

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

Jefferson City Public School District | All Eligible Employees | 929438

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

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. 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 \$20,000 to \$500,000—in increments of \$10,000—with no medical questions asked up to the Guaranteed Issue amount of \$150,000.</p> <p>Benefits are reduced by 33% at age 70 and by an additional 33% at age 75.</p> <p>Your coverage ends at termination of employment or retirement.</p>
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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?*



Sun Life Assurance Company of Canada

sunlife.com

800-SUN-LIFE (247-6875)

Accidental Death and Dismemberment (AD&D)

You may choose 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 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.

Rates are effective as of July 01, 2019.

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

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

Employee - Coverage and Monthly cost for Employee Voluntary Life

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	1.00	1.00	1.20	1.60	1.80	2.18	3.56	6.04	10.32	13.32	25.40	41.20	76.12
\$30,000	1.50	1.50	1.80	2.40	2.70	3.27	5.34	9.06	15.48	19.98	38.10	61.80	114.18
\$40,000	2.00	2.00	2.40	3.20	3.60	4.36	7.12	12.08	20.64	26.64	50.80	82.40	152.24
\$50,000	2.50	2.50	3.00	4.00	4.50	5.45	8.90	15.10	25.80	33.30	63.50	103.00	190.30
\$60,000	3.00	3.00	3.60	4.80	5.40	6.54	10.68	18.12	30.96	39.96	76.20	123.60	228.36
\$70,000	3.50	3.50	4.20	5.60	6.30	7.63	12.46	21.14	36.12	46.62	88.90	144.20	266.42
\$80,000	4.00	4.00	4.80	6.40	7.20	8.72	14.24	24.16	41.28	53.28	101.60	164.80	304.48
\$90,000	4.50	4.50	5.40	7.20	8.10	9.81	16.02	27.18	46.44	59.94	114.30	185.40	342.54
\$100,000	5.00	5.00	6.00	8.00	9.00	10.90	17.80	30.20	51.60	66.60	127.00	206.00	380.60
\$110,000	5.50	5.50	6.60	8.80	9.90	11.99	19.58	33.22	56.76	73.26	139.70	226.60	418.66
\$120,000	6.00	6.00	7.20	9.60	10.80	13.08	21.36	36.24	61.92	79.92	152.40	247.20	456.72
\$130,000	6.50	6.50	7.80	10.40	11.70	14.17	23.14	39.26	67.08	86.58	165.10	267.80	494.78
\$140,000	7.00	7.00	8.40	11.20	12.60	15.26	24.92	42.28	72.24	93.24	177.80	288.40	532.84
\$150,000	7.50	7.50	9.00	12.00	13.50	16.35	26.70	45.30	77.40	99.90	190.50	309.00	570.90
\$160,000	8.00	8.00	9.60	12.80	14.40	17.44	28.48	48.32	82.56	106.56	203.20	329.60	608.96
\$170,000	8.50	8.50	10.20	13.60	15.30	18.53	30.26	51.34	87.72	113.22	215.90	350.20	647.02
\$180,000	9.00	9.00	10.80	14.40	16.20	19.62	32.04	54.36	92.88	119.88	228.60	370.80	685.08
\$190,000	9.50	9.50	11.40	15.20	17.10	20.71	33.82	57.38	98.04	126.54	241.30	391.40	723.14
\$200,000	10.00	10.00	12.00	16.00	18.00	21.80	35.60	60.40	103.20	133.20	254.00	412.00	761.20
\$210,000	10.50	10.50	12.60	16.80	18.90	22.89	37.38	63.42	108.36	139.86	266.70	432.60	799.26
\$220,000	11.00	11.00	13.20	17.60	19.80	23.98	39.16	66.44	113.52	146.52	279.40	453.20	837.32
\$230,000	11.50	11.50	13.80	18.40	20.70	25.07	40.94	69.46	118.68	153.18	292.10	473.80	875.38
\$240,000	12.00	12.00	14.40	19.20	21.60	26.16	42.72	72.48	123.84	159.84	304.80	494.40	913.44
\$250,000	12.50	12.50	15.00	20.00	22.50	27.25	44.50	75.50	129.00	166.50	317.50	515.00	951.50
\$260,000	13.00	13.00	15.60	20.80	23.40	28.34	46.28	78.52	134.16	173.16	330.20	535.60	989.56
\$270,000	13.50	13.50	16.20	21.60	24.30	29.43	48.06	81.54	139.32	179.82	342.90	556.20	1,027.62
\$280,000	14.00	14.00	16.80	22.40	25.20	30.52	49.84	84.56	144.48	186.48	355.60	576.80	1,065.68
\$290,000	14.50	14.50	17.40	23.20	26.10	31.61	51.62	87.58	149.64	193.14	368.30	597.40	1,103.74
\$300,000	15.00	15.00	18.00	24.00	27.00	32.70	53.40	90.60	154.80	199.80	381.00	618.00	1,141.80
\$310,000	15.50	15.50	18.60	24.80	27.90	33.79	55.18	93.62	159.96	206.46	393.70	638.60	1,179.86
\$320,000	16.00	16.00	19.20	25.60	28.80	34.88	56.96	96.64	165.12	213.12	406.40	659.20	1,217.92
\$330,000	16.50	16.50	19.80	26.40	29.70	35.97	58.74	99.66	170.28	219.78	419.10	679.80	1,255.98
\$340,000	17.00	17.00	20.40	27.20	30.60	37.06	60.52	102.68	175.44	226.44	431.80	700.40	1,294.04
\$350,000	17.50	17.50	21.00	28.00	31.50	38.15	62.30	105.70	180.60	233.10	444.50	721.00	1,332.10
\$360,000	18.00	18.00	21.60	28.80	32.40	39.24	64.08	108.72	185.76	239.76	457.20	741.60	1,370.16
\$370,000	18.50	18.50	22.20	29.60	33.30	40.33	65.86	111.74	190.92	246.42	469.90	762.20	1,408.22
\$380,000	19.00	19.00	22.80	30.40	34.20	41.42	67.64	114.76	196.08	253.08	482.60	782.80	1,446.28
\$390,000	19.50	19.50	23.40	31.20	35.10	42.51	69.42	117.78	201.24	259.74	495.30	803.40	1,484.34
\$400,000	20.00	20.00	24.00	32.00	36.00	43.60	71.20	120.80	206.40	266.40	508.00	824.00	1,522.40
\$410,000	20.50	20.50	24.60	32.80	36.90	44.69	72.98	123.82	211.56	273.06	520.70	844.60	1,560.46
\$420,000	21.00	21.00	25.20	33.60	37.80	45.78	74.76	126.84	216.72	279.72	533.40	865.20	1,598.52
\$430,000	21.50	21.50	25.80	34.40	38.70	46.87	76.54	129.86	221.88	286.38	546.10	885.80	1,636.58
\$440,000	22.00	22.00	26.40	35.20	39.60	47.96	78.32	132.88	227.04	293.04	558.80	906.40	1,674.64
\$450,000	22.50	22.50	27.00	36.00	40.50	49.05	80.10	135.90	232.20	299.70	571.50	927.00	1,712.70
\$460,000	23.00	23.00	27.60	36.80	41.40	50.14	81.88	138.92	237.36	306.36	584.20	947.60	1,750.76
\$470,000	23.50	23.50	28.20	37.60	42.30	51.23	83.66	141.94	242.52	313.02	596.90	968.20	1,788.82
\$480,000	24.00	24.00	28.80	38.40	43.20	52.32	85.44	144.96	247.68	319.68	609.60	988.80	1,826.88
\$490,000	24.50	24.50	29.40	39.20	44.10	53.41	87.22	147.98	252.84	326.34	622.30	1,009.40	1,864.94
\$500,000	25.00	25.00	30.00	40.00	45.00	54.50	89.00	151.00	258.00	333.00	635.00	1,030.00	1,903.00

Rates are effective as of July 01, 2019.

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

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

Employee - Coverage and Monthly cost for Employee Voluntary Life and AD&D

Age and Cost													
Coverage Amounts	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	1.52	1.52	1.72	2.12	2.32	2.70	4.08	6.56	10.84	13.84	25.92	41.72	76.64
\$30,000	2.28	2.28	2.58	3.18	3.48	4.05	6.12	9.84	16.26	20.76	38.88	62.58	114.96
\$40,000	3.04	3.04	3.44	4.24	4.64	5.40	8.16	13.12	21.68	27.68	51.84	83.44	153.28
\$50,000	3.80	3.80	4.30	5.30	5.80	6.75	10.20	16.40	27.10	34.60	64.80	104.30	191.60
\$60,000	4.56	4.56	5.16	6.36	6.96	8.10	12.24	19.68	32.52	41.52	77.76	125.16	229.92
\$70,000	5.32	5.32	6.02	7.42	8.12	9.45	14.28	22.96	37.94	48.44	90.72	146.02	268.24
\$80,000	6.08	6.08	6.88	8.48	9.28	10.80	16.32	26.24	43.36	55.36	103.68	166.88	306.56
\$90,000	6.84	6.84	7.74	9.54	10.44	12.15	18.36	29.52	48.78	62.28	116.64	187.74	344.88
\$100,000	7.60	7.60	8.60	10.60	11.60	13.50	20.40	32.80	54.20	69.20	129.60	208.60	383.20
\$110,000	8.36	8.36	9.46	11.66	12.76	14.85	22.44	36.08	59.62	76.12	142.56	229.46	421.52
\$120,000	9.12	9.12	10.32	12.72	13.92	16.20	24.48	39.36	65.04	83.04	155.52	250.32	459.84
\$130,000	9.88	9.88	11.18	13.78	15.08	17.55	26.52	42.64	70.46	89.96	168.48	271.18	498.16
\$140,000	10.64	10.64	12.04	14.84	16.24	18.90	28.56	45.92	75.88	96.88	181.44	292.04	536.48
\$150,000	11.40	11.40	12.90	15.90	17.40	20.25	30.60	49.20	81.30	103.80	194.40	312.90	574.80
\$160,000	12.16	12.16	13.76	16.96	18.56	21.60	32.64	52.48	86.72	110.72	207.36	333.76	613.12
\$170,000	12.92	12.92	14.62	18.02	19.72	22.95	34.68	55.76	92.14	117.64	220.32	354.62	651.44
\$180,000	13.68	13.68	15.48	19.08	20.88	24.30	36.72	59.04	97.56	124.56	233.28	375.48	689.76
\$190,000	14.44	14.44	16.34	20.14	22.04	25.65	38.76	62.32	102.98	131.48	246.24	396.34	728.08
\$200,000	15.20	15.20	17.20	21.20	23.20	27.00	40.80	65.60	108.40	138.40	259.20	417.20	766.40
\$210,000	15.96	15.96	18.06	22.26	24.36	28.35	42.84	68.88	113.82	145.32	272.16	438.06	804.72
\$220,000	16.72	16.72	18.92	23.32	25.52	29.70	44.88	72.16	119.24	152.24	285.12	458.92	843.04
\$230,000	17.48	17.48	19.78	24.38	26.68	31.05	46.92	75.44	124.66	159.16	298.08	479.78	881.36
\$240,000	18.24	18.24	20.64	25.44	27.84	32.40	48.96	78.72	130.08	166.08	311.04	500.64	919.68
\$250,000	19.00	19.00	21.50	26.50	29.00	33.75	51.00	82.00	135.50	173.00	324.00	521.50	958.00
\$260,000	19.76	19.76	22.36	27.56	30.16	35.10	53.04	85.28	140.92	179.92	336.96	542.36	996.32
\$270,000	20.52	20.52	23.22	28.62	31.32	36.45	55.08	88.56	146.34	186.84	349.92	563.22	1,034.64
\$280,000	21.28	21.28	24.08	29.68	32.48	37.80	57.12	91.84	151.76	193.76	362.88	584.08	1,072.96
\$290,000	22.04	22.04	24.94	30.74	33.64	39.15	59.16	95.12	157.18	200.68	375.84	604.94	1,111.28
\$300,000	22.80	22.80	25.80	31.80	34.80	40.50	61.20	98.40	162.60	207.60	388.80	625.80	1,149.60
\$310,000	23.56	23.56	26.66	32.86	35.96	41.85	63.24	101.68	168.02	214.52	401.76	646.66	1,187.92
\$320,000	24.32	24.32	27.52	33.92	37.12	43.20	65.28	104.96	173.44	221.44	414.72	667.52	1,226.24
\$330,000	25.08	25.08	28.38	34.98	38.28	44.55	67.32	108.24	178.86	228.36	427.68	688.38	1,264.56
\$340,000	25.84	25.84	29.24	36.04	39.44	45.90	69.36	111.52	184.28	235.28	440.64	709.24	1,302.88
\$350,000	26.60	26.60	30.10	37.10	40.60	47.25	71.40	114.80	189.70	242.20	453.60	730.10	1,341.20
\$360,000	27.36	27.36	30.96	38.16	41.76	48.60	73.44	118.08	195.12	249.12	466.56	750.96	1,379.52
\$370,000	28.12	28.12	31.82	39.22	42.92	49.95	75.48	121.36	200.54	256.04	479.52	771.82	1,417.84
\$380,000	28.88	28.88	32.68	40.28	44.08	51.30	77.52	124.64	205.96	262.96	492.48	792.68	1,456.16
\$390,000	29.64	29.64	33.54	41.34	45.24	52.65	79.56	127.92	211.38	269.88	505.44	813.54	1,494.48
\$400,000	30.40	30.40	34.40	42.40	46.40	54.00	81.60	131.20	216.80	276.80	518.40	834.40	1,532.80
\$410,000	31.16	31.16	35.26	43.46	47.56	55.35	83.64	134.48	222.22	283.72	531.36	855.26	1,571.12
\$420,000	31.92	31.92	36.12	44.52	48.72	56.70	85.68	137.76	227.64	290.64	544.32	876.12	1,609.44
\$430,000	32.68	32.68	36.98	45.58	49.88	58.05	87.72	141.04	233.06	297.56	557.28	896.98	1,647.76
\$440,000	33.44	33.44	37.84	46.64	51.04	59.40	89.76	144.32	238.48	304.48	570.24	917.84	1,686.08
\$450,000	34.20	34.20	38.70	47.70	52.20	60.75	91.80	147.60	243.90	311.40	583.20	938.70	1,724.40
\$460,000	34.96	34.96	39.56	48.76	53.36	62.10	93.84	150.88	249.32	318.32	596.16	959.56	1,762.72
\$470,000	35.72	35.72	40.42	49.82	54.52	63.45	95.88	154.16	254.74	325.24	609.12	980.42	1,801.04
\$480,000	36.48	36.48	41.28	50.88	55.68	64.80	97.92	157.44	260.16	332.16	622.08	1,001.28	1,839.36
\$490,000	37.24	37.24	42.14	51.94	56.84	66.15	99.96	160.72	265.58	339.08	635.04	1,022.14	1,877.68
\$500,000	38.00	38.00	43.00	53.00	58.00	67.50	102.00	164.00	271.00	346.00	648.00	1,043.00	1,916.00

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.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the 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.

Short-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. We will not pay a benefit for any accident or sickness covered by Workers’ Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

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.

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.

Critical Illness

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; a diagnosis that is not explicitly covered under the policy; a diagnosis that occurs prior to the effective date of coverage (unless it is a new and unrelated diagnosis that occurs after the effective date of coverage).

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

Cancer

We will not pay a benefit that is due to or results from: services or Treatment not included in the Covered Cancer Benefits; war or an act of war; active military duty; intentionally self-inflicted injuries while sane or insane; services or Treatment for which the Insured is not charged, unless there is no charge because the facility is a United States government facility; services or Treatment provided by a Family Member; services or Treatment for premalignant conditions; services or Treatment for conditions with malignant potential; services or Treatment for non-cancer illnesses; elective plastic or cosmetic surgery.

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. HealthChampionSM (a health care support service) is not insurance and is provided by ComPsych[®]. ComPsych[®] is a registered trademark of ComPsych Corporation. 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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