192.52	324.55	574.23	1147.79
\$485,000	22.38	19.92	22.16	29.10	40.07	60.44	92.22	137.67	194.52	327.93	580.21	1159.75
\$490,000	22.62	20.13	22.39	29.40	40.48	61.06	93.18	139.08	196.53	331.32	586.19	1171.70
\$495,000	22.85	20.33	22.62	29.70	40.89	61.68	94.13	140.50	198.53	334.70	592.17	1183.66
\$500,000	23.08	20.54	22.85	30.00	41.31	62.31	95.08	141.92	200.54	338.08	598.15	1195.62

Spouse - Coverage and bi-weekly cost for Spouse Voluntary Life.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

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

Age and Cost												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.30	0.25	0.25	0.35	0.48	0.76	1.22	1.87	3.28	5.68	10.13	19.82
\$10,000	0.60	0.51	0.51	0.69	0.97	1.52	2.45	3.74	6.55	11.35	20.26	39.65
\$15,000	0.90	0.76	0.76	1.04	1.45	2.28	3.67	5.61	9.83	17.03	30.39	59.47
\$20,000	1.20	1.02	1.02	1.38	1.94	3.05	4.89	7.48	13.11	22.71	40.52	79.29
\$25,000	1.50	1.27	1.27	1.73	2.42	3.81	6.12	9.35	16.38	28.38	50.65	99.12
\$30,000	1.80	1.52	1.52	2.08	2.91	4.57	7.34	11.22	19.66	34.06	60.78	118.94
\$35,000	2.10	1.78	1.78	2.42	3.39	5.33	8.56	13.08	22.94	39.74	70.92	138.76
\$40,000	2.40	2.03	2.03	2.77	3.88	6.09	9.78	14.95	26.22	45.42	81.05	158.58
\$45,000	2.70	2.28	2.28	3.12	4.36	6.85	11.01	16.82	29.49	51.09	91.18	178.41
\$50,000	3.00	2.54	2.54	3.46	4.85	7.62	12.23	18.69	32.77	56.77	101.31	198.23
\$55,000	3.30	2.79	2.79	3.81	5.33	8.38	13.45	20.56	36.05	62.45	111.44	218.05
\$60,000	3.60	3.05	3.05	4.15	5.82	9.14	14.68	22.43	39.32	68.12	121.57	237.88
\$65,000	3.90	3.30	3.30	4.50	6.30	9.90	15.90	24.30	42.60	73.80	131.70	257.70
\$70,000	4.20	3.55	3.55	4.85	6.78	10.66	17.12	26.17	45.88	79.48	141.83	277.52
\$75,000	4.50	3.81	3.81	5.19	7.27	11.42	18.35	28.04	49.15	85.15	151.96	297.35
\$80,000	4.80	4.06	4.06	5.54	7.75	12.18	19.57	29.91	52.43	90.83	162.09	317.17
\$85,000	5.10	4.32	4.32	5.88	8.24	12.95	20.79	31.78	55.71	96.51	172.22	336.99
\$90,000	5.40	4.57	4.57	6.23	8.72	13.71	22.02	33.65	58.98	102.18	182.35	356.82
\$95,000	5.70	4.82	4.82	6.58	9.21	14.47	23.24	35.52	62.26	107.86	192.48	376.64
\$100,000	6.00	5.08	5.08	6.92	9.69	15.23	24.46	37.38	65.54	113.54	202.62	396.46
\$105,000	6.30	5.33	5.33	7.27	10.18	15.99	25.68	39.25	68.82	119.22	212.75	416.28
\$110,000	6.60	5.58	5.58	7.62	10.66	16.75	26.91	41.12	72.09	124.89	222.88	436.11
\$115,000	6.90	5.84	5.84	7.96	11.15	17.52	28.13	42.99	75.37	130.57	233.01	455.93
\$120,000	7.20	6.09	6.09	8.31	11.63	18.28	29.35	44.86	78.65	136.25	243.14	475.75
\$125,000	7.50	6.35	6.35	8.65	12.12	19.04	30.58	46.73	81.92	141.92	253.27	495.58
\$130,000	7.80	6.60	6.60	9.00	12.60	19.80	31.80	48.60	85.20	147.60	263.40	515.40
\$135,000	8.10	6.85	6.85	9.35	13.08	20.56	33.02	50.47	88.48	153.28	273.53	535.22
\$140,000	8.40	7.11	7.11	9.69	13.57	21.32	34.25	52.34	91.75	158.95	283.66	555.05
\$145,000	8.70	7.36	7.36	10.04	14.05	22.08	35.47	54.21	95.03	164.63	293.79	574.87
\$150,000	9.00	7.62	7.62	10.38	14.54	22.85	36.69	56.08	98.31	170.31	303.92	594.69
\$155,000	9.30	7.87	7.87	10.73	15.02	23.61	37.92	57.95	101.58	175.98	314.05	614.52
\$160,000	9.60	8.12	8.12	11.08	15.51	24.37	39.14	59.82	104.86	181.66	324.18	634.34
\$165,000	9.90	8.38	8.38	11.42	15.99	25.13	40.36	61.68	108.14	187.34	334.32	654.16
\$170,000	10.20	8.63	8.63	11.77	16.48	25.89	41.58	63.55	111.42	193.02	344.45	673.98
\$175,000	10.50	8.88	8.88	12.12	16.96	26.65	42.81	65.42	114.69	198.69	354.58	693.81
\$180,000	10.80	9.14	9.14	12.46	17.45	27.42	44.03	67.29	117.97	204.37	364.71	713.63
\$185,000	11.10	9.39	9.39	12.81	17.93	28.18	45.25	69.16	121.25	210.05	374.84	733.45
\$190,000	11.40	9.65	9.65	13.15	18.42	28.94	46.48	71.03	124.52	215.72	384.97	753.28
\$195,000	11.70	9.90	9.90	13.50	18.90	29.70	47.70	72.90	127.80	221.40	395.10	773.10
\$200,000	12.00	10.15	10.15	13.85	19.38	30.46	48.92	74.77	131.08	227.08	405.23	792.92
\$205,000	12.30	10.41	10.41	14.19	19.87	31.22	50.15	76.64	134.35	232.75	415.36	812.75
\$210,000	12.60	10.66	10.66	14.54	20.35	31.98	51.37	78.51	137.63	238.43	425.49	832.57
\$215,000	12.90	10.92	10.92	14.88	20.84	32.75	52.59	80.38	140.91	244.11	435.62	852.39
\$220,000	13.20	11.17	11.17	15.23	21.32	33.51	53.82	82.25	144.18	249.78	445.75	872.22
\$225,000	13.50	11.42	11.42	15.58	21.81	34.27	55.04	84.12	147.46	255.46	455.88	892.04
\$230,000	13.80	11.68	11.68	15.92	22.29	35.03	56.26	85.98	150.74	261.14	466.02	911.86
\$235,000	14.10	11.93	11.93	16.27	22.78	35.79	57.48	87.85	154.02	266.82	476.15	931.68
\$240,000	14.40	12.18	12.18	16.62	23.26	36.55	58.71	89.72	157.29	272.49	486.28	951.51
\$245,000	14.70	12.44	12.44	16.96	23.75	37.32	59.93	91.59	160.57	278.17	496.41	971.33
\$250,000	15.00	12.69	12.69	17.31	24.23	38.08	61.15	93.46	163.85	283.85	506.54	991.15

Spouse - Coverage and bi-weekly cost for Spouse Voluntary Life and AD&D.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Find your age bracket (as of the effective date of coverage) to determine the associated 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	70-74	75+
\$5,000	0.36	0.31	0.31	0.41	0.54	0.82	1.28	1.93	3.34	5.74	10.19	19.88
\$10,000	0.72	0.63	0.63	0.81	1.09	1.64	2.57	3.86	6.67	11.47	20.38	39.77
\$15,000	1.08	0.94	0.94	1.22	1.63	2.46	3.85	5.79	10.01	17.21	30.57	59.65
\$20,000	1.44	1.26	1.26	1.62	2.18	3.29	5.13	7.72	13.35	22.95	40.76	79.53
\$25,000	1.80	1.57	1.57	2.03	2.72	4.11	6.42	9.65	16.68	28.68	50.95	99.42
\$30,000	2.16	1.88	1.88	2.44	3.27	4.93	7.70	11.58	20.02	34.42	61.14	119.30
\$35,000	2.52	2.20	2.20	2.84	3.81	5.75	8.98	13.50	23.36	40.16	71.34	139.18
\$40,000	2.88	2.51	2.51	3.25	4.36	6.57	10.26	15.43	26.70	45.90	81.53	159.06
\$45,000	3.24	2.82	2.82	3.66	4.90	7.39	11.55	17.36	30.03	51.63	91.72	178.95
\$50,000	3.60	3.14	3.14	4.06	5.45	8.22	12.83	19.29	33.37	57.37	101.91	198.83
\$55,000	3.96	3.45	3.45	4.47	5.99	9.04	14.11	21.22	36.71	63.11	112.10	218.71
\$60,000	4.32	3.77	3.77	4.87	6.54	9.86	15.40	23.15	40.04	68.84	122.29	238.60
\$65,000	4.68	4.08	4.08	5.28	7.08	10.68	16.68	25.08	43.38	74.58	132.48	258.48
\$70,000	5.04	4.39	4.39	5.69	7.62	11.50	17.96	27.01	46.72	80.32	142.67	278.36
\$75,000	5.40	4.71	4.71	6.09	8.17	12.32	19.25	28.94	50.05	86.05	152.86	298.25
\$80,000	5.76	5.02	5.02	6.50	8.71	13.14	20.53	30.87	53.39	91.79	163.05	318.13
\$85,000	6.12	5.34	5.34	6.90	9.26	13.97	21.81	32.80	56.73	97.53	173.24	338.01
\$90,000	6.48	5.65	5.65	7.31	9.80	14.79	23.10	34.73	60.06	103.26	183.43	357.90
\$95,000	6.84	5.96	5.96	7.72	10.35	15.61	24.38	36.66	63.40	109.00	193.62	377.78
\$100,000	7.20	6.28	6.28	8.12	10.89	16.43	25.66	38.58	66.74	114.74	203.82	397.66
\$105,000	7.56	6.59	6.59	8.53	11.44	17.25	26.94	40.51	70.08	120.48	214.01	417.54
\$110,000	7.92	6.90	6.90	8.94	11.98	18.07	28.23	42.44	73.41	126.21	224.20	437.43
\$115,000	8.28	7.22	7.22	9.34	12.53	18.90	29.51	44.37	76.75	131.95	234.39	457.31
\$120,000	8.64	7.53	7.53	9.75	13.07	19.72	30.79	46.30	80.09	137.69	244.58	477.19
\$125,000	9.00	7.85	7.85	10.15	13.62	20.54	32.08	48.23	83.42	143.42	254.77	497.08
\$130,000	9.36	8.16	8.16	10.56	14.16	21.36	33.36	50.16	86.76	149.16	264.96	516.96
\$135,000	9.72	8.47	8.47	10.97	14.70	22.18	34.64	52.09	90.10	154.90	275.15	536.84
\$140,000	10.08	8.79	8.79	11.37	15.25	23.00	35.93	54.02	93.43	160.63	285.34	556.73
\$145,000	10.44	9.10	9.10	11.78	15.79	23.82	37.21	55.95	96.77	166.37	295.53	576.61
\$150,000	10.80	9.42	9.42	12.18	16.34	24.65	38.49	57.88	100.11	172.11	305.72	596.49
\$155,000	11.16	9.73	9.73	12.59	16.88	25.47	39.78	59.81	103.44	177.84	315.91	616.38
\$160,000	11.52	10.04	10.04	13.00	17.43	26.29	41.06	61.74	106.78	183.58	326.10	636.26
\$165,000	11.88	10.36	10.36	13.40	17.97	27.11	42.34	63.66	110.12	189.32	336.30	656.14
\$170,000	12.24	10.67	10.67	13.81	18.52	27.93	43.62	65.59	113.46	195.06	346.49	676.02
\$175,000	12.60	10.98	10.98	14.22	19.06	28.75	44.91	67.52	116.79	200.79	356.68	695.91
\$180,000	12.96	11.30	11.30	14.62	19.61	29.58	46.19	69.45	120.13	206.53	366.87	715.79
\$185,000	13.32	11.61	11.61	15.03	20.15	30.40	47.47	71.38	123.47	212.27	377.06	735.67
\$190,000	13.68	11.93	11.93	15.43	20.70	31.22	48.76	73.31	126.80	218.00	387.25	755.56
\$195,000	14.04	12.24	12.24	15.84	21.24	32.04	50.04	75.24	130.14	223.74	397.44	775.44
\$200,000	14.40	12.55	12.55	16.25	21.78	32.86	51.32	77.17	133.48	229.48	407.63	795.32
\$205,000	14.76	12.87	12.87	16.65	22.33	33.68	52.61	79.10	136.81	235.21	417.82	815.21
\$210,000	15.12	13.18	13.18	17.06	22.87	34.50	53.89	81.03	140.15	240.95	428.01	835.09
\$215,000	15.48	13.50	13.50	17.46	23.42	35.33	55.17	82.96	143.49	246.69	438.20	854.97
\$220,000	15.84	13.81	13.81	17.87	23.96	36.15	56.46	84.89	146.82	252.42	448.39	874.86
\$225,000	16.20	14.12	14.12	18.28	24.51	36.97	57.74	86.82	150.16	258.16	458.58	894.74
\$230,000	16.56	14.44	14.44	18.68	25.05	37.79	59.02	88.74	153.50	263.90	468.78	914.62
\$235,000	16.92	14.75	14.75	19.09	25.60	38.61	60.30	90.67	156.84	269.64	478.97	934.50
\$240,000	17.28	15.06	15.06	19.50	26.14	39.43	61.59	92.60	160.17	275.37	489.16	954.39
\$245,000	17.64	15.38	15.38	19.90	26.69	40.26	62.87	94.53	163.51	281.11	499.35	974.27
\$250,000	18.00	15.69	15.69	20.31	27.23	41.08	64.15	96.46	166.85	286.85	509.54	994.15

Child - Coverage and **bi-weekly** cost for Child Voluntary Life.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Coverage Amounts	Cost per pay period
\$10,000	1.41

Child - Coverage and **bi-weekly** cost for Child Voluntary Life and AD&D.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and corresponding costs per pay-period.

Coverage Amounts	Cost per pay period
\$10,000	1.57

Employer-paid Long-Term Disability Insurance

Woods Services, Inc. | All Eligible Employees | 925594

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

This coverage is provided by your employer at no cost to you!

Benefits

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover 60% of your Total Monthly Earnings, up to \$5,000 each month.
When benefits begin	Benefits begin as soon as 180 days
Benefits may be paid for	If your covered disability occurs prior to age 60, benefits will be paid until you reach age 65; if your approved disability occurs after age 60, benefits will be paid for a specified number of years. Ask your employer for details.
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.</p>

*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
800-247-6875

Additional considerations

If I have other income	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.
If I can work while disabled	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 90 days prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

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.

Accident Insurance

Woods Services, Inc. | All Eligible Employees | 917772

Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

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.

The benefit schedule on the following pages lists what the plan pays for covered accidents.

You can elect coverage for:

You	You and your spouse
You and your children	You and your family

Additional features

- **This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too.** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

*Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages. **



Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here.

Benefit	Benefit
<i>Life and Dismemberment Losses (shown for employee only*)</i>	
Accidental Death	\$25,000
Accidental Death Common Carrier	\$50,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$10,000
Loss of one hand, foot, leg, or arm	\$5,000
Loss of sight of one eye or loss of one eye	\$2,500
Two or more fingers or toes	\$2,400
One finger or one toe	\$1,000

Dislocations	Open (surgery)	Closed (no surgery)
Hip	\$4,000	\$2,000
Knee, ankle, bones of the foot	\$2,000	\$1,000
Elbow or wrist	\$600	\$300
Shoulder	\$600	\$300
Collarbone, bones of the hand	\$1,600	\$800
Finger(s) or toe(s)	\$200	\$100
Lower jaw	\$600	\$300

Fractures	Open (surgery)	Closed (no surgery)
Hip or thigh	\$3,000	\$1,500
Skull-depressed	\$5,000	\$2,500
Skull-simple	\$2,000	\$1,000
Vertebral process	\$700	\$350
Bones of the face	\$700	\$350
Bones of the nose	\$700	\$350
Leg	\$1,600	\$800
Vertebrae, Sternum	\$1,600	\$800
Pelvis	\$1,600	\$800
Upper jaw or upper arm	\$750	\$375
Lower jaw	\$650	\$325
Collarbone	\$650	\$325
Shoulder	\$650	\$325
Forearm	\$650	\$325
Hand	\$650	\$325
Foot	\$650	\$325
Ankle	\$650	\$325
Kneecap	\$650	\$325
Elbow	\$650	\$325
Heel	\$650	\$325
Rib	\$600	\$300
Finger	\$100	\$50
Toe	\$100	\$50
Coccyx	\$400	\$200
Multiple ribs	\$1,000	\$500
Additional Injuries		
Eye injury – Surgery	\$200	

Benefit	Benefit	
Eye Injury – Object remove	\$200	
Gunshot wound	\$500	
Paralysis – paraplegia	\$25,000	
Paralysis – quadriplegia	\$50,000	
Coma	\$5,000	
Concussion	\$100	
Lacerations		
No sutures treated by doctor	\$35	
Single laceration under 5 cm with sutures	\$65	
5 to 15 cm with sutures (total of all lacerations)	\$200	
Greater than 15 cm with sutures (total of all lacerations)	\$400	
Burns	2 nd degree	3 rd degree
21 to 40 square centimeters	\$400	\$1,000
41-65 sq cm	\$800	\$2,000
66-160 sq cm	\$1,200	\$6,000
161-225 sq cm	\$1,600	\$14,000
More than 225 sq cm	\$2,000	\$20,000
Skin graft	50% of the Burn benefit	
Medical Services		
Diagnostic Exam: CT, CAT, MRI, EEG, EKG	\$100	
X-ray (1 time per benefit year)	\$30	
Emergency treatment in a non-emergency room	\$50	
Physician’s follow-up office visit (per visit, up to 6 visits per Covered Accident)	\$25	
Physical Therapy per visit (up to 10 visits per Covered Accident)	\$25	
Medical Devices	\$50	
Epidural (up to 2 injections per Covered Accident)	\$50	
Prescription Drug	\$25	
Prosthesis – one	\$500	
Prosthesis – two	\$1,000	
Blood, Plasma or Platelet Transfusion	\$300	
Hospital		
Hospital Admission	\$750	
Hospital Confinement per day (up to 365 days per Covered Accident)	\$150	
ICU Admission	\$1,500	
ICU per day (up to 15 days)	\$300	
Ambulance Ground	\$200	
Ambulance Air	\$750	
Emergency Room Admission	\$100	
Family Lodging per day (up to 30 days per Covered Accident)	\$100	
Transportation (100 or more miles up to 3 times per Covered Accident)	\$500	
Rehab per day (per day, up to 30 days per Covered Accident)	\$50	
Surgery		
Miscellaneous surgery	\$300	
Open surgery	\$1,000	
Exploratory surgery or debridement	\$100	
Tendon/ligament/rotator cuff tear single	\$625	
Ruptured / herniated disc	\$625	
Torn knee cartilage	\$500	
Emergency Dental		
Emergency dental extraction	\$50	
Emergency dental crown	\$200	
Wellness		
Wellness Screening (1 per year)	\$50	

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Accident FAQs

What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to 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.

How do I file a claim?

We will ask for information from you and your doctor about the specific accident and the treatment provided. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Accident insurance is a limited benefit policy. The certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

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

*Health, United States, 2016," US Department of Health and Human Services, Table 75.

Rate Sheet

Coverage and **bi-weekly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Bi-Weekly Cost*
Employee	\$5.10
Employee + Spouse	\$7.70
Employee + Child(ren)	\$8.51
Employee + Family	\$11.11

*The rate is in effect for November 1, 2021. Contact your employer to confirm the portion of the cost for which you will be responsible.

Critical Illness insurance

Woods Services, Inc. | All Eligible Employees | 917772

Protect your savings in case of a serious illness

An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition, like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

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.

Benefits

For you	You can choose from \$5,000 to \$30,000 of coverage—in increments of \$5,000—with no medical questions asked. Your benefit amount is reduced to 50% at age 70.
For your spouse**	If you elect coverage for yourself, you can choose from \$2,500 to \$15,000 of coverage—in increments of \$2,500—with no medical questions asked. (Not to exceed 100% of your coverage amount.) <i>The benefit may be reduced when the employee benefit amount is reduced</i>
For your child(ren)	If you elect coverage for yourself, you can choose (for each eligible child) between \$2,500 and \$5,000 of coverage—with no medical questions asked. The coverage you select for your child(ren) cannot exceed 100% of your coverage amount.) An eligible child is defined as your child from birth to age 26.



What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

1. Denise filed a claim with Sun Life. We reviewed her medical information, including details from her physician and approved her claim.
2. Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments.
3. The insurance allowed Denise to focus on her recovery, and less on her bank account

High blood pressure is a contributing factor to heart attack and stroke. The number of people who have HBP:*

- Nearly 1 in 5 people, aged 35-44
- 1 in 3 people, aged 45-54
- More than half of people aged 55-64



Sun Life Assurance Company of Canada
sunlife.com
800-247-6875

Covered Conditions

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance's effective date. The full list of conditions is listed here.

Covered conditions – The plan pays 100% of the benefit amount unless stated otherwise

Core Conditions	
Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D Major Organ Failure ^R	Stroke ^R Coronary Artery Bypass Graft ^R (Plan pays 25%) ^R = Recurrence Benefit available
Cancer Conditions	
Invasive Cancer Non-Invasive Cancer (Plan pays 25%)	
Other Conditions	
Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Paralysis Severe Burns
Childhood Conditions – Applies to dependent children only	
Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness screening benefit	
Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

Additional plan features

- Wellness screening benefit:** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (List may vary by state.)
- Recurrence Benefit:** We will pay you a second time for the same condition, for certain covered conditions as noted in the table by an (R). At least 12 consecutive months must pass between the initial and second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.

Critical Illness FAQs

How do I file a claim?

If you have a diagnosis after the effective date of coverage, you may file a claim with us. We will ask for information from you and your doctor about your medical condition. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Can I receive benefits for more than one critical illness?

Yes; however, there must be at least 6 consecutive months between the diagnosis dates. You can only claim benefits once for each covered condition unless a recurrence benefit is payable (see Additional Plan Features).

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 or received

treatment for in the 90 days prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Is my benefit taxable?

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, 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 tax reported on a Form 1099 as taxable income. Please consult with a tax advisor or your employer if you have any questions.

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.

In some states, "Critical Illness" is referred to as "Specified Disease."

"Critical Illness insurance" is a limited benefit policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

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

* Heart disease and stroke statistics, 2015 update. http://my.americanheart.org/idc/groups/ahamamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470707.pdf

**If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

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

Employee Critical Illness - Choice 1 Smoker Rates Age and Cost - Bi-Weekly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.28	1.42	1.79	2.44	3.75	5.76	8.67	12.73	17.92	23.64	32.69	41.11
\$10,000	1.98	2.25	2.99	4.28	6.91	10.93	16.74	24.87	35.25	46.70	64.79	81.64
\$15,000	2.67	3.08	4.19	6.13	10.08	16.10	24.82	37.01	52.58	69.75	96.89	122.16
\$20,000	3.36	3.91	5.39	7.98	13.24	21.27	32.90	49.14	69.91	92.81	128.99	162.68
\$25,000	4.05	4.74	6.59	9.82	16.40	26.44	40.98	61.28	87.24	115.86	161.09	203.21
\$30,000	4.74	5.58	7.79	11.67	19.56	31.61	49.05	73.42	104.58	138.91	193.19	243.73

Employee Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Bi-Weekly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	1.26	1.35	1.58	1.98	2.69	3.68	5.04	6.87	9.13	11.64	16.70	23.23
\$10,000	1.93	2.11	2.58	3.36	4.79	6.78	9.50	13.14	17.67	22.70	32.81	45.87
\$15,000	2.60	2.88	3.57	4.74	6.89	9.87	13.95	19.42	26.21	33.75	48.91	68.51
\$20,000	3.27	3.64	4.56	6.13	8.99	12.96	18.41	25.70	34.74	44.81	65.02	91.14
\$25,000	3.94	4.40	5.55	7.51	11.09	16.05	22.86	31.98	43.28	55.86	81.13	113.78
\$30,000	4.61	5.16	6.54	8.90	13.19	19.14	27.31	38.25	51.82	66.91	97.24	136.42

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

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

Spouse Critical Illness - Choice 1 Smoker Rates Age and Cost - Bi-Weekly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.94	1.01	1.19	1.51	2.17	3.18	4.63	6.66	9.26	12.12	16.64	20.85
\$5,000	1.28	1.42	1.79	2.44	3.75	5.76	8.67	12.73	17.92	23.64	32.69	41.11
\$7,500	1.63	1.84	2.39	3.36	5.33	8.34	12.71	18.80	26.59	35.17	48.74	61.38
\$10,000	1.98	2.25	2.99	4.28	6.91	10.93	16.74	24.87	35.25	46.70	64.79	81.64
\$12,500	2.32	2.67	3.59	5.21	8.49	13.51	20.78	30.94	43.92	58.23	80.84	101.90
\$15,000	2.67	3.08	4.19	6.13	10.08	16.10	24.82	37.01	52.58	69.75	96.89	122.16

Spouse Critical Illness - Choice 1 Non-smoker Rates Age and Cost - Bi-Weekly Premium												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$2,500	0.93	0.97	1.09	1.28	1.64	2.14	2.82	3.73	4.86	6.12	8.64	11.91
\$5,000	1.26	1.35	1.58	1.98	2.69	3.68	5.04	6.87	9.13	11.64	16.70	23.23
\$7,500	1.59	1.73	2.08	2.67	3.74	5.23	7.27	10.01	13.40	17.17	24.75	34.55
\$10,000	1.93	2.11	2.58	3.36	4.79	6.78	9.50	13.14	17.67	22.70	32.81	45.87
\$12,500	2.26	2.49	3.07	4.05	5.84	8.32	11.73	16.28	21.94	28.23	40.86	57.19
\$15,000	2.60	2.88	3.57	4.74	6.89	9.87	13.95	19.42	26.21	33.75	48.91	68.51

Rates are effective as of November 01, 2021.

The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

Child Critical Illness - Choice 1 Cost - Bi-Weekly Premium	
Coverage Amounts	
\$2,500	0.51
\$5,000	1.02

Important plan 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.

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. Disability benefits may be limited for certain conditions.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; 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; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self-inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

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, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

© 2021 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.

GVBH-EE-8384

SLPC 29579

Evidence of Insurability



Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.sunlife.com/account

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.sunlife.com/account.

- Click *Where can I find a form?*
- From list of forms, select EOI Application

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

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, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

© 2020 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.

Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481

Group Enrollment form



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

Employer use (check one): ☐ New employee ☐ Change ☐ COBRA

1 General information

Employer name Woods Services, Inc.	Account/policy number 917772, 925594	Location
---------------------------------------	---	----------

2 Employee information

Employee's Full Legal Name (First, MI, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address	City	State	Zip Code
Occupation	Eligibility class (if applicable)	Social Security number	Phone number
Date employed: <input type="checkbox"/> Full-Time Date: <input type="checkbox"/> Return from layoff Date: <input type="checkbox"/> Part-Time Date: <input type="checkbox"/> Rehire			
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____	

3 Dependent information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, MI, Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse / partner					
Children					

4 Benefit elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below from one of the insurance companies and service providers above 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.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Spouse/partner Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse/partner Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Matching Voluntary Accidental Death & Dismemberment (AD&D)
<input type="checkbox"/>	<input type="checkbox"/>	<p>Critical Illness:</p> <p>Employee amount \$ _____</p> <p>Have you used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Spouse/partner amount \$ _____</p> <p>Has your spouse used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tobacco Status for Spouse/partner is based on Employee Status selected above.</p> <p>Child(ren) amount \$ _____</p> <p>Do all persons to be insured currently have a major medical or basic hospital and basic medical plan in force that will not be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," such persons are not eligible for this insurance.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Accident:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Child(ren) </div> <div> <input type="checkbox"/> Employee + Spouse/partner <input type="checkbox"/> Employee + Family </div> </div>

Employer provided benefits—Your employer pays the premiums for the following benefits if you are eligible for them. Enrollment is automatic; no election is required.

☐ Employee Basic Life and AD&D

☐ Long-Term Disability (LTD)

5 Beneficiary Designation information

Primary Beneficiary Designation

On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. This is your primary beneficiary. Attach additional pages if necessary. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance policy. Designation applies to all coverages for which a beneficiary designation is required.

Primary Beneficiary(ies)			Percent share of proceeds*
1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

* Must equal 100%

Secondary Beneficiary Designation

On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above are not living at the time of your death. This is your secondary (or contingent) beneficiary. The Secondary beneficiary is not paid if a primary beneficiary is alive at the time of your death. Attach additional pages if necessary.

Secondary Beneficiary(ies)			Percent share of proceeds*
1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

* Must equal 100%

6 Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Life, Long-Term Disability, and Critical Illness insurance, Evidence of Insurability will be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Life, Long-Term Disability, and Critical Illness benefits may require Evidence of Insurability.
- 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, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant benefit waiting period specified in the certificate of insurance.
- Coverages include limitations, and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- 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.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

X

Employee Signature

Today's Date

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.

Agent, Broker, and/or Enroller information:

Agent name

Agent / Broker name

Enroller name

Contact us



By mail

Sun Life Financial
One Sun Life Executive Park
Wellesley Hills, MA 02481



www.sunlife.com/us



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

Notes

Notes

► **TALK TO YOUR BENEFITS ADMINISTRATOR
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



One Sun Life Executive Park • Wellesley Hills, MA 02481 • sunlife.com/us/

The Sun Life group of companies operates under the "Sun Life" name strictly as a marketing name, and no legal significance is expressed or implied. In the United States and elsewhere, insurance products are offered by members of the Sun Life group that are insurance companies. Sun Life Financial, Inc., the publicly traded holding company for the Sun Life group of companies, is not an insurance company and does not guarantee the obligations of these insurance companies. Each insurance company relies on its own financial strength and claims-paying ability.

© 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.

GVBH-EE-8384e

SLPC 29579