

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. Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who already had a heart attack.¹

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 Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics—2015 update: a report from the American Heart Association. *Circulation*. 2015;131:e29-322.

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 \$10,000 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.

A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which you 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 became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition unless you are diagnosed with a critical illness or undergo a procedure after the earlier of:

- 12 consecutive months during which you are continuously insured under this plan; or
- 12 consecutive months during which you 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. After your coverage effective date, if you are diagnosed for a covered critical illness or undergo a covered procedure, you could receive up to \$10,000 depending on the amount of coverage you elect.

- You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit.
- You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

Q. What is the Recurrence Benefit?

A. If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category.

Q. What is the Total Benefit I can receive?

A. You could receive up to 250% of your elected amount (100% of the elected amounts in each category as well as the 25% Recurrence Benefit in each category).

Q. What is the Annual Wellness Screening Benefit?

A. If you enroll in the plan, 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.

Category	Covered Illnesses/Procedures	Percent of Benefit Payable
1	• Heart attack, heart failure, stroke	100%
	• Coronary bypass surgery	25%
2	• Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma	100%

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.

How much does Critical Illness Cost?

Your cost depends on how much coverage you select, your age as of the effective date and whether or not you use tobacco. Because issue age rating applies, your premiums will not increase due to age changes.

You may elect coverage for yourself in units of \$10,000 up to \$10,000. **Your benefit is subject to a 50% reduction, rounded to the next higher \$1,000, when you turn age 70.**

Employee Critical Illness Insurance Weekly (52) Premiums												
Issue Age	Non-Tobacco User						Tobacco User					
	<30	30-39	40-49	50-59	60-64	65+	<30	30-39	40-49	50-59	60-64	65+
\$10,000	\$1.18	\$1.80	\$2.68	\$4.82	\$6.90	\$8.35	\$1.59	\$2.77	\$4.41	\$8.61	\$11.68	\$12.74

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 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 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 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 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.