

HIGHLIGHTS OF LONG TERM DISABILITY BENEFITS

FOR EMPLOYEES OF **Charleston Southern University Class 2**

Policy 09215

Welcome to Sun Life Assurance Company of Canada. We are pleased to provide you with Long Term Disability benefits. Below is an outline of the benefits now available to you through your employer.

Your LTD Benefits

- Covers accidents and sicknesses.
- Benefits are 60% of monthly earnings up to a maximum of \$7000 per month.
- Benefits may begin after 180 days of absences due to a covered accident or sickness.
- Own Occupation Duration is 36 months.
- Coverage is entirely employer paid.

Optional Benefits

Your employer is making *additional* Long Term Disability coverage available to you. This optional coverage is employee paid. If you elect Optional LTD, premiums will be deducted from your paycheck:

- Benefits are 70% of monthly earnings to a maximum benefit of \$8500 per month. *For example: If your monthly earnings is \$5,000 and you are unable to work and qualify for Long Term Disability benefits, you would receive 70% to a maximum of \$3,500 per month.*
- Benefits may begin after 180 days of absences due to a covered accident or sickness.
- Own Occupation Period is 36 months.

Cost to You

- Employer-provided benefits: \$0.00
- Optional LTD: The cost of optional benefits is determined by multiplying your monthly earnings by .0xxx.

Follow the example below to determine your cost.

Your Age	Rate	Your Age	Rate	Your Age	Rate	Your Age	Rate
Under 30	\$ 0.06	35-39	\$ 0.10	45-49	\$ 0.21	55-59	\$ 0.41
30-34	\$ 0.08	40-44	\$ 0.14	50-54	\$ 0.29	60+	\$ 0.49

Example Monthly Earnings	Divided by 100	Multiplied by rate	Total cost	Example cost*
\$ 3,500	/ 100 = 35	x \$0.14	= \$4.90	\$ 4.90

Your Monthly Earnings	Divided by 100	Multiplied by rate	Total cost	Your cost*
\$	/ 100 =	x \$	= \$	\$

***Contact your employer to confirm the portion of the cost for which you will be responsible.**

How to Enroll

Fill out the Long Term Disability enrollment form below. Be sure to sign, date, and return the form to your employer.

Name (First, middle initial, last)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security No.	Date of Birth	Date of Hire
You must elect or refuse insurance coverage within 31 days of your date of eligibility.				Monthly Earnings
Long Term Disability (LTD) coverage. Check One: <input type="checkbox"/> I elect <input type="checkbox"/> I decline				\$
Important. You must read and sign. I understand that: <ul style="list-style-type: none"> • I am requesting LTD coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates. • My employer will deduct all or part of the premiums from my pay. • If I decline coverage now and want it at a later date, I will have to provide evidence of insurability (proof of good health) acceptable to Sun Life Assurance Company of Canada. • Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties. 				
Employee Signature				Today's Date

This summary flyer is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under the plan. When you become eligible for benefits under the plan, your employer will provide you with the Sun Life Assurance Company of Canada Group LTD booklet containing complete plan details.