

Choosing to expect the unexpected

Accident Insurance

Have you ever thought about what you would do if you or a family member were accidentally injured or died as a result of an accident?

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

- One in six U.S. residents require medical treatment from an injury each year.¹
- Over 40 million Americans visit a physician's office for unintentional injuries each year.²
- The 2007 national economic impact of unintentional injuries mounted to \$684.4 billion.²



How can accident insurance help?

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

If you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Provides coverage for on-and-off-the-job accidents.
- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Center for Disease Control, Congressional Testimony, May 1, 2008
² National Safety Council, "Injury Facts" 2008

This is an accident only insurance policy. It provides limited benefits and has some specific benefit limits. It does not pay benefits for sickness or loss from any other cause and is not a policy of Workers' Compensation. Please refer to the issued insurance policy for complete details and all benefit requirements including all limitations, exclusions and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits.

Accident Q&A

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

Q. What is the Annual Wellness Screening Benefit?

A. If you and your dependents enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: cardiac exercise stress; test fasting blood glucose test; blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; CA15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis; carotid doppler; electrocardiogram; echocardiogram. In order to receive this benefit, the wellness screening test must be performed after your coverage effective date.

How much does Accident insurance cost?

The financial assistance that Accident insurance provides doesn't have to take a big bite out of your wallet. Review the costs and benefits below to determine if Accident insurance is right for you. We've included an example of how benefits can be paid under this plan to help you with your decision.

Treatment	Benefit*	Treatment	Benefit*
Broken Finger (no surgery)	\$175	Broken Leg (no surgery)	\$800
Emergency Treatment	\$150	Emergency Treatment	\$150
Follow-up Visit (2)	\$50	Ambulance	\$200
Total Payment	\$375	Initial Hospitalization	\$1,000
		Hospital Benefit (1 day)	\$250
		Crutches	\$125
		Follow-up Visit (3)	\$75
		Physical Therapy (2x)	\$50
		Total Payment	\$2,650

*These hypothetical examples are for illustrative purposes only.

Your Monthly Premium Deduction	
24-Hour Coverage	
For you	\$19.23
For you and your spouse	\$28.08
For you and your child(ren)	\$32.13
For you and your family	\$40.98

Premiums will not change due to age changes.

What benefits are payable for covered accidents?

Accident Insurance Schedule	
<i>Initial Emergency Treatment: Pays a benefit for accident emergency treatment, ambulance transportation for medical treatment of a covered accident and certain other services.</i>	
Ambulance*	\$200 - Ground ambulance \$1,500 - Air ambulance
Accident Emergency Treatment*	\$150 - Emergency Room \$75 - Non-Emergency Room Limited to once each accident and once in any 24-hour period.
Major Diagnostic Exams	\$200 per benefit year. Initial treatment must be provided within 6 days of the accident.
Blood/Plasma/Platelets	\$200 payable once for any accident
<i>Hospital Care: Traditional health insurance policies may have deductibles and co-payments associated with hospital stays. Accident benefits can help cover your out-of-pocket costs resulting from a hospital admission due to a covered accident.</i>	
Initial Accident Hospitalization	\$1,000 limited to once per benefit year. Increases to \$1,500 if immediately admitted to the ICU.
Daily Hospital Confinement	\$250 not to exceed 365 days
Daily Intensive Care Unit Confinement	\$500 not to exceed 15 days per Accident. Paid <u>in addition</u> to the daily Hospital Confinement Benefit.
<i>Accidental Injuries: Benefits are payable for many injuries.</i>	
Dislocation (Separated Joint)*	Up to \$4,000 for Open Reduction (Surgical). Up to \$1,000 for Closed Reduction (repair by manipulation). Limited to 2 dislocations per accident. If reduction is administered without general anesthesia, 25% of the Closed Reduction benefit is payable.
Fractures (Broken Bones)	Up to \$5,000 for Open Reduction (Surgical). Up to \$2,500 for Closed Reduction (repair by manipulation). Limited to 2 fractures per accident. Chip fractures and other fractures not reduced by Open or Closed Reduction will be payable at 25% of the amount otherwise payable for the Closed Reduction.
Emergency Dental Work*	\$200 - Broken teeth repaired with crowns \$65 - Broken teeth resulting in extractions Limited to 1 benefit per accident.
Concussion*	\$100
Eye Injury	\$300 - Surgical repair \$65 - Removal of foreign body by a doctor
Lacerations*	\$35 to \$500
Burns*	Third Degree Burns - \$1,000 to \$20,000** Second Degree Burns - \$400 to \$2,000** Skin Grafts - 50% of the total burn benefit* payable **Burn benefit is a fixed amount determined by the surface area burned.
<i>Surgical Care: Provides a benefit for covered surgical procedures performed within 90 days of the accident.</i>	
\$1,250	Open abdominal (including exploratory laparotomy), cranial (head), hernia, or thoracic (chest) surgery.
\$625	Repair of tendons and/or ligaments, torn rotator cuffs, ruptured discs, or torn knee cartilages.
\$300	Arthroscopy without surgical repair, or miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum injury benefit. Miscellaneous surgery limited to one surgery per 24-hour period.

Transportation: Assists when you or your covered dependent require medical care or treatment as prescribed by an attending doctor that is not available within 100 miles of the accident or your or your covered dependent's residence.

Transportation	\$600 limited to 3 round trips per benefit year for you and each covered dependent. Benefit is payable upon completion of the round trip. Excludes ground or air ambulance.
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Lodging Assistance: If you or your covered dependent are hospital confined more than 100 miles from your or your covered dependent's residence due to an injury, the Accident policy can help with costs.

Lodging	\$100 per day Limited to one benefit per day and 30 days per accident per benefit year.
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Accidental Death and Dismemberment: If injury results in death or dismemberment, a lump sum benefit is payable.

Accidental Death Benefit	Employee - \$25,000 ; Spouse - \$25,000 ; Child - \$5,000
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Common Carrier Death Benefit	Employee - \$100,000 ; Spouse - \$100,000 ; Child - \$20,000 Either the accidental death or the common carrier accidental death benefit will be paid, but not both.
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Dismemberment	Loss of Finger, Toe, Hand, Foot, Arm, Leg, Eye - \$750 to \$15,000
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Follow-up care: Helps with expenses for additional care or support that might be required after the initial treatment for an accident. Certain benefits may not be payable if provided on the same day.

Follow-up Treatment*	\$25 per day, not to exceed 6 payments
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Physical Therapy*	\$25 per day, for up to 10 days of treatments
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Appliances	\$125 - Wheelchairs, leg or back braces, crutches or walkers Limited to one appliance per accident
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Rehabilitation Unit	\$150 per day; limited to 30 days per period of confinement and limited to 60 days per benefit year
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Prosthesis	\$500 limited to one per accident
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Serious Accidents: Serious accidents can result in life changing losses. Benefits are payable for the following conditions as a result of a covered accidental injury.

Coma	\$20,000
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Paralysis	\$50,000 for Quadriplegia; \$25,000 for Paraplegia Payable only once per lifetime
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*Initial treatment must be provided within 72 hours of the accident.

Important Definitions

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements: maintain clinical records on all patients; have every patient be under the care of a doctor; provide 24-hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse; be licensed or be approved by the state or local licensing agency; meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

State variations can exist; please contact Sun Life Financial for additional information.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.

Other Important Plan Provisions

Accident

For benefits to be payable under this policy, the accident must be due to a sudden, unforeseen, external and unexpected event, which results in an injury and which occurs while you or your covered dependent are insured under this policy. This plan does not cover sickness, cerebrovascular accident (stroke) or any drug overdose unless the drugs were used as prescribed by a doctor. Sickness means a disease, illness or other condition not related to an injury, including diseases or infections resulting from bug bites, stings or infestations by microorganisms.

We will not pay benefits for you or your covered dependent relating to or resulting from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are 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 rendered or hospital confinement outside the United States; or dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an accident. We will not pay benefits for you or your covered dependent if the accident or injury results, directly or indirectly, from: service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder or an associated company, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats; participation in mountaineering, operating a glider, bungee jumping or skydiving; operating a taxi or any other delivery service for any kind of compensation or profit; any physical or mental sickness or related complications; or treatment or complications of treatment.

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