

Voluntary Life insurance

Valley Schools Employee Benefits Group - Glendale Union High School District | All Eligible Superintendents and Full-Time Employees Excluding Members of the Governing Board | 67018

Protect your family

The people you love and support could face financial challenges if you were no longer around. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

How it works

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying all or a portion of the cost. Choose the benefit that best meets your needs and your budget.

Benefits

For you	<p>For all Eligible Full-time Employees earning less than \$50,000 annually: You can choose from \$10,000 to \$250,000—in increments of \$10,000—with no medical questions asked up to the Guaranteed Issue amount of \$150,000. (For new hires only. Late entrants are required to answer medical questions. See FAQ.)</p> <p>For all Eligible Full-time Employees earning \$50,000 or more annually: You can choose from \$10,000 to \$500,000—in increments of \$10,000 not to exceed 5 times your basic annual earnings — with no medical questions asked up to the Guaranteed Issue amount of \$150,000. (For new hires only. Late entrants are required to answer medical questions. See FAQ.)</p> <p>The benefit amount is reduced to 50% at age 70.</p> <p>Your coverage ends at termination of employment or retirement.</p>
For your spouse	<p>You can choose from \$5,000 to \$150,000—in increments of \$5,000—with no medical questions asked up to the Guaranteed Issue amount of \$30,000. (For new hires only. Late entrants are required to answer medical questions. See FAQ.)</p> <p>(The amount you select for your spouse cannot exceed 100% of your combined Employer-paid Life and elected Voluntary Life coverage amounts.)</p> <p>Coverage ends when your spouse turns age 70.</p> <p>The benefit amount may be reduced when the employee benefit amount is reduced.</p>



What does life insurance mean for the Jones family?

Jason and Charlotte just bought their first house and are expecting their first child. They didn't think they could afford life insurance—and they didn't think they needed it because they're young and healthy.

However, Jason's best friend from high school was recently killed in a car accident. Sadly, his wife is selling their home because she can't afford the mortgage on her own.

Jason and Charlotte started to rethink life insurance, and were surprised to find options at work that meet their budget.

Since most people would have trouble paying living expenses after several months if their primary wage earner died, it may be worth asking, who depends on you?*



For your child(ren)	You can choose from \$2,000 to \$10,000 —in \$2,000 increments—with no medical questions asked. A full benefit is payable for a dependent child who is 6 months to to age 26. A reduced benefit is payable for a child from 15 days to 6 months.
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Additional considerations

If I become terminally ill	You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is not long-term-care insurance. It will reduce the total amount of the life insurance payment we pay to your beneficiary(ies). Receipt of the Accelerated Benefit may be taxable and may impact your eligibility for public assistance programs.
If I become Totally Disabled	If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.
If I leave my employer	Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.
If I've had a life change	You may be able to adjust your coverage as your needs change (e.g., you get married or have a baby). Certain changes require you to answer health questions. Ask your employer for details.

Life FAQ

Do I have to answer health questions to enroll?

You will be required to answer health questions if (1) you do not elect coverage when it's first available to you and you want to elect at a later date; (2) you request an amount higher than the Guaranteed Issue amount noted in the table, if offered; or (3) you want to increase coverage at a later date. You will need to fill out and submit our Evidence of Insurability application which must be approved by Sun Life before the coverage takes effect.

How is my benefit claim filed and paid?

You or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Read the important plan provisions section for more information including limitations and exclusions.

* Facts About Life 2016, LIMRA.com, September 2016, accessed June 2018.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

If cause of death is suicide, no amount of contributory Life insurance will be paid if suicide occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see the Certificate for details.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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GVBH-EE-6701



Rate Sheet

The chart below shows possible coverage amounts and the corresponding costs per Monthly pay period. Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Employee - Coverage and Monthly cost for Employee Voluntary Life

Coverage Amounts	Age and Cost											
	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
\$10,000	0.50	0.68	1.02	1.67	2.40	3.77	5.76	8.98	17.38	37.81	76.79	156.82
\$20,000	1.00	1.36	2.04	3.34	4.80	7.54	11.52	17.96	34.76	75.62	153.58	313.64
\$30,000	1.50	2.04	3.06	5.01	7.20	11.31	17.28	26.94	52.14	113.43	230.37	470.46
\$40,000	2.00	2.72	4.08	6.68	9.60	15.08	23.04	35.92	69.52	151.24	307.16	627.28
\$50,000	2.50	3.40	5.10	8.35	12.00	18.85	28.80	44.90	86.90	189.05	383.95	784.10
\$60,000	3.00	4.08	6.12	10.02	14.40	22.62	34.56	53.88	104.28	226.86	460.74	940.92
\$70,000	3.50	4.76	7.14	11.69	16.80	26.39	40.32	62.86	121.66	264.67	537.53	1,097.74
\$80,000	4.00	5.44	8.16	13.36	19.20	30.16	46.08	71.84	139.04	302.48	614.32	1,254.56
\$90,000	4.50	6.12	9.18	15.03	21.60	33.93	51.84	80.82	156.42	340.29	691.11	1,411.38
\$100,000	5.00	6.80	10.20	16.70	24.00	37.70	57.60	89.80	173.80	378.10	767.90	1,568.20
\$110,000	5.50	7.48	11.22	18.37	26.40	41.47	63.36	98.78	191.18	415.91	844.69	1,725.02
\$120,000	6.00	8.16	12.24	20.04	28.80	45.24	69.12	107.76	208.56	453.72	921.48	1,881.84
\$130,000	6.50	8.84	13.26	21.71	31.20	49.01	74.88	116.74	225.94	491.53	998.27	2,038.66
\$140,000	7.00	9.52	14.28	23.38	33.60	52.78	80.64	125.72	243.32	529.34	1,075.06	2,195.48
\$150,000	7.50	10.20	15.30	25.05	36.00	56.55	86.40	134.70	260.70	567.15	1,151.85	2,352.30
\$160,000	8.00	10.88	16.32	26.72	38.40	60.32	92.16	143.68	278.08	604.96	1,228.64	2,509.12
\$170,000	8.50	11.56	17.34	28.39	40.80	64.09	97.92	152.66	295.46	642.77	1,305.43	2,665.94
\$180,000	9.00	12.24	18.36	30.06	43.20	67.86	103.68	161.64	312.84	680.58	1,382.22	2,822.76
\$190,000	9.50	12.92	19.38	31.73	45.60	71.63	109.44	170.62	330.22	718.39	1,459.01	2,979.58
\$200,000	10.00	13.60	20.40	33.40	48.00	75.40	115.20	179.60	347.60	756.20	1,535.80	3,136.40
\$210,000	10.50	14.28	21.42	35.07	50.40	79.17	120.96	188.58	364.98	794.01	1,612.59	3,293.22
\$220,000	11.00	14.96	22.44	36.74	52.80	82.94	126.72	197.56	382.36	831.82	1,689.38	3,450.04
\$230,000	11.50	15.64	23.46	38.41	55.20	86.71	132.48	206.54	399.74	869.63	1,766.17	3,606.86
\$240,000	12.00	16.32	24.48	40.08	57.60	90.48	138.24	215.52	417.12	907.44	1,842.96	3,763.68
\$250,000	12.50	17.00	25.50	41.75	60.00	94.25	144.00	224.50	434.50	945.25	1,919.75	3,920.50
\$260,000	13.00	17.68	26.52	43.42	62.40	98.02	149.76	233.48	451.88	983.06	1,996.54	4,077.32
\$270,000	13.50	18.36	27.54	45.09	64.80	101.79	155.52	242.46	469.26	1,020.87	2,073.33	4,234.14
\$280,000	14.00	19.04	28.56	46.76	67.20	105.56	161.28	251.44	486.64	1,058.68	2,150.12	4,390.96
\$290,000	14.50	19.72	29.58	48.43	69.60	109.33	167.04	260.42	504.02	1,096.49	2,226.91	4,547.78
\$300,000	15.00	20.40	30.60	50.10	72.00	113.10	172.80	269.40	521.40	1,134.30	2,303.70	4,704.60
\$310,000	15.50	21.08	31.62	51.77	74.40	116.87	178.56	278.38	538.78	1,172.11	2,380.49	4,861.42
\$320,000	16.00	21.76	32.64	53.44	76.80	120.64	184.32	287.36	556.16	1,209.92	2,457.28	5,018.24
\$330,000	16.50	22.44	33.66	55.11	79.20	124.41	190.08	296.34	573.54	1,247.73	2,534.07	5,175.06
\$340,000	17.00	23.12	34.68	56.78	81.60	128.18	195.84	305.32	590.92	1,285.54	2,610.86	5,331.88
\$350,000	17.50	23.80	35.70	58.45	84.00	131.95	201.60	314.30	608.30	1,323.35	2,687.65	5,488.70
\$360,000	18.00	24.48	36.72	60.12	86.40	135.72	207.36	323.28	625.68	1,361.16	2,764.44	5,645.52
\$370,000	18.50	25.16	37.74	61.79	88.80	139.49	213.12	332.26	643.06	1,398.97	2,841.23	5,802.34
\$380,000	19.00	25.84	38.76	63.46	91.20	143.26	218.88	341.24	660.44	1,436.78	2,918.02	5,959.16
\$390,000	19.50	26.52	39.78	65.13	93.60	147.03	224.64	350.22	677.82	1,474.59	2,994.81	6,115.98
\$400,000	20.00	27.20	40.80	66.80	96.00	150.80	230.40	359.20	695.20	1,512.40	3,071.60	6,272.80
\$410,000	20.50	27.88	41.82	68.47	98.40	154.57	236.16	368.18	712.58	1,550.21	3,148.39	6,429.62
\$420,000	21.00	28.56	42.84	70.14	100.80	158.34	241.92	377.16	729.96	1,588.02	3,225.18	6,586.44
\$430,000	21.50	29.24	43.86	71.81	103.20	162.11	247.68	386.14	747.34	1,625.83	3,301.97	6,743.26
\$440,000	22.00	29.92	44.88	73.48	105.60	165.88	253.44	395.12	764.72	1,663.64	3,378.76	6,900.08
\$450,000	22.50	30.60	45.90	75.15	108.00	169.65	259.20	404.10	782.10	1,701.45	3,455.55	7,056.90
\$460,000	23.00	31.28	46.92	76.82	110.40	173.42	264.96	413.08	799.48	1,739.26	3,532.34	7,213.72
\$470,000	23.50	31.96	47.94	78.49	112.80	177.19	270.72	422.06	816.86	1,777.07	3,609.13	7,370.54
\$480,000	24.00	32.64	48.96	80.16	115.20	180.96	276.48	431.04	834.24	1,814.88	3,685.92	7,527.36
\$490,000	24.50	33.32	49.98	81.83	117.60	184.73	282.24	440.02	851.62	1,852.69	3,762.71	7,684.18
\$500,000	25.00	34.00	51.00	83.50	120.00	188.50	288.00	449.00	869.00	1,890.50	3,839.50	7,841.00

Rate Sheet

The chart below shows possible coverage amounts and the corresponding costs per Monthly pay period. Find your age bracket (as of the effective date of coverage) to determine the associated cost of the coverage amount you choose.

Spouse - Coverage and Monthly cost for Spouse Voluntary Life

Coverage Amounts	Age and Cost							
	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	0.25	0.34	0.51	0.84	1.20	1.89	2.88	4.49
\$10,000	0.50	0.68	1.02	1.67	2.40	3.77	5.76	8.98
\$15,000	0.75	1.02	1.53	2.51	3.60	5.66	8.64	13.47
\$20,000	1.00	1.36	2.04	3.34	4.80	7.54	11.52	17.96
\$25,000	1.25	1.70	2.55	4.18	6.00	9.43	14.40	22.45
\$30,000	1.50	2.04	3.06	5.01	7.20	11.31	17.28	26.94
\$35,000	1.75	2.38	3.57	5.85	8.40	13.20	20.16	31.43
\$40,000	2.00	2.72	4.08	6.68	9.60	15.08	23.04	35.92
\$45,000	2.25	3.06	4.59	7.52	10.80	16.97	25.92	40.41
\$50,000	2.50	3.40	5.10	8.35	12.00	18.85	28.80	44.90
\$55,000	2.75	3.74	5.61	9.19	13.20	20.74	31.68	49.39
\$60,000	3.00	4.08	6.12	10.02	14.40	22.62	34.56	53.88
\$65,000	3.25	4.42	6.63	10.86	15.60	24.51	37.44	58.37
\$70,000	3.50	4.76	7.14	11.69	16.80	26.39	40.32	62.86
\$75,000	3.75	5.10	7.65	12.53	18.00	28.28	43.20	67.35
\$80,000	4.00	5.44	8.16	13.36	19.20	30.16	46.08	71.84
\$85,000	4.25	5.78	8.67	14.20	20.40	32.05	48.96	76.33
\$90,000	4.50	6.12	9.18	15.03	21.60	33.93	51.84	80.82
\$95,000	4.75	6.46	9.69	15.87	22.80	35.82	54.72	85.31
\$100,000	5.00	6.80	10.20	16.70	24.00	37.70	57.60	89.80
\$105,000	5.25	7.14	10.71	17.54	25.20	39.59	60.48	94.29
\$110,000	5.50	7.48	11.22	18.37	26.40	41.47	63.36	98.78
\$115,000	5.75	7.82	11.73	19.21	27.60	43.36	66.24	103.27
\$120,000	6.00	8.16	12.24	20.04	28.80	45.24	69.12	107.76
\$125,000	6.25	8.50	12.75	20.88	30.00	47.13	72.00	112.25
\$130,000	6.50	8.84	13.26	21.71	31.20	49.01	74.88	116.74
\$135,000	6.75	9.18	13.77	22.55	32.40	50.90	77.76	121.23
\$140,000	7.00	9.52	14.28	23.38	33.60	52.78	80.64	125.72
\$145,000	7.25	9.86	14.79	24.22	34.80	54.67	83.52	130.21
\$150,000	7.50	10.20	15.30	25.05	36.00	56.55	86.40	134.70

Spouse rate based on Spouse Age

Child - Coverage and Monthly cost

Coverage Amounts	Voluntary Life Cost
\$2,000	0.27
\$4,000	0.54
\$6,000	0.82
\$8,000	1.09
\$10,000	1.36