

Choosing to plan for sudden illness

Critical Illness Insurance

Can your finances survive a serious illness?

Maybe it's happened to someone you know. A sudden illness such as a heart attack or stroke can cause devastating physical and financial consequences.

- 1.5 million Americans will declare bankruptcy this year, 60% due to medical bills.¹
- An estimated 83.6 million American adults (greater than 1 in 3) have cardiovascular disease.²
- Fewer than 1 in 4 Americans (24%) have enough savings to cover at least 6 months' expenses.³



How can critical illness insurance help?

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date with a covered critical illness.

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

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Facts About Critical Illness Insurance Coverage and Costs, 2012

² American Heart Association 2013

³ 2013 research from Bankrate.com

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. 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. Contact Sun Life Financial for additional details.

Critical Illness Q&A

Q. I'm not signed up for Critical Illness insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you first became eligible for this coverage within the last 90 days, you can enroll for amounts up to \$20,000 for yourself without answering health questions. To enroll for more coverage than the amount shown above, you'll need to answer a simple health statement.

If you were offered this coverage more than 90 days ago, but chose not to enroll, you can join the plan now, but you'll need to provide proof of good health. Once approved, a pre-existing conditions limitation will apply.

If your dependents first became eligible for this coverage within the last 90 days, you can enroll your spouse for amounts up to \$10,000 and up to \$5,000 for each child without answering health questions. You will need to complete a simple health questionnaire if your dependent became eligible more than 90 days ago. Once approved, the pre-existing conditions limitation will apply.

A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition unless you or your covered dependent are initially diagnosed with a critical illness or undergo a procedure after the earlier of:

- 12 consecutive months during which you or your covered dependent are continuously insured under this plan; or
- 12 consecutive months during which you or your covered dependent do not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances for that condition.

See your certificate for additional pre-existing condition details.

Q. What benefits are provided under this plan?

A. If you are diagnosed with a covered critical illness, you could receive up to \$50,000 as a single sum payment depending on the amount of coverage you elect. You must be diagnosed after your coverage effective date and qualify for the benefit as defined by the policy. Each critical illness pays a specified percentage of your election amount as shown below:

Covered Illness or Procedure	Initial Diagnosis Benefit Percent of Elected Benefit Payable
• Heart Attack	100%
• Stroke	100%
• End Stage Kidney Disease	100%
• Major Organ Failure	100%
• Occupational HIV/Hepatitis, B,C or D	100%
• Coronary Bypass Surgery	25%
Your plan also includes expanded coverage for these additional conditions:	
• Cancer - Invasive Cancer	100%
• Cancer - Carcinoma in Situ	25%
• Cancer - Skin Cancer	5%

Q. What if I am diagnosed with the same condition again?

A. If you have received benefits under this plan for a covered critical illness and are diagnosed a second time with the same critical illness, you may qualify for the recurrence benefit. Recurrence benefits are available only for the critical illnesses shown below:

Covered Illness or Procedure	Recurrence Benefit Percent of Elected Benefit Payable
• Heart Attack	50%
• Stroke	50%
• End Stage Kidney Disease	50%
• Major Organ Failure	50%
• Coronary Bypass Surgery	12.5%

The second diagnosis must occur at least 12 consecutive months after the initial diagnosis and you must not have been receiving treatment for the initial diagnosis for at least 12 consecutive months between the initial diagnosis and the second diagnosis. Once the recurrence benefit has been paid, no additional benefit will be paid for that critical illness.

Critical Illness Q&A

Q. Can I receive benefits for more than one of these critical illnesses?

- A. Yes, you can receive benefits for any covered critical illness shown but there must be at least 6 consecutive months between the diagnosis dates. You can only claim benefits once for each critical illness unless a recurrence benefit is payable.

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. Can I take my insurance with me if I leave my employer?

- A. Yes. **Portability** allows you to continue this group critical illness coverage until age 70 after terminating current employment.

How much does Critical Illness Cost?

Your cost depends on:

- How much coverage you select
- Your age as of the effective date. Because issue age rating applies, your premiums will not increase due to age changes.

You may elect coverage for yourself in units of \$5,000 up to \$50,000.

Employee Critical Illness Insurance Monthly Premiums						
Issue Age	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.50	\$4.25	\$8.35	\$15.25	\$24.70	\$49.05
\$10,000	\$5.00	\$8.50	\$16.70	\$30.50	\$49.40	\$98.10
\$15,000	\$7.50	\$12.75	\$25.05	\$45.75	\$74.10	\$147.15
\$20,000	\$10.00	\$17.00	\$33.40	\$61.00	\$98.80	\$196.20
\$25,000	\$12.50	\$21.25	\$41.75	\$76.25	\$123.50	\$245.25
\$30,000	\$15.00	\$25.50	\$50.10	\$91.50	\$148.20	\$294.30
\$35,000	\$17.50	\$29.75	\$58.45	\$106.75	\$172.90	\$343.35
\$40,000	\$20.00	\$34.00	\$66.80	\$122.00	\$197.60	\$392.40
\$45,000	\$22.50	\$38.25	\$75.15	\$137.25	\$222.30	\$441.45
\$50,000	\$25.00	\$42.50	\$83.50	\$152.50	\$247.00	\$490.50

Can I buy coverage for my family?

If you cover yourself, you can also purchase Critical Illness insurance 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.

You can buy spouse coverage in units of \$2,500 up to the lesser of 50% of your own coverage amount or \$25,000.

Spouse Critical Illness Insurance Monthly Premiums						
Issue Age	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.25	\$2.13	\$4.18	\$7.63	\$12.35	\$24.53
\$5,000	\$2.50	\$4.25	\$8.35	\$15.25	\$24.70	\$49.05
\$7,500	\$3.75	\$6.38	\$12.53	\$22.88	\$37.05	\$73.58
\$10,000	\$5.00	\$8.50	\$16.70	\$30.50	\$49.40	\$98.10
\$12,500	\$6.25	\$10.63	\$20.88	\$38.13	\$61.75	\$122.63
\$15,000	\$7.50	\$12.75	\$25.05	\$45.75	\$74.10	\$147.15
\$17,500	\$8.75	\$14.88	\$29.23	\$53.38	\$86.45	\$171.68
\$20,000	\$10.00	\$17.00	\$33.40	\$61.00	\$98.80	\$196.20
\$22,500	\$11.25	\$19.13	\$37.58	\$68.63	\$111.15	\$220.73
\$25,000	\$12.50	\$21.25	\$41.75	\$76.25	\$123.50	\$245.25

Your spouse's premiums are based on **your** age.

Can I buy coverage for my family? (continued)

You can buy coverage for your children too in units of \$2,500 up to \$5,000. A 50% limit also applies to child coverage.

Child Critical Illness Insurance Monthly Premiums		
Benefit	\$2,500	\$0.15
	\$5,000	\$0.30

For Critical Illness insurance for your children, choose the benefit you want for the corresponding premium. One premium covers all of your dependent children.

Critical Illness Definitions - Core Covered Conditions

Heart attack means that while insured under the policy, a covered person has been diagnosed with coronary artery disease that results in a current and new acute myocardial infarction due to blockage of one or more coronary arteries causing death of a portion of the heart muscle with loss of heart function. Diagnosis of the new myocardial infarction must be based on new changes consistent with an evolving infarction on electrocardiogram (EKG) and concurrent with serial measurement of cardiac biomarkers of a pattern and level of enzymes confirming an acute infarction. Old, established or silent myocardial infarctions are excluded.

Stroke means that while insured under the policy, a covered person has been diagnosed with *cerebral vascular disease* resulting in a brain tissue infarction. The basis of the diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage. For the purposes of this policy, stroke does not include: Transient Ischemic Attacks (TIAs); Transient Global Amnesia (TGA); or external trauma causing injury to the brain.

Cerebral vascular disease means subarachnoid hemorrhage, intracerebral hemorrhage, brain embolism, brain thrombosis, occlusion and stenosis of precerebral arteries or occlusion of cerebral arteries.

End-stage kidney disease means that while insured under the policy, a covered person has been diagnosed with a renal disease that has resulted in either: the chronic and irreversible failure of both kidneys to function and which requires regular dialysis for a minimum of 90 days; or the need for a kidney transplant. In the event a kidney is transplanted at the same time as other organs, only one benefit is payable.

Major organ failure means that while insured under the policy, a covered person is diagnosed with any end-stage disease as specified by the most current edition of the International Classification of Diseases (ICD) of the heart, liver, lung, small intestine, pancreas or bone marrow that has resulted in the chronic and irreversible failure of the organ to function and which requires the need for a transplant. In order for major organ failure resulting from an end-stage disease to be covered under this policy, the covered person must be registered with the United Network of Organ Sharing (UNOS) or be registered for matching a donor on the National Marrow Donor Program (NMDP). If multiple organs are to be replaced at the same time only one benefit is payable.

Occupational infectious disease means that a covered person is initially diagnosed while insured under the policy with Human Immunodeficiency Virus (HIV) infection or Hepatitis B, C and/or D resulting from accidental exposure to HIV or Hepatitis B, C and/or D by contaminated body fluids during the course of performing a covered person's regular occupation for which remuneration is earned. To prove occupational exposure, all of the following must be submitted: Documentation showing that within five days of the accidental exposure, the exposure was reported and recorded by the appropriate person according to legislation, regulations or standard guidelines that apply to the occupation; A negative antibody for HIV or Hepatitis B, C and/or D test, performed by a state certified and licensed laboratory within five days of exposure; and A positive antibody for HIV or Hepatitis B, C and/or D test, taken in the 90 to 180 days following the exposure. Occupational infectious disease does not include HIV or Hepatitis B, C and/or D that occurs as a result of IV drug use, sexual transmission or is determined not to be accidental. In order for a benefit to be paid, the initial diagnosis of occupational infectious disease must occur while insured under the policy.

Coronary bypass surgery means that while insured under the policy, a covered person has been diagnosed with *coronary artery disease* requiring a procedure to bypass one or more diseased, narrowed or blocked coronary arteries with arterial or venous grafts and is performed by a board certified cardiovascular surgeon. Other procedures such as percutaneous transluminal coronary angioplasty (PTCA) or laser procedures are excluded.

Coronary artery disease means acute coronary occlusion, coronary atherosclerosis, aneurysm and dissection of the coronary arteries or coronary atherosclerosis due to plaque. *Coronary bypass surgery* means that while insured under the policy, a covered person has been diagnosed with coronary artery disease requiring a procedure to bypass one or more diseased, narrowed or blocked coronary arteries with arterial or venous grafts and is performed by a board certified cardiovascular surgeon. Other procedures such as percutaneous transluminal coronary angioplasty (PTCA) or laser procedures are excluded.

Critical Illness Definitions - Expanded Coverage for Additional Conditions

Invasive cancer means that while insured under the policy, a covered person has been diagnosed with a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of neighboring tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are considered invasive cancer. The following are not considered invasive cancer: pre-malignant lesions (such as intraepithelial neoplasia); benign tumors or polyps; early prostate cancer diagnosed as T1N0M0 or equivalent staging; *Cancer in situ*; any *skin cancer* (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic); and any non-malignant, non-invasive cancer or dysplasia of all grades. Invasive cancer must be supported by a pathological diagnosis or a clinical diagnosis if pathological diagnosis is not possible.

Cancer in situ means that while insured under the policy, a covered person has been diagnosed with a cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. *Cancer in situ* includes, but is not limited to: Early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis. *Cancer in situ* does not include: Other skin malignancies, such as squamous cell or basal cell cancer; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps; or Invasive cancer. *Cancer in situ* must be supported by a pathological diagnosis or a clinical diagnosis if a pathological diagnosis is not possible.

Skin cancer means that while insured under the policy, a covered person has been diagnosed with basal cell cancer or squamous cell cancer of the skin.

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

Critical Illness

We will not pay benefits for you or your covered dependent if the critical illness or procedure is related to or resulting directly or indirectly 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; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant for you or your covered dependent in which the covered person's own bone marrow is used; 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.

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