

**Employee Group Benefits**  
UNDERWRITTEN BY  
**SUN LIFE ASSURANCE COMPANY OF CANADA**

**Charlotte Mecklenburg Schools**

**GROUP POLICY NUMBER - 80334**  
**POLICY EFFECTIVE DATE - January 1, 2003**  
**POLICY AMENDMENT DATE - August 1, 2005**

Welcome to Sun Life Assurance Company of Canada (Sun Life). Sun Life is pleased to be your Employer's insurance carrier for the benefits provided in the Group Policy. The description of Eligible Classes in the Benefit Highlights will help you determine what benefits apply to you.

The booklet is intended to provide a summarized explanation of the current Group Policy Benefits. However, the Group Policy is the document which forms Sun Life's contract to provide benefits. If the terms of the booklet and the Group Policy differ, the Group Policy will govern. A complete copy of the Group Policy is in the possession of your Employer and is available for your review. In the event of any changes in benefits or Group Policy provisions, you will be provided with a new booklet or a supplement which describes any changes.

Possession of this booklet does not necessarily mean you are insured under the Group Policy. The requirements for becoming eligible for insurance and the dates your insurance begins or ceases are explained within this booklet.

This booklet uses insurance terms and phrases that are listed in the Definitions Section.

For information, call the Sun Life Group Customer Service Center toll free at 1-800-247-6875.

**THE POLICY MAY BE TERMINATED BY SUN LIFE UNDER CONDITIONS STATED IN THE POLICY.**

**READ YOUR CERTIFICATE CAREFULLY**

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## **BENEFIT HIGHLIGHTS**

### **EMPLOYEE LIFE INSURANCE**

#### **ELIGIBLE CLASSES**

All Part-Time and Full-Time Employees scheduled to work at least 20 hours per week.

All Board of Education Members and Interim Teachers who are contracted to work 6 months or more scheduled to work at least 20 hours per week.

#### **BASIC LIFE INSURANCE**

##### **AMOUNT OF INSURANCE**

\$9,300

#### **OPTIONAL LIFE INSURANCE**

##### **AMOUNT OF INSURANCE**

You may elect one of the following options:	Option I	\$10,000
	Option II	\$20,000
	Option III	\$30,000
	Option IV	\$40,000
	Option V	\$50,000
	Option VI	\$100,000

Your amount of Basic and Optional Life Insurance reduces to 65% when you reach age 70, to 45% when you reach age 75 and to 30% when you reach age 80.

Your Basic and Optional Life Insurance cancels at your retirement.

## **BENEFIT HIGHLIGHTS**

**Evidence of Insurability**, satisfactory to Sun Life, will be required for any of the following reasons:

- you, on your initial Eligibility Date, you elect Basic Life Insurance only and subsequently elect Optional Life Insurance; or
- you elect an increase in your amount of Optional Life Insurance.

You can only make changes in insurance during the Annual Enrollment.

## BENEFIT HIGHLIGHTS

### DEPENDENT LIFE INSURANCE

#### ELIGIBLE CLASSES

All Part-Time and Full-Time Employees scheduled to work at least 20 hours per week.

All Board of Education Members and Interim Teachers who are contracted to work 6 months or more scheduled to work at least 20 hours per week.

Spouse	Child under age 19**
\$10,000	\$5,000*

\* the amount of Dependent Life Insurance for your child under 14 days is None.

\*\* to age 25 if your child is an enrolled full-time student and depends on you for 50% or more of his/her support.

**Evidence of Insurability**, satisfactory to Sun Life, will be required for your Dependent if on your initial Eligibility Date, you elect no Dependent Life coverage and subsequently elect Dependent Life Insurance.

You can only make changes in insurance during Annual Enrollment.

## **BENEFIT HIGHLIGHTS**

### **WAITING PERIOD**

(The period of time you must be employed in an Eligible Class before you can apply for benefits)

Until the first of the month following your date of employment

### **CONTRIBUTIONS**

The cost of your Employee Basic Life Insurance is paid for entirely by your Employer. This is your non-contributory insurance.

The cost of your Dependent Life and Employee Optional Life Insurance is paid for by you. This is your contributory insurance.

The following Questions and Answers will help you to better understand your benefits.

Please read them carefully and refer any questions to your Employer or call the Sun Life Group Customer Service Center toll free at 1-800-247-6875.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

### **When am I eligible for insurance?**

If you are in an Eligible Class shown in the Benefit Highlights, you are eligible on the later of:

- January 1, 2003; or
- the first day of the month following your date of employment

If you are in an Eligible Class shown in the Benefit Highlights and you have a Dependent, you are eligible for Dependent Life Insurance on the latest of:

- the date you are insured for Employee Life Insurance; or
- January 1, 2003; or
- the first of the month following the date you first acquire a Dependent.

### **When must I apply for insurance?**

You must apply for insurance during your Initial Enrollment Period.

### **When is my Initial Enrollment Period?**

If you are eligible for insurance on January 1, 2003, your Initial Enrollment Period is the period prior to January 1, 2003 as designated by your Employer.

If you first become eligible for insurance after January 1, 2003, your Initial Enrollment Period is the 31 days immediately after your Eligibility Date.

### **When does my insurance start?**

Your insurance starts on the date you are eligible on or after the date you apply for your insurance, if:

- you are Actively at Work on that date; and
- Evidence of Insurability is not required.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

If Evidence of Insurability is required for any amount of insurance, your insurance will not start until the first of the month following the date Sun Life approves your insurance, but you need to be Actively at Work on that date.

### **What if I am not Actively at Work on the date my insurance starts?**

If you are not Actively at Work on the date your insurance would normally start, your insurance will not start until you are Actively at Work.

### **What happens if I do not apply during the Initial Enrollment Period?**

If you do not apply for insurance during your Initial Enrollment Period, you will be insured for Employee Basic Life Insurance only.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

### **When does my Dependent's insurance start?**

Your Dependent's insurance starts on the latest of:

- the first of the month following the date you are Eligible for Dependent Life Insurance; or
- the first of the month following the date you apply for Dependent Life Insurance; or
- the first of the month following the date Sun Life approves your Dependent's Evidence of Insurability (if required);  
as long as your Dependent is not hospital confined on that date.

If your Dependent is hospital confined on the date your Dependent's insurance would normally start, your Dependent's insurance will not start until the Dependent is no longer hospital confined.

If you do not apply for Dependent Life Insurance during your Initial Enrollment Period, your Dependent will not be insured.

### **Can I make any changes in my Plan Options?**

No increase can be made to your Plan Options until:

- the Annual Enrollment Period; or
- you have a Family Status Change.

You may decrease your coverage at any time. Changes will be effective on the first of the month following the decrease.

### **When is the Annual Enrollment Period?**

The Annual Enrollment Period is a period of time during the month of February as designated by your Employer.

During this period of time you may elect to make changes to your Plan Options. Please note that Evidence of Insurability is required for any coverage elections or benefit increases.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

### **When do changes to my Plan Options start?**

If you have increased your amount of insurance, the increase starts on the later of:

- the March 1st following the change in your Plan Options; or
- the first of the month following the date Sun Life approves your Evidence of Insurability (if required);
- as long as you are Actively at Work on that date.

If you are not Actively at Work on the date your insurance would normally increase, the increase in your insurance will not start until you are Actively at Work.

If you have elected to add Dependent Life Insurance after your Initial Enrollment Period your Dependent's insurance starts on:

- the March 1st following the change in your Plan Options; or
- the first of the month following the date Sun Life approves your Dependent's Evidence of Insurability (if required);
- as long as your Dependent is not hospital confined.

If your Dependent is hospital confined on the date an increase in your Dependent's insurance would normally start, the increase in your Dependent's insurance will not start until the Dependent is no longer hospital confined.

Decreases in any amount of insurance will start on the first of the month following the change in your Plan Options.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

### **What if I do not make any changes during the Annual Enrollment Period?**

If you do not make any changes during the Annual Enrollment Period you will continue to be insured for the same Plan Option previously selected.

No change in your Plan Options can be made until the next Annual Enrollment Period unless you have a Family Status Change or you elect to decrease coverage.

### **What is considered a Family Status Change?**

A Family Status Change is one of the following events:

- your marriage or divorce;
- the birth of your child;
- the adoption of a child by you;
- the death of your spouse or child;
- the commencement or termination of employment of your spouse;
- the change from part-time to full-time employment by your spouse;
- the change from full-time to part-time employment by your spouse;
- the taking of an unpaid leave of absence by you or your spouse;
- a significant change in your health coverage or your spouse's health coverage as a result of your spouse's employment.

These changes must be made within 31 days of the change in your Family Status and be necessary or appropriate as a result of the Family Status Change.

## **ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

### **When does insurance due to Family Status Changes start?**

If you have increased your amount of insurance, the increase starts on the latest of:

- the first of the month following the date you apply for a change in your Plan Options; or
- the first of the month following the date your Family Status changes; or
- the first of the month following the date Sun Life approves your Evidence of Insurability (if required);
- as long as you are Actively at Work on that date.

If you are not Actively at Work on the date your insurance would normally increase, the increase in your insurance will not start until you are Actively at Work.

If you have increased your Dependent's amount of insurance, the increase starts on the latest of:

- the first of the month following the date you apply for a change in your Plan Options; or
- the first of the month following the date your Family Status changes; or
- the first of the month following the date Sun Life approves your Dependent's Evidence of Insurability (if required);
- as long as your Dependent is not hospital confined on that date.

If your Dependent is hospital confined on the date an increase in your Dependent's insurance would normally start, the increase in your Dependent's insurance will not start until the Dependent is no longer hospital confined.

If due to the Family Status change you decrease any amount of insurance, the decrease will start on the first of the month following the date you apply for the change in your Plan Options.

## **TERMINATION OF EMPLOYEE INSURANCE**

### **When does my insurance cease?**

Your insurance ceases on the earliest of:

- the date the Group Policy terminates.
- the end of the month in which you are no longer in an Eligible Class.
- the date your class is no longer included for insurance.
- the last day for which any required premium has been paid for your insurance.
- the end of the month in which you retire.
- the date you request in writing to terminate your insurance.
- the date you enter active duty in any armed service during a time of war (declared or undeclared).
- the end of the month in which your employment terminates.
- the date you cease to be Actively at Work.
- 

### **Are there any conditions under which my insurance can continue?**

Yes.

Your insurance will continue during any period the premium for your insurance is waived under the Group Policy.

If you are on temporary layoff, leave of absence or vacation your Employer may continue your insurance. Contact your Employer for more details.

If you are absent from work due to an injury or sickness, your Employer may continue your insurance, by paying the required premium, for up to 12 months.

If you are "Totally Disabled" you may be eligible for a longer continuation of Life Insurance. Refer to "What is the Waiver of Premium Provision" in the Life Benefit Section. Please note you need to apply for continued benefits under the Waiver of Premium Provision within 12 months after you cease to be Actively at Work.

## **TERMINATION OF EMPLOYEE INSURANCE**

If your coverage terminates and you are not eligible for any of the described continuations, you may be eligible for a Conversion Privilege. Refer to the "Conversion Privilege" in the Life Benefit section. Please note that you need to apply for the conversion and pay the required premium within 31 days following your termination of insurance.

You may be eligible to continue your insurance coverage pursuant to the Family and Medical Leave Act of 1993. You should contact your Employer for more details.

You may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA). You should contact your Employer for more details.

## **TERMINATION OF DEPENDENT INSURANCE**

### **When does my Dependent's insurance cease?**

Your Dependent's insurance ceases on the earliest of:

- the date the Group Policy terminates.
- the date you cease to be insured.
- the end of the month in which you are no longer in an Eligible Class for Dependent Insurance.
- the date the Dependent does not qualify as a Dependent.
- the last day for which any required premium has been paid for your Dependent's insurance.
- the date you request in writing to terminate your Dependent's insurance.
- the date your Dependent enters active duty in any armed service during a time of war (declared or undeclared).
- the end of the month in which you retire.
- the date you die.

### **Are there any conditions under which my Dependent's insurance can continue?**

Yes.

If your Dependent's coverage terminates, your Dependent may be eligible for a conversion Privilege. Refer to the "Conversion Privilege" of the Dependent Life Benefit section. Please note that you and your Dependent may need to apply for the conversion and pay the required premium within 31 days following termination of the Dependent's insurance.

You may be eligible to continue your Dependent's insurance pursuant to the Family and Medical Leave Act of 1993. You should contact your Employer for more details.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What is the Life Insurance Benefit?**

If you die while insured, your Beneficiary will receive the amount of your Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

#### **What is the amount of my Life Insurance?**

##### **Basic Life Insurance**

The amount of your Basic Life Insurance is the Basic amount of insurance as determined in the Benefit Highlights.

Your amount of Basic Life Insurance is subject to any age reductions or terminations shown in the Benefit Highlights.

##### **Optional Life Insurance**

The amount of your Optional Life Insurance is your amount of insurance elected as determined in the Benefit Highlights.

Your amount of Optional Life Insurance is subject to the following Exclusions and any Evidence of Insurability requirements, age reductions, or terminations shown in the Benefit Highlights.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What are the Exclusions?**

If your cause of death is suicide:

- No amount of Optional Life Insurance is payable if the suicide occurs within 24 months after your Optional Life Insurance starts. Any period of time you were insured for the same amount of Optional Life Insurance under your Employer's prior group Life policy will count towards your completion of the 24 months.
- No increased or additional amount of your Optional Life Insurance is payable if the suicide occurs within 24 months after the increased or additional amount of your Optional Life Insurance starts.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What is the Waiver of Premium Provision?**

If you become Totally Disabled while insured, the Waiver of Premium Provision may continue your Life Insurance without any further payment of premiums by you or your Employer.

#### **When am I eligible for the Waiver of Premium Provision?**

You are eligible if Sun Life receives Notice and Proof of Claim that you became Totally Disabled:

- while insured; and
- before your 60th birthday; and
- before you retire.

#### **What is the amount of Life Insurance that is continued under the Waiver of Premium Provision?**

Sun Life will continue the amount of your Life Insurance in force on the last day you were Actively at Work. This amount is subject to the same reductions or terminations that would have been applicable had you not become Totally Disabled.

If you have converted your Life Insurance to an individual policy, the continued insurance will be reduced by that converted amount unless you exchange that individual policy for a full refund of premiums paid.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **When does my Waiver of Premium cease?**

Your Waiver of Premium ceases on the earliest of:

- the date you are no longer Totally Disabled.
- the date you do not provide Proof that you continue to be Totally Disabled.
- the date you do not submit to an examination by a Physician of Sun Life's choice.
- the date you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- the date you reach age 70.
- the date you retire.

For the purposes of this Waiver of Premium Provision, you are considered retired when you receive any compensation from a Retirement Plan of your Employer, or when you reach age 70, whichever is earlier.

If your Waiver of Premium ceases and you do not return to work with your Employer, your Life Insurance will terminate. You may be eligible to convert your Life Insurance under the Conversion Privilege.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

**Receipt of Accelerated Benefits may be taxable. Assistance should be sought from your personal tax advisor.**

#### **What is the Accelerated Benefit?**

If Sun Life receives satisfactory proof that you are Terminally Ill, part of your Life Insurance may be payable to you while you are still living.

#### **When am I eligible for an Accelerated Benefit?**

(Applicable if you were hired on or before January 1, 2003)

You are eligible if:

- you were Actively at Work on January 1, 2003 and have been insured for Life Insurance for at least 30 days. This 30 day period is waived for qualifying events due to an accidental Injury. (This includes any period of time you were insured under the prior insurer's group life policy); and

(Applicable if you were hired after January 1, 2003)

You are eligible if:

- you have been insured for Life Insurance for at least 30 days. This 30 day period is waived for qualifying events due to an accidental Injury; and

(Applicable to All Employees)

- you are certified as Terminally Ill with a life expectancy of 12 months or less; and
- you are insured for at least \$9,300 of Life Insurance.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **How do I receive an Accelerated Benefit?**

You need to submit a written request to Sun Life.

If you have assigned your Life Insurance, named an irrevocable Beneficiary or have a former spouse named as Beneficiary as part of a divorce decree, you must have a signed agreement from those parties.

#### **What is the amount of Accelerated Benefit?**

You can request up to 75% of the amount of your Life Insurance currently in force. The maximum amount you can request is \$81,975. The minimum amount you may request is \$5,000.

If you have received an Accelerated Benefit under the prior insurer's group life policy, you can request up to 75% of your Life Insurance currently in force reduced by the amount of the Accelerated Benefit you have previously received.

#### **How is the Accelerated Benefit paid?**

The Accelerated Benefit is paid in a single lump sum amount.

#### **Can I receive more than one Accelerated Benefit?**

You may request the Accelerated Benefit only once under Sun Life's Group Policy.

#### **Are there any charges if I request an Accelerated Benefit?**

No.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What happens to my Life Insurance if I receive an Accelerated Benefit?**

If you have received an Accelerated Benefit from Sun Life or the prior insurer's group life policy, your Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid by Sun Life, and an amount equal to the Accelerated Benefit paid by the prior insurer's group life policy.

#### **Some Important Notes about your Accelerated Benefit**

Your Accelerated Benefit is not a long term care policy. The amount your Accelerated Benefit would pay may not be enough to cover nursing home expenses or other bills. You may use the money received from the Accelerated Benefit for any purpose.

Receipt of your Accelerated Benefit may affect your Medicaid eligibility.

No Accelerated Benefit payment will be processed if you are required to request it by a third party, including any creditor, governmental agency, trustee in bankruptcy or any other person, or as the result of a court order.

Benefits payable under this provision MAY be taxable. You should consult your tax advisor. Sun Life does not give tax or legal advice.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What is the Portability Privilege?**

If, prior to age 65, your Optional Life insurance ceases because you terminate employment, you may apply for portable coverage, during the 31 day conversion period, instead of converting to an individual policy.

#### **How does this differ from the Conversion Privilege?**

Portable coverage is group term life insurance. This benefit may be continued only for 10 years, or to age 65, whichever comes first. At the end of that time, you may convert the coverage then in force to an individual whole life policy under a Conversion Privilege.

Also, you must provide a statement of good health in order to qualify for portable coverage.

#### **What amounts of insurance are portable?**

You may apply for portable coverage up to the amount of Optional Life coverage that ceased, to a maximum of \$100,000.

#### **When does my portable coverage start?**

If your application is approved and the first premium is paid when due, your coverage will start on the day after the 31 day conversion period. If your application is declined, you will be given a 31 day period to apply for an individual whole life policy under the conversion privilege.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **How do I apply for portable coverage?**

You must complete an application for portable coverage, which contains a short medical questionnaire, and send it, with payment of the first premium, to Sun Life within 31 days of the date your Optional Life Insurance terminates.

The application contains a table to calculate the applicable premium, based on your age and the amount of coverage elected.

The application is available from your Employer.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What is the Conversion Privilege?**

If your Life Insurance ceases, you may be able to convert your Life Insurance to an individual policy. You need to apply for the Conversion Privilege within 31 days. See question "How do I convert my Life Insurance?".

#### **When can I convert my Life Insurance?**

1. You can convert if all or part of your Life Insurance ceases or reduces due to:
  - termination of your employment;
  - termination of your membership in an Eligible Class;
  - your retirement;
  - your reaching a specified age; or
  - your changing to a different Eligible Class; or
  - termination of your Waiver of Premium continuation; or
  - your continuation period ending during your layoff or leave of absence.
  
2. You can convert if you have been continuously insured for 5 or more years under Sun Life's Group Life Policy and all or part of your Life Insurance ceases or reduces due to:
  - termination of the Life Insurance Benefit Provision;
  - termination of the Group Policy;
  - an amendment to the Group Policy to reduce the amount of Life Insurance in your Eligible Class; or
  - an amendment to the Group Policy to terminate your Eligible Class.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What amount of Life Insurance can I convert?**

The amount of Life Insurance you can convert depends on the reason your Life Insurance ceases.

If your amount of Life Insurance ceased or reduced for the reasons stated in #1 "When can I convert my Life Insurance?", you can convert up to the amount that ceased or reduced. If your amount of Life Insurance that ceased is \$10,000 or more, the minimum amount of your individual policy must be \$10,000.

If your amount of Life Insurance ceased or reduced for the reasons stated in #2 "When can I convert my Life Insurance?", you can convert up to the lesser of:

- \$10,000; or
- the amount that ceased or reduced less any amount of group life insurance you may become eligible for within 31 days after your Life Insurance ceased or reduced.

#### **How do I convert my Life Insurance?**

You convert by applying to Sun Life for an individual policy along with sending payment of the first premium within 31 days after any part of your Life Insurance ceases or reduces. This is your 31 day conversion period. However, if you are not notified by your Employer of this conversion privilege, you will have an additional 15 days to exercise this conversion privilege. In no event will this conversion privilege be extended beyond 30 days following your 31 day conversion period.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What type of individual policy is available?**

You can convert to any plan of whole life insurance available by Sun Life for conversion. The individual policy will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

You do not have to submit Evidence of Insurability to convert to an individual policy.

#### **When does my individual policy start?**

If your application for the individual policy is received and the first premium is paid when due, your individual policy starts on the day after the 31 day conversion period.

#### **What happens if I die during the 31 day conversion period?**

If Sun Life receives Notice and Proof of Claim, a death benefit is payable to your Beneficiary, whether or not you had applied for an individual policy or had paid the first premium.

The death benefit is the amount of Life Insurance you would have been eligible to convert.

## **BENEFIT PROVISIONS**

### **EMPLOYEE LIFE INSURANCE**

#### **What happens when my Employer transfers Insurance Carriers to Sun Life?**

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on January 1, 2003, you will be insured if:

1. you were insured under the prior insurer's group Life policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer's group Life policy.

Any Life benefit payable will be the lesser of:

- the Life benefit payable under the Group Policy; or
- the Life benefit payable under the prior insurer's group Life policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.

## **BENEFIT PROVISIONS**

### **DEPENDENT LIFE INSURANCE**

#### **What is my Dependent Life Insurance Benefit?**

If your Dependent dies while insured, you will receive the amount of your Dependent Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

#### **What is the amount of my Dependent Life Insurance?**

The amount of your Dependent Life Insurance is the amount you elected for your Dependent as determined in the Benefit Highlights.

The amount of your Dependent's Life Insurance is subject to any Evidence of Insurability requirements shown in the Benefit Highlights.

#### **What is the Conversion Privilege?**

If your Dependent's Life Insurance ceases, your Dependent may be able to convert the Life Insurance to an individual policy.

#### **When can my Dependent convert?**

1. Your Dependent can convert if all or part of your Dependent's Life Insurance ceases or reduces due to:
  - termination of your employment;
  - termination of your membership in an Eligible Class;
  - your retirement;
  - your reaching a specified age;
  - your changing to a different Eligible Class; or
  - your Dependent no longer qualifying as a Dependent.

## **BENEFIT PROVISIONS**

### **DEPENDENT LIFE INSURANCE**

2. Your Dependent can convert if your Dependent has been continuously insured for 5 or more years under Sun Life's Group Life Policy and all or part of your Dependent's Life Insurance ceases due to:
- termination of the Dependent Life Insurance Benefit Provision;
  - termination of the Group Policy;
  - an amendment to the Group Policy to terminate your Eligible Class.

#### **What amount of Life Insurance can my Dependent convert?**

The amount of Life Insurance your Dependent can convert depends on the reason your Dependent's Life Insurance ceased.

If your Dependent's amount of Life Insurance ceased or reduced for the reasons stated in #1 "When can my Dependent convert?", your Dependent can convert up to the amount that ceased or reduced. If your Dependent's amount of Life Insurance that ceased is \$10,000 or more, the minimum amount of your Dependent's individual policy must be \$10,000.

If your Dependent's amount of Life Insurance ceased for the reasons stated in #2 "When can my Dependent convert?", your Dependent can convert up to the lesser of:

- \$10,000; or
- the amount that ceased, less any amount of group life insurance your Dependent may become eligible for within 31 days after your Dependent's Life Insurance ceased.

## **BENEFIT PROVISIONS**

### **DEPENDENT LIFE INSURANCE**

#### **How can my Dependent convert?**

You or your Dependent need to apply to Sun Life for an individual policy along with sending payment of the first premium within 31 days after any part of your Dependent's Life Insurance ceases or reduces. This is your Dependent's 31 day conversion period. However, if your Dependent is not notified by your Employer of this conversion privilege, your Dependent will have an additional 15 days to exercise this conversion privilege. In no event will this conversion privilege be extended beyond 30 days following your Dependent's 31 day conversion period.

#### **What type of individual policy is available?**

Your Dependent can convert to any plan of whole life insurance available by Sun Life for conversion. The individual policy will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

Your Dependent does not have to submit Evidence of Insurability to convert to an individual policy.

#### **When does my Dependent's individual policy start?**

If your Dependent's application for the individual policy is received and the first premium paid when due, your Dependent's individual policy starts on the day after your Dependent's 31 day conversion period.

## **BENEFIT PROVISIONS**

### **DEPENDENT LIFE INSURANCE**

#### **What happens if my Dependent dies during the 31 day conversion period?**

If Sun Life receives Notice and Proof of Claim, a death benefit is payable to you, whether or not your Dependent had applied for an individual policy or had paid the first premium.

The death benefit is the amount of Life Insurance your Dependent would have been eligible to convert.

## **BENEFIT PROVISIONS**

### **DEPENDENT LIFE INSURANCE**

#### **What happens when my Employer transfers Insurance Carriers to Sun Life?**

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If your Dependent is hospital confined on January 1, 2003, your Dependent will be insured if:

1. your Dependent was insured under the prior insurer's group life policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for your Dependent are paid up to date; and
4. your Dependent is not receiving or eligible to receive benefits under the prior insurer's group Life policy.

Any Dependent Life benefit payable will be the lesser of:

- the Dependent Life benefit payable under the Group Policy; or
- the Dependent Life benefit payable under the prior insurer's group life policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.

## CLAIM PROVISIONS

### **How is a claim submitted?**

To submit a claim, you or someone on your behalf must send Sun Life written Notice and Proof of Claim within the time limits specified. Your Employer has the Sun Life Notice and Proof of Claim forms.

### **When does written Notice of Claim have to be submitted?**

**for a Death Claim** - written notice of claim must be given to Sun Life no later than 30 days after the date of death.

**for Life Waiver of Premium** - written notice of claim must be given to Sun Life no later than 12 months after you cease to be Actively at Work.

If notice cannot be given within the applicable time period, Sun Life must be notified as soon as it is reasonably possible.

When Sun Life has received written notice of claim, Sun Life will send the forms for proof of claim. If the forms are not received within 15 days after written notice of claim is sent, proof of claim may be sent to Sun Life without waiting to receive the proof of claim forms.

### **When does written Proof of Claim have to be submitted?**

**for a Death Claim** - proof of claim must be given to Sun Life no later than 90 days after date of death.

**for Life Waiver of Premium** - proof of claim must be given to Sun Life no later than 15 months after you cease to be Actively at Work.

If proof cannot be given within these time limits, proof must be given as soon as reasonably possible. Proof of claim may not be given later than one year after the time proof is otherwise required unless the individual is legally incompetent.

## **CLAIM PROVISIONS**

### **What is considered Proof of Claim?**

Proof of Claim must consist of at least the following information:

- a description of the loss or disability;
- the date the loss or disability occurred; and
- the cause of the loss or disability.

(For example: a Death Claim would include at least the Death Certificate for Proof of Claim)

Proof of Claim may include, but is not limited to, police accident reports, autopsy reports, laboratory results, toxicology results, hospital records, x-rays, narrative reports, or other diagnostic testing materials as required.

Proof of Claim for disability must include evidence demonstrating the disability including, but not limited to, hospital records, Physician records, Psychiatric records, x-rays, narrative reports, or other diagnostic testing materials as appropriate for the disabling condition.

Sun Life may require as part of the Proof, authorizations to obtain medical and non-medical information.

Proof of your continued disability and regular and continuous care by a Physician must be given to Sun Life within 30 days of the request for proof.

Proof must be satisfactory to Sun Life.

### **When are benefits payable?**

Benefits are payable when Sun Life receives satisfactory Proof of Claim.

## **CLAIM PROVISIONS**

### **When will a decision on my claim be made?**

Sun Life will send you a written notice of decision on your claim within a reasonable time after Sun Life receives the claim but not later than 45 days after receipt of the claim. If Sun Life cannot make a decision within 45 days after receiving your claim, Sun Life will request a 30 day extension as permitted by U.S. Department of Labor regulations. If Sun Life cannot render a decision within the extension period, Sun Life will request an additional 30 day extension. Any request for extension will specifically explain:

1. the standards on which entitlement to benefits is based;
2. the unresolved issues that prevent a decision on the claim; and
3. the additional information needed to resolve those issues.

If a period of time is extended because you failed to provide necessary information, the period for making the benefit determination is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have at least 45 days to provide the specified information.

## CLAIM PROVISIONS

### What if my claim is denied?

If Sun Life denies all or any part of your claim, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. a description of any additional material or information needed to prove entitlement to benefits and an explanation of why such material or information is necessary;
5. a description of the appeal procedures and time limits;
6. your right to bring a civil action under ERISA, §502(a) following an adverse determination on review;
7. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request; and
8. the identity of any medical or vocational experts whose advice was obtained in connection with the claim, regardless of whether the advice was relied upon to deny the claim.

## **CLAIM PROVISIONS**

### **Can I request a review of a claim denial?**

If all or part of your claim is denied, you may request in writing a review of the denial within 180 days after receiving notice of denial.

You may submit written comments, documents, records or other information relating to your claim for benefits, and may request free of charge copies of all documents, records, and other information relevant to your claim for benefits.

Sun Life will review the claim on receipt of the written request for review, and will notify you of Sun Life's decision within a reasonable time but not later than 45 days after the request has been received. If an extension of time is required to process the claim, Sun Life will notify you in writing of the special circumstances requiring the extension and the date by which Sun Life expects to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial review period.

If a period of time is extended because you failed to provide information necessary to decide your claim, the period for making the decision on review is tolled from the date Sun Life sends notice of the extension to you until the date on which you respond to the request for additional information. You will have at least 45 days to provide the specified information.

## CLAIM PROVISIONS

### What if my claim is denied on review?

If Sun Life denies all or any part of your claim on review, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. your right to bring a civil action under ERISA, §502(a);
5. the identity of an internal rule, guideline, protocol or other similar criterion, if any, that was relied upon to deny the claim and a copy of the rule, guideline, protocol or criterion or a statement that a copy is available free of charge upon request;
6. the following statement: “You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State Insurance regulatory agency.”; and
7. the identity of any medical or vocational experts whose advice was obtained in connection with the appeal, regardless of whether the advice was relied upon to deny the appeal.

## CLAIM PROVISIONS

### **Who are benefits payable to?**

Benefits payable upon your death are payable to your Beneficiary living at the time (other than your Employer). You must name your Beneficiary on a form acceptable to Sun Life. Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. If no Beneficiary is alive on the date of your death, payment will be made to your estate.

If you named Beneficiaries under your Employer's Plan prior to the effective date of the Group Policy, that beneficiary designation will remain in effect unless you elect to change Beneficiaries.

All other benefits payable during your lifetime are payable to you.

If a benefit is payable to your estate, if you are a minor, or you are not competent, Sun Life has the right to pay an amount of the benefit up to \$5,000 to any of your relatives that Sun Life considers entitled. If Sun Life pays benefits in good faith to a relative, Sun Life will not have to pay those benefits again.

If your Beneficiary is a minor or is not competent, Sun Life has the right to pay up to \$1,000 to the person or institution that appears to have assumed custody and main support for the minor, until the appointed legal representative makes a formal claim. If Sun Life pays benefits in good faith to a person or institution, Sun Life will not have to pay those benefits again.

## **CLAIM PROVISIONS**

### **Can I change my Beneficiary?**

You can change your Beneficiary at any time, unless you have stated your choice of Beneficiary is irrevocable or you have assigned your interest in your Life Insurance to another person. Any request for change of Beneficiary must be in a written form and will take effect on the date you sign and file the change with your Employer. If Sun Life has taken any action or made payment before receiving notice of that change, your change of Beneficiary will not affect any action or payment made by Sun Life. The consent of your Beneficiary is not required to change any Beneficiary unless the Beneficiary designation was irrevocable.

### **Can I assign my Life Insurance?**

You can transfer ownership of your Life Insurance under the Group Policy by means of an absolute assignment. You cannot make an absolute assignment to your Employer. All your rights and duties as owner are transferred to the new owner. The new owner can make any change the Group Policy allows, such as a change of Beneficiary.

If you made an assignment under your Employer's plan prior to the effective date of the Group Policy, that assignment remains in force with respect to the Group Policy.

Any assignment must be in a written form and will take effect on the date you sign and file the assignment with your Employer. If Sun Life has taken any action or made payment before receiving notice of that change, the assignment will not affect any action or payment made by Sun Life. Sun Life will not be responsible for the legal, tax or other effects of any assignment.

## **GENERAL PROVISIONS**

### **How can statements made in any application for insurance be used?**

All statements made in any application are considered representations and not warranties. No representation by you in applying for insurance under the Group Policy will be used to reduce or deny a claim unless a copy of your written application for insurance is or has been given to you or to your Beneficiary, if any.

No statement made by you or any of your Dependents, relating to Evidence of Insurability for an initial, increased or additional amount of insurance, will be used in contesting the validity of that insurance, after such initial, increased or additional amount of insurance has been in force for a period of two years during that individual's lifetime. This statement must be contained in a form signed by that individual.

### **What happens if facts are misstated?**

If relevant facts about you or any one of your Dependents are not accurate:

- an equitable adjustment of premium will be made; and
- the true facts will be used to determine if and in what amount insurance is valid under the Group Policy.

If the amount of benefit depends on your age, the benefit will be the amount you would have been entitled to if your correct age were known.

### **What are Sun Life's examination rights?**

Sun Life, at its own expense, has the right to have any person, whose Injury or Sickness is the basis of a claim:

- examined by a Physician, other health professional or vocational expert of its choice; and/or
- interviewed by an authorized Sun Life representative.

This right may be used as often as reasonably required.

## **GENERAL PROVISIONS**

### **What are the time limits for legal proceedings?**

No legal action may start:

- until 60 days after Proof of Claim has been given; nor
- more than 3 years after the time Proof of Claim is required.

### **Do these group benefits affect Workers' Compensation?**

The Group Policy is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance.

### **Can the Policyholder act as a Sun Life agent?**

For all purposes of the Group Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed a Sun Life agent.

## DEFINITIONS

**These are some of the general terms you need to know.**

**Actively at Work** means that you perform all the regular duties of your job for a full work day scheduled by your Employer at your Employer's normal place of business or a site where your Employer's business requires you to travel.

You are considered Actively at Work on any day that is not your regular scheduled work day (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding scheduled work day, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.

You are considered Actively at Work if you usually perform the regular duties of your job at your home as long as you can perform all the regular duties of your job for a full work day and could do so at your Employer's normal place of business, if required, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.

**Eligibility Date** means the date or dates you become eligible for insurance under the Group Policy. Classes eligible for insurance are shown in the Benefit Highlights.

**Employee (You)** means a person who is employed by the Employer, scheduled to work at least the number of hours shown in the Benefit Highlights, and paid regular earnings.

**Employer** means Charlotte Mecklenburg Schools and includes any Subsidiary or Affiliated company insured under the Group Policy.

**Evidence of Insurability** means a statement or records of your or your Dependent's medical history upon which acceptance for insurance will be determined by Sun Life. In some cases, Sun Life may require that you or your Dependent submit to a paramedical examination, at Sun Life's expense, as part of the Evidence of Insurability.

## DEFINITIONS

**Injury** means bodily impairment resulting directly from an accident and independently of all other causes. Any Injury must occur and Disability must begin while you are insured under the Group Policy.

**Physician** means an individual who is operating within the scope of his license and is either:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- legally qualified as a medical practitioner and required to be recognized, under the Group Policy for insurance purposes, according to the insurance regulations of the governing jurisdiction.

The Physician cannot be you, your spouse or the parents, brothers, sisters or children of you or your spouse.

**Pregnancy** means childbirth, miscarriage, abortion or any disease resulting from or aggravated by the pregnancy.

**Retirement Plan** means a program which provides retirement benefits to you and is not funded entirely by your contributions. The term does not include a 401(k) plan, a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a nonqualified plan of deferred compensation.

Your Employer's Retirement Plan will include any Retirement Plan:

- which is part of any federal, state, county, municipal or association retirement system; and
- you are eligible for as a result of your employment with your Employer.

**Sickness** means illness, disease or pregnancy. A Disability, because of Sickness, must begin while you are insured under the Group Policy.

## DEFINITIONS

**Waiting Period** means the length of time immediately before your Eligibility Date during which you must be employed in an Eligible Class. Any period of time before the Group Policy Effective Date that you were Actively at Work for your Employer as a full-time or part-time Employee will count towards completion of your Waiting Period. The Waiting Period is shown in the Benefit Highlights.

## DEFINITIONS

**These are Life Insurance terms you need to know.**

**Beneficiary** means the person (it cannot be your Employer) who is entitled to receive death benefit proceeds as they become due under the Group Policy. A Beneficiary must be named by you on a form acceptable to Sun Life and executed by you.

**Retirement** for the purposes of your being considered retired means the first of the following dates to occur:

1. the effective date of your retirement benefits under:
  - a. any plan of a federal, state, county, municipal or an association retirement system for which you are eligible as a result of your employment with your Employer;
  - b. any Retirement Plan your Employer sponsors; or
  - c. any Retirement Plan your Employer makes or has made contributions to.
2. the effective date of your retirement benefits under the Social Security Act or any similar plan or act. However, if you meet the definition of an Employee Actively at Work and you are receiving retirement benefits under the Social Security Act, state, county, municipal, an association retirement system or similar plan or act, you will not be considered retired.

**Terminally Ill or Terminal Illness** means your Sickness or physical condition that is certified by a Physician to reasonably be expected to result in your death within twelve months or less.

**Total Disability or Totally Disabled** for purposes of determining eligibility for Waiver of Premium, means because of your Injury or Sickness, you are unable to perform the material and substantial duties of any occupation for which you are or become reasonably qualified for by education, training or experience.

## DEFINITIONS

**These are Dependent Life Insurance terms you need to know.**

**Dependent** means your:

- spouse;
- unmarried child from live birth to the end of the month in which the child attains age 19;
- unmarried child to the end of the month in which the child attains age 25 who is an enrolled full-time student and depends on you for 50% or more of his/her support.

Your unmarried step-child, foster child or adopted child is included as a Dependent if he/she depends on you for 50% or more of his/her support and is living with you in a regular parent-child relationship. A child is considered adopted if in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.

Dependent does not include any person residing outside the United States, Canada or Mexico.

If an unmarried child is:

- incapable of self-sustaining employment because of mental retardation, developmental disability or physical handicap; and
- depends on you for 50% or more of his/her support;

that child will continue to be a Dependent for as long as these two conditions exist.

No person may be considered to be a Dependent of more than one Employee.







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