

SUN LIFE ASSURANCE COMPANY OF CANADA

Executive Office:
One Sun Life Executive Park
Wellesley Hills, MA 02481

(800) 247-6875
www.sunlife.com/us

Sun Life Assurance Company of Canada certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

Policy Number:	246475-003
Policy Effective Date:	November 1, 2016
Policyholder:	City of St. Peter
Employer:	City of St. Peter
Issue State:	Minnesota
Amendment Effective Date:	January 1, 2017

This Certificate contains the terms of the Group Insurance Policy that affect your insurance. This Certificate is part of the Group Insurance Policy.

This Certificate is governed by the laws of the Issue State shown above.

Signed at Wellesley Hills, Massachusetts.



Dean A. Connor
President and Chief Executive Officer



Brigitte K. Catellier
Vice-President, Associate General Counsel and
Corporate Secretary

Group Voluntary Long Term Disability Income Insurance Certificate



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1. BENEFIT HIGHLIGHTS

- Eligible Classes:** All Full-Time United States Employees working in the United States scheduled to work at least 30 hours per week.
- Eligibility Waiting Period:** Until the first of the month coincident with or next following date of employment

1. BENEFIT HIGHLIGHTS

Classification: 1 All Eligible City Managers, City Clerks and Department Heads earning \$30,000 or more annually

Your disability income insurance will be based on the following:

Benefit:

You may elect an amount of insurance in \$100 increments. The minimum amount you may elect is \$500. The maximum amount you may elect cannot exceed 60% (Benefit Percentage) of your Total Monthly Earnings or the Maximum Benefit.

70% (Integrated Benefit Percentage) of your Total Monthly Earnings

Benefits will be paid monthly.

Maximum Benefit:

\$5,000

Minimum Benefit:

\$100

Elimination Period:

90 days

Maximum Benefit Duration:

SSNRA

Gainful Occupation Percentage:

80% of your Indexed Total Monthly Earnings.

Total Monthly Earnings:

Your basic monthly earnings as reported by your Employer immediately before the first date your Total or Partial Disability begins. Total Monthly Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account, but does not include income received due to commissions, bonuses, overtime pay or any other extra compensation.

If you are paid on an hourly basis, Total Monthly Earnings will be based on your hourly rate of pay, but will not exceed 40 hours per week.

Contributions:

The cost of your insurance is paid entirely by you.

The following Additional Benefit(s) are included:

Child Care Benefit
Conversion Privilege
Reasonable Accommodation Benefit
Rehabilitation Services
Retro Disability Benefit
Survivor Benefit
Waiver of Premium

1. BENEFIT HIGHLIGHTS

Maximum Benefit Duration – SSNRA means:

Your Maximum Benefit Duration is the period shown below or your Normal Retirement Age under the 1983 amendments to the Federal Social Security Act, whichever is longer.

Age at Disability

Less than age 60
60
61
62
63
64
65
66
67
68
69 and over

Maximum Benefit Duration

To age 65, but not less than 60 Months
60 Months
48 Months
42 Months
36 Months
30 Months
24 Months
21 Months
18 Months
15 Months
12 Months

Year of Birth

Before 1938
1938
1939
1940
1941
1942
1943 through 1954
1955
1956
1957
1958
1959
After 1959

Normal Retirement Age

Age 65
Age 65 and 2 Months
Age 65 and 4 Months
Age 65 and 6 Months
Age 65 and 8 Months
Age 65 and 10 Months
Age 66
Age 66 and 2 Months
Age 66 and 4 Months
Age 66 and 6 Months
Age 66 and 8 Months
Age 66 and 10 Months
Age 67

1. BENEFIT HIGHLIGHTS

Classification: 2 All Other Eligible Employees

Your disability income insurance will be based on the following:

Benefit:

You may elect an amount of insurance in \$100 increments. The minimum amount you may elect is \$500. The maximum amount you may elect cannot exceed 60% (Benefit Percentage) of your Total Monthly Earnings or the Maximum Benefit.

70% (Integrated Benefit Percentage) of your Total Monthly Earnings

Benefits will be paid monthly.

Maximum Benefit:

\$5,000

Minimum Benefit:

\$100

Elimination Period:

90 days

Maximum Benefit Duration:

SSNRA

Gainful Occupation Percentage:

80% of your Indexed Total Monthly Earnings.

Total Monthly Earnings:

Your basic monthly earnings as reported by your Employer immediately before the first date your Total or Partial Disability begins. Total Monthly Earnings includes deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account, but does not include income received due to commissions, bonuses, overtime pay or any other extra compensation.

If you are paid on an hourly basis, Total Monthly Earnings will be based on your hourly rate of pay, but will not exceed 40 hours per week.

Contributions:

The cost of your insurance is paid entirely by you.

The following Additional Benefit(s) are included:

Child Care Benefit
Conversion Privilege
Reasonable Accommodation Benefit
Rehabilitation Services
Retro Disability Benefit
Survivor Benefit
Waiver of Premium

1. BENEFIT HIGHLIGHTS

Maximum Benefit Duration – SSNRA means:

Your Maximum Benefit Duration is the period shown below or your Normal Retirement Age under the 1983 amendments to the Federal Social Security Act, whichever is longer.

Age at Disability

Less than age 60
60
61
62
63
64
65
66
67
68
69 and over

Maximum Benefit Duration

To age 65, but not less than 60 Months
60 Months
48 Months
42 Months
36 Months
30 Months
24 Months
21 Months
18 Months
15 Months
12 Months

Year of Birth

Before 1938
1938
1939
1940
1941
1942
1943 through 1954
1955
1956
1957
1958
1959
After 1959

Normal Retirement Age

Age 65
Age 65 and 2 Months
Age 65 and 4 Months
Age 65 and 6 Months
Age 65 and 8 Months
Age 65 and 10 Months
Age 66
Age 66 and 2 Months
Age 66 and 4 Months
Age 66 and 6 Months
Age 66 and 8 Months
Age 66 and 10 Months
Age 67

2. DEFINITIONS

Accident means an external event that an average person would consider sudden and unforeseeable and:

- which is not due to any fault or misconduct by you;
- that results, directly and independently of all other causes;
- is independent of any illness, disease or other bodily malfunction;
- occurs while covered under the Policy; and
- is not otherwise excluded under the Policy.

Actively at Work means that you perform all the regular duties of your job for a full work day 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 work day (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding work day, and you:

- are not Hospital confined; or
- are not disabled due to an accident or sickness.

You will be 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 accident or sickness.

Any Occupation means any Gainful Occupation that you are performing or may reasonably become qualified for by education, training or experience.

Child Care means the care or supervision of your Dependent Child under age 13.

Child Care does not include:

- charges for room and board; or
- charges for ordinary living, traveling or clothing expenses; or
- care provided by someone related to you or related to the person receiving the care. Related means a person's spouse or other adult living with the individual, brothers, sisters, parent, step-parent, grandparent, aunt, uncle, niece, nephew, child, grandchild or similar relationship in law.

Continuing Care means you visit a Physician whose medical specialty is the most appropriate specialty to evaluate, manage or treat your Accident or Sickness and you receive care and Treatment as frequently as is Medically Necessary according to generally accepted medical standards.

Day Care Center means a provider that is duly licensed, certified or accredited by the jurisdiction in which it is located, is run according to the laws and regulations applicable to such facilities and which provides for the care and supervision of children in a group setting on a regular basis. Day Care Center does not include a Hospital or the Child's home or care provided during the child's normal school hours.

Deductible Sources of Income means Other Income that is deducted from your Gross Benefit as described in the "Other Income" provisions. Deductible Sources of Income include:

- benefits under Workers' Compensation Law, Occupational Disease Law, Unemployment Compensation Law, or any other act or law of like intent;
- state mandated disability income plans;
- an automobile insurance policy providing disability wage loss benefits;
- benefits under The Railroad Retirement Act (including any dependent benefits);
- benefits under The Jones Act; Title 46 US Code, section 30104;
- any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer;
- any disability income benefits under:
 - any other group plan of your Employer; or
 - any governmental retirement system as a result of your job with your Employer;
- any disability income benefits you receive under your Employer's Retirement Plan;
- the Employer-paid portion of any Retirement Plan. Disability income benefits that reduce your accrued Retirement will be treated as a retirement benefit;

2. DEFINITIONS

- disability or retirement benefits under the United States Social Security Act, as follows:
 - disability income benefits you are eligible to receive;
 - retirement benefits you receive;
 - disability or retirement benefits your dependents are eligible to receive because of your Disability or retirement.

If your Disability begins after your Social Security Normal Retirement Age, your Social Security retirement benefits will not be offset if, prior to your Disability, you were already receiving Social Security retirement benefits.

- the amount you receive from any salary continuation paid to you by your Employer. Deductible Sources of Income includes only the amount of such benefits which, when combined with your benefit, exceeds 100% of your Total Monthly Earnings. The amount in excess of 100% of Total Monthly Earnings will be used to reduce your benefit;
- any amount you receive by compromise, settlement or other method as a result of or related to a claim for lost wages, income replacement, or any Other Income benefit. Such amount includes any amount received as a result of malpractice, tort, other similar litigation, or third party claim;
- any amount you receive from a voluntary separation of employment agreement from your Employer including severance pay or any other income settlement of an employment contract; or
- any amount you receive from any state or public retirement or disability plan including the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS).

Dependent Children (Dependent Child) means:

- your natural born child;
- your Spouse's child;
- your adopted child, including any child placed with you for adoption;
- a child for whom you have legal guardianship; or
- a foster child placed with you by a licensed agency.

Disability and Disabled means that you are Totally Disabled or Partially Disabled. If a particular occupation requires a license, you will not be considered Disabled solely because you are unable to obtain a license or continue to qualify for a license.

Disability Earnings means the income you receive from work performed while Partially Disabled or while participating in a Rehabilitation Program. Disability Earnings does not include income you receive from work performed prior to your Disability, nor income that is not derived from work performed while Disabled.

Drug and Alcohol Illness means:

- alcoholism;
- the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance; or
- the use of prescription medications other than as prescribed by your Physician.

Eligibility Waiting Period means the length of time you must be a member in an Eligible Class before you can apply for insurance. The Eligibility Waiting Period is shown in the Benefit Highlights. Any period of time prior to the Policy Effective Date you were Actively at Work for the Employer as a full-time Employee will count towards completion of the Eligibility Waiting Period.

Eligible Survivor means your Spouse. If you do not have a Spouse at the time of your death, your children who are under age 25 are your Eligible Survivors.

Elimination Period means the number of consecutive days of Disability, shown in the Benefit Highlights, which must be completed before we will pay you the benefit. No benefits will be paid to you for any portion of your Disability that occurs during your Elimination Period.

During your Elimination Period, a Disability that is caused by the same or related Accident or Sickness will be considered as continuous even if you cease to be Disabled and return to work for a period not to exceed the Elimination Period.

2. DEFINITIONS

We will not count these trial workdays toward satisfaction of your Elimination Period. However, if you become eligible for insurance under another group disability income insurance policy, the terms of this provision will not apply.

Employee means a person who is employed by the Employer within the United States, scheduled to work at least the minimum hours shown in the Benefit Highlights, and paid regular earnings, who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), and who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3). Employee does not include a seasonal or temporary employee whose annual work schedule is less than 12 months during a calendar year.

If you are an Employee and you are working on temporary assignment outside of the United States for 12 months or less, you will be deemed to be working within the United States. If you are an Employee and you are working on a temporary assignment outside of the United States for more than 12 months, you will not be considered an Employee under the Policy unless we agree in writing.

Employer means the Employer named on the cover page of this Certificate and includes any subsidiary or affiliated company insured under the Policy.

Enrollment Period means the period(s) chosen by your Employer, during which eligible Employees may elect, change, or cancel insurance under the Policy.

Felonious Assault means an action that would be characterized as a felony in the jurisdiction where the assault occurred.

All Eligible City Managers, City Clerks and Department Heads earning \$30,000 or more annually Full-time Basis means, for the first 60 months, you have the capacity to perform the material and substantial duties of your Regular Occupation for the number of hours you normally performed your Regular Occupation prior to your Disability. After 60 months, Full-time Basis means you have the capacity to perform the material and substantial duties of Any Occupation for the number of hours you normally performed your Regular Occupation prior to your Disability.

If you normally performed your Regular Occupation in excess of 40 hours per week, we will consider you as being able to perform that requirement if you work or have the capacity to work 40 hours per week.

All Other Eligible Employees

Full-time Basis means, for the first 36 months, you have the capacity to perform the material and substantial duties of your Regular Occupation for the number of hours you normally performed your Regular Occupation prior to your Disability. After 36 months, Full-time Basis means you have the capacity to perform the material and substantial duties of Any Occupation for the number of hours you normally performed your Regular Occupation prior to your Disability.

If you normally performed your Regular Occupation in excess of 40 hours per week, we will consider you as being able to perform that requirement if you work or have the capacity to work 40 hours per week.

Gainful Occupation means employment that is, or can be expected, to provide you with an income of at least the Gainful Occupation Percentage shown in the Benefit Highlights.

Good Cause means documented physical or mental impairments which prevent you from participating in or completing the Rehabilitation Program. Good Cause may also mean a necessary medical program which prevents or interferes with your participation in or completion of the Rehabilitation Program.

Gross Benefit means your benefit before reductions for any Deductible Sources of Income or Disability Earnings.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include a rest home, a skilled nursing facility, an extended care facility, a place of convalescence, rehabilitative care, custodial care or a place primarily for the treatment of drug addiction or alcoholism.

2. DEFINITIONS

Hospital Confinement means admission to a Hospital and confinement as a resident bed patient due to an Accident or Sickness. The confinement must be on the advice of a Physician and be Medically Necessary. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a hospital confinement.

Indexed Total Monthly Earnings means your Total Monthly Earnings prior to the date your Disability began, adjusted on the first of the month following 12 calendar months of Partial Disability benefit payments and each annual anniversary thereafter. Each adjustment to the Indexed Total Monthly Earnings is the lesser of 10% or the current annual percentage increase in the Consumer Price Index for Wage Earners and Clerical Workers as published monthly by the U.S. Department of Labor. We reserve the right to use some other similar measurement if the Department of Labor changes or stops publishing the Consumer Price Index.

Intoxicated means above the minimum blood alcohol level for which you would be considered operating a motorized vehicle under the influence of alcohol in the jurisdiction where the Intoxication occurred. For the purposes of this definition, "operating" includes allowing the engine to run even if not seated in the vehicle and "motorized vehicle" includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

Marriage means any of the following relationships recognized under applicable state law: a same-sex or opposite-sex marriage; and a civil union partnership under which the partners have the same legal rights and responsibilities as a married couple.

Medically Necessary means the Treatment, services or supplies necessary and appropriate for the diagnosis or Treatment of an Accident or Sickness based upon generally accepted medical standards.

Mental Illness means any Sickness, disease or disorder, including those which are the result in any way of a genetic, chemical, organic or biological cause, which:

- is medically classified or considered, whether in whole or in part, to be a psychological, behavioral or emotional condition in accordance with the most recent Diagnostic Statistical Manual;
- is manifested by psychological distress or impaired social functioning, or both; and
- is treated by or dealt with, in whole or in part, through psychotherapeutic or sociotherapeutic methods or by medication which is intended to alter or affect emotions, behavior or thought content.

Mental Illness includes but is not limited to:

- anxiety and panic;
- somatoform disorders;
- mood disorders, including depression and bipolar disorder (manic depression);
- dissociative disorders and schizophrenia; and
- personality and eating disorders.

This listing is intended to present examples of Mental Illness and shall not be taken or construed as a limitation of the term as it is defined above.

Non-deductible Sources of Income means Other Income that is not deducted from your Gross Benefit as described in the "Other Income" provisions. Non-deductible Sources of Income include:

- Income from:
 - 401(k) plans;
 - 403(b) plans;
 - profit sharing plans;
 - thrift plans;
 - tax sheltered annuities;
 - stock ownership plans;
 - non-qualified plans of deferred compensation;
 - pension plans for partners;
 - military pension plans;
 - credit disability insurance;
 - franchise disability income plans;
 - a retirement plan from another employer;

2. DEFINITIONS

- Individual Retirement Accounts (IRA);
- vacation pay;
- holiday pay;
- any amount you receive under any individual or association disability income policy;
- any disability income benefits you receive from the Veterans Administration;
- the amount you receive from any sick leave paid to you by your Employer.

Other Income means those benefits or sources of income that are provided or available while you are receiving a benefit under the Policy. Other Income includes Deductible Sources of Income and Non-deductible Sources of Income. Other Income includes any benefits that would have been available to you had you applied for that benefit. Except for benefits payable under a Retirement Plan, Other Income must be provided as a result of the same Disability for which a benefit is payable.

All Eligible City Managers, City Clerks and Department Heads earning \$30,000 or more annually

Partial Disability and Partially Disabled means during the Elimination Period and the next 60 months you:

- are unable to perform one or more of the material and substantial duties of your Regular Occupation on a Full-time Basis; or
- have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings.

The Disability must be the material and substantial factor in causing the earnings loss.

After 60 months of receiving Total and Partial Disability benefits combined, Partial Disability and Partially Disabled means you:

- are unable to perform with reasonable continuity any Gainful Occupation for which you are or could become reasonably qualified for by education, training and experience; or
- have Disability Earnings of less than your Gainful Occupation Percentage shown in the Benefit Highlights.

The Disability must be the material and substantial factor in causing the earnings loss.

A Partial Disability must be caused by an Accident or Sickness and must commence while you are insured under the Policy.

All Other Eligible Employees

Partial Disability and Partially Disabled means during the Elimination Period and the next 36 months you:

- are unable to perform one or more of the material and substantial duties of your Regular Occupation on a Full-time Basis; or
- have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings.

The Disability must be the material and substantial factor in causing the earnings loss.

After 36 months of receiving Total and Partial Disability benefits combined, Partial Disability and Partially Disabled means you:

- are unable to perform with reasonable continuity any Gainful Occupation for which you are or could become reasonably qualified for by education, training and experience; or
- have Disability Earnings of less than your Gainful Occupation Percentage shown in the Benefit Highlights.

The Disability must be the material and substantial factor in causing the earnings loss.

A Partial Disability must be caused by an Accident or Sickness and must commence while you are insured under the Policy.

Participation in a Riot, Rebellion or Insurrection, the words "Participation" and "Riot" in this phrase mean: Participation includes promoting, inciting, conspiring to promote or incite, aiding, abetting, and all forms of taking part in, but will not include actions taken in defense of public or private property, or actions taken in your own defense, if such actions of defense are not taken against persons seeking to maintain or restore law and order including but not limited to police officers and firefighters.

2. DEFINITIONS

Riot includes all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether or not acting with a common intent and whether or not damage to person or property or unlawful act or acts is the intent or the consequence of such disorder.

Period of Disability means the number of consecutive days that you are Disabled beginning with the first day you are Disabled and under the Continuing Care of a Physician for the Accident or Sickness causing your Disability.

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

- licensed in the United States or Canada as a medical doctor and authorized to practice medicine and to prescribe and administer drugs or to perform surgery; or
- any other duly licensed medical practitioner who is deemed by state or provincial law to have the same authority as a legally qualified medical doctor.

The Physician cannot be you, a business associate, or any family member. "Family member" means: (a) your Spouse and (b) the following relatives of you or your Spouse: (1) parent; (2) grandparent; (3) child; (4) grandchild; (5) brother; (6) sister; (7) aunt; (8) uncle; (9) first cousin; (10) nephew or niece. This includes adopted, in-law and step-relatives.

Policy means the group insurance policy under which this Certificate is issued.

Pre-existing Condition means during the 6 months prior to your effective date of insurance or the effective date of an increase in your amount of insurance, you:

- sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
- took prescribed drugs or medicines for the condition.

Prior Policy means the plan of disability income insurance provided through or sponsored by your Employer and under which you were insured on the day before November 1, 2016. Prior Policy includes an uninsured disability income plan of your Employer.

Proof means any medical, financial, or other information that is required by us and is satisfactory to us.

Recurrent Condition means your Disability that is caused by a worsening in your condition and is due to the same cause as your prior Disability for which a disability income benefit has been paid under the Prior Policy.

Regular Occupation means the occupation you are performing immediately prior to the first date your Period of Disability commences. This refers to your occupation as it is typically performed in the national economy rather than the duties required by a specific employer or at a specific location.

Rehabilitation Program means a written agreement between you and us in which we agree to provide, arrange or authorize vocational, physical or psychiatric rehabilitation services and you agree to participate in the Rehabilitation Program.

Retirement Plan means a program that provides retirement benefits to Employees and is not funded wholly by Employee contributions. Retirement Plan does not include:

- a profit-sharing plan;
- a thrift plan;
- a deferred compensation plan;
- a non-qualified pension plan;
- an Individual Retirement Account (IRA);
- a Tax Sheltered Annuity (TSA);
- a salary reduction plan (401(k), 403(b) or like plan);
- a Keogh plan (HR-10) with respect to Partners;
- an Employee Stock Ownership Plan (ESOP); or
- any amount rolled over or transferred to any other retirement plan as defined in Section 402 of the Internal Revenue Code.

2. DEFINITIONS

Retro Disability means an Accident or Sickness that results in Hospital Confinement that begins on the date you become Totally Disabled or within 48 hours of the date your Total Disability begins and continues for at least 14 consecutive days. Your Total Disability must be continuous throughout your Elimination Period.

Sickness means disease or illness, Mental Illness, Drug and Alcohol Illness, or pregnancy. A Disability caused by a Sickness must:

- occur while covered under the Policy; and
- not otherwise be excluded under the Policy.

Spouse means any individual who is a party to a Marriage.

All Eligible City Managers, City Clerks and Department Heads earning \$30,000 or more annually Total Disability and Totally Disabled means during the Elimination Period and the next 60 months you are unable to perform one or more of the material and substantial duties of your Regular Occupation.

After 60 months of receiving Total and Partial Disability benefits combined, Total Disability and Totally Disabled means you are unable to perform with reasonable continuity any Gainful Occupation for which you are or could become reasonably qualified for by education, training and experience.

Total Disability must be caused by an Accident or Sickness and must commence while you are insured under the Policy.

All Other Eligible Employees

Total Disability and Totally Disabled means during the Elimination Period and the next 36 months you are unable to perform one or more of the material and substantial duties of your Regular Occupation.

After 36 months of receiving Total and Partial Disability benefits combined, Total Disability and Totally Disabled means you are unable to perform with reasonable continuity any Gainful Occupation for which you are or could become reasonably qualified for by education, training and experience.

Total Disability must be caused by an Accident or Sickness and must commence while you are insured under the Policy.

Treatment means a Physician's consultation, care or services; diagnostic measures; or the prescription, refill or taking of prescribed drugs or medicines.

We, Us, Our (we, us, our) means Sun Life Assurance Company of Canada.

You, Your (you, your) means an Employee who is eligible for insurance under the Policy.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATIONS

When are you eligible for insurance?

You are initially eligible for insurance on the latest of:

- November 1, 2016;
- the first day of the month coincident with or next following the date your Eligibility Waiting Period ends; or
- the date you first are Actively at Work in an Eligible Class.

You are also eligible for insurance, provided you are Actively at Work and in an Eligible Class.

When must you enroll for insurance?

You must enroll within 31 days of the date you are initially eligible.

When does your insurance start?

Your insurance starts on the later of:

- the date you are eligible and agree to make any required contribution toward the cost of the insurance; or
 - the date we approve any required Evidence of Insurability;
- if you are Actively at Work on that date.

If you are not Actively at Work on that date, your insurance will not start until you resume being Actively at Work. If the date you resume being Actively at Work is more than 90 days after you applied for insurance and Evidence of Insurability was required, then you must submit new Evidence of Insurability and your insurance will not start until the date we approve your request.

When can you make changes in your insurance?

If you are covered under the Policy and Actively at Work, you may request a change in your insurance amount or benefit options.

You may only increase or decrease your insurance within the limits shown in the Benefit Highlights.

Evidence of Insurability may be required for any change in insurance.

When will your coverage change?

Your coverage under the Policy may change if:

- you enroll for a different coverage option;
- you transfer to another class under the Policy;
- there is a change in your Total Monthly Earnings.

When does a change in your insurance start?

If you are Actively at Work, any increase in insurance or benefits will start:

- on the date of change, when you apply for a different coverage option;
- on the date of change, when you transfer to a different class of eligible Employees;
- on the date of change, for an increase in your Total Monthly Earnings.

If you are not Actively at Work on that date, any increase in insurance or benefits will not start until you resume being Actively at Work.

Any change is subject to all the terms of the Policy.

What happens if you are rehired by your Employer?

If you are rehired by your Employer within 6 months of the date your employment ends, your insurance may be reinstated. Your reinstated insurance will:

- be the same insurance for which you were insured prior to termination of employment;
- be subject to all the terms and provisions of the Policy.

You will not be subject to a new Pre-existing Condition Exclusion as of the date you are rehired. You will be given credit for the time you were insured prior to your termination of employment.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATIONS

If you had partially satisfied your Eligibility Waiting Period prior to your termination of employment, your previous time employed with your Employer will count towards completion of your Eligibility Waiting Period. Your Eligibility Date will be the later of the date you are rehired or the day after you complete the Eligibility Waiting Period.

If you are rehired by your Employer 6 months or later after the date your employment terminates, your coverage will not be reinstated. You will be eligible for insurance on the day after you complete a new Eligibility Waiting Period.

You must re-enroll within 31 days of your rehire date.

Coverage will not be reinstated for any amount of insurance which you converted in accordance with the Conversion Privilege unless you cancel such coverage.

When does your insurance end?

Your insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- the date you notify us in writing to cancel your insurance;
- the date you enter active duty in any armed service during time of war (declared or undeclared);
- the last day of the month in which you retire;
- the date you die;
- the date you are no longer in an Eligible Class;
- the date you commit an act of material misrepresentation to obtain benefits under the Policy;
- the last day of the period for which any required premium has been paid for your insurance or any part of your insurance; or
- the last day you are Actively at Work; subject to any Insurance Continuation or Conversion provision.

If your coverage has ended, can it be reinstated?

If your insurance ends for any reason other than you have voluntarily terminated your insurance, then you may apply to reinstate your insurance. To reinstate your insurance, you must apply within 31 days after you return to being Actively at Work in an Eligible Class. Reinstatement will be effective on the latest date when all of the following have occurred:

- we approve your application for reinstatement;
- we approve any required Evidence of Insurability;
- you agree to make any required contribution toward the cost of your insurance; and
- you return to being Actively at Work.

A new Eligibility Waiting Period will not apply.

If your coverage terminates because you entered military service, you may reinstate coverage during the period described above or within 90 days after military leave, whichever period is longer.

4. BENEFIT PROVISIONS

What is the disability income benefit?

Disability income benefits are benefits paid to you to partially replace your income if you become Disabled while insured.

When do disability income benefits become payable?

We will pay you a benefit as calculated below, for a Period of Disability, subject to all the terms of the Policy if you:

- send Proof to us that you have become Disabled;
- are insured under the Policy at the time your Disability commences; and
- have completed your Elimination Period shown in the Benefit Highlights.

How is the benefit calculated for a Total Disability?

To determine the benefit we will pay each month you are Totally Disabled, take the lesser of:

- the Benefit Percentage you elected multiplied by your Total Monthly Earnings;
- your Integrated Benefit Percentage multiplied by your Total Monthly Earnings, and then subtract all Deductible Sources of Income; or
- the Maximum Benefit you elected.

The result is your Total Disability benefit.

The benefit payable will never be less than the Minimum Benefit shown in the Benefit Highlights.

How is the benefit calculated for a Partial Disability?

To determine the benefit we will pay for the first 12 months while you are Partially Disabled, add your Deductible Sources of Income and your Disability Earnings to your Gross Benefit for a Total Disability.

If the calculation above is more than 100% of your Indexed Total Monthly Earnings, subtract the amount in excess of 100% from your benefit for a Total Disability. The result is your benefit for a Partial Disability.

If the calculation above is 100% or less than your Indexed Total Monthly Earnings, your benefit for a Partial Disability is the same as your benefit for a Total Disability.

If you continue to be Partially Disabled after receiving Partial Disability benefits for 12 months, your Partial Disability benefit will be recalculated based on the following formula:

$$(A \text{ divided by } B) \text{ multiplied by } C$$

where:

- A = your Indexed Total Monthly Earnings minus your Disability Earnings.
- B = your Indexed Total Monthly Earnings.
- C = your benefit for a Total Disability.

When is the benefit paid?

The benefit will be paid as follows:

- benefits will be paid monthly following your Elimination Period as specified in the Benefit Highlights; and
- for each day for which a benefit is payable, the amount paid will be equal to 1/30th of the benefit.

What happens if you return to full-time work and become Disabled again?

We will treat this new Disability as part of your prior Disability if you returned to work and were Actively at Work for less than:

- six months, if due to the same or related causes; or
- one day, if due to an entirely unrelated cause.

You will not have to complete a new Elimination Period.

Your benefit will be subject to the same terms and conditions as were applicable to the original Disability.

4. BENEFIT PROVISIONS

Your benefit will not continue if:

- your coverage under the Policy terminates;
- you become eligible for coverage under any other group disability income policy; or
- you refuse to complete a rehabilitative assessment or you cease to participate in a Rehabilitation Program without Good Cause.

If your new disability begins later than the time periods specified, you will need to complete a new Elimination Period.

When does your benefit end?

Your benefit will end on the earliest of the date:

- you do not submit to any medical examination or clinical assessment requested by us;
- we determine you are no longer Disabled, even if you choose not to work;
- you reach the end of your Maximum Benefit Duration;
- you do not provide Proof to us that you continue to be Disabled; or
- you do not provide Proof that your earnings loss is a direct result of your Disability.

In addition to the circumstances shown above, your benefit is subject to termination as otherwise stated under the terms and conditions of the Policy.

How is Other Income applied to your benefit?

The amount of Deductible Sources of Income you receive will be deducted from your Gross Benefit.

Are you required to apply for Other Income benefits?

If you are, or become eligible, for any Deductible Sources of Income, you must apply for that Other Income and make reasonable efforts to reapply for or appeal the denial of any application for that Other Income.

If appropriate, we will assist you in the application and appeals processes.

What is the Right of Recovery obligation?

You must pursue all valid claims including, but not limited to, claims of negligence or wrong doing by any third-party, claims for restitution, constructive trust, equitable lien, breach of contract, and any other state or federal claims you may have against any third party responsible, in whole or in part, for any Accident, Sickness, or Disability for which any benefits have been paid or are payable under the Policy. You must immediately advise us of any amount you recover from them. We reserve the right to pursue any and all claims not pursued by you, and you agree to assign all such claims to us upon our request.

Is Other Income estimated?

We have the right to estimate the amount of any Deductible Sources of Income you are eligible to receive and to reduce your benefit by the estimated amount.

Until approval or denial is made, we will estimate the amount you would receive for any Deductible Sources of Income. That estimate will be considered your Deductible Sources of Income amount. When approval or denial is made, the benefits paid or payable will be adjusted as necessary. We will not estimate if:

- you have applied for the Other Income benefits;
- you agree to appeal any denials of any Deductible Sources of Income benefits to all administrative levels we deem necessary; and
- you complete and sign the Sun Life Reimbursement Agreement.

What happens when the Other Income benefits have been awarded or have been denied?

You must notify us in writing within 31 days of receiving notice of approval, denial or an adjustment in the amount of Deductible Sources of Income (other than for cost of living increases). If necessary we will make an adjustment to your benefit. If you have been underpaid, we will immediately make a lump sum payment to you of the amount that has been underpaid. If you have been overpaid, you must reimburse us the amount of the overpayment within 31 days of the award. We have the right to reduce or eliminate your future benefit payments until you have repaid the amount of the overpayment. During the overpayment reimbursement period, the Minimum Benefit will not apply.

4. BENEFIT PROVISIONS

What happens if you receive increases in your Other Income benefits?

After the first deduction for each of your Deductible Sources of Income benefits, we will not reduce your benefit payments due to cost of living increases you receive from any sources described as Deductible Sources of Income. This does not apply to any increase in earnings you receive from employment.

What is the Social Security Disability Income Assistance Program?

At your request, we will assist you (if appropriate) through the various levels of the Social Security claims process, including the application and appeals processes.

5. ADDITIONAL BENEFITS

You are insured for the additional benefits shown below provided you:

- are eligible for those benefits;
- are enrolled for those benefits; and
- have agreed to make the required contribution for those benefits.

These additional benefits are subject to all the terms and conditions of the Policy. In addition to the termination provisions shown in the Eligibility, Effective Dates and Terminations section, termination provisions specific to an additional benefit are shown in this section.

CHILD CARE BENEFIT

What is the Child Care Benefit?

If you participate in a Rehabilitation Program, a Child Care Benefit is payable if:

- you have been Disabled for the greater of 180 consecutive days or your Elimination Period; and
- your Dependent Child under age 13 is enrolled in a Day Care Center.

What is the amount of the Child Care Benefit?

The monthly Child Care Benefit is the lesser of:

- 50% of the actual monthly charges by the Day Care Center incurred by you for your Child Care expenses; or
- \$750.

The Child Care Benefit is payable upon receipt of satisfactory Proof of paid expenses and that you have a Dependent Child under age 13 enrolled in a Day Care Center.

When does your Child Care Benefit end?

The Child Care Benefit will cease on the earliest of:

- the date you are no longer Disabled;
- the date you no longer participate in a Rehabilitation Program;
- the date you have received 24 Child Care Benefit payments;
- the end of your Maximum Benefit Duration;
- the date you become eligible for any similar group disability income coverage with another Employer;
- the date you do not provide Proof to us that you continue to be Disabled;
- the date you no longer have a Dependent Child under age 13; or
- the date you fail to provide Proof to us that you have an eligible Dependent Child under age 13 enrolled in a Day Care Center.

What happens when your Child Care Benefits end?

If you are no longer eligible for a Child Care Benefit, any amounts due to you or to us will be calculated based on 1/30 of the Child Care Benefit for each Period of Disability which is less than a full month.

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your coverage ceases due to termination of your employment, you may be eligible to participate in a group conversion policy.

How are you eligible for coverage under the Conversion Policy?

You are eligible if:

- your coverage ends because your employment terminates; and
- you were covered for at least 12 consecutive months immediately before your coverage under the Policy terminated.

To apply for coverage under the Conversion Policy, you must, within 31 days of your termination, submit to us an application and the first premium payment.

When is coverage under the Conversion Policy not available?

Conversion is not available to you if:

- you have retired;

5. ADDITIONAL BENEFITS

- you have reached age 70;
- you are not in an Eligible Class under the Policy;
- the Policy has been amended to exclude your Eligible Class;
- you have failed to make any required premium contributions;
- you are Disabled; or
- you become covered under another employer's disability plan within 31 days after your insurance terminates under the Policy.

REASONABLE ACCOMMODATION BENEFIT

What is the Reasonable Accommodation Benefit?

If you would be able to return to work with your Employer with a modification to your Employer's workplace, we may reimburse your Employer (if appropriate) for the reasonable expenses to modify your Employer's workplace up to a maximum of \$5,000, unless we otherwise approve in writing. Reimbursement includes expenses for tools, equipment, furniture, or any other changes to your work environment that we agree will allow you to return to work.

We will pay a Reasonable Accommodation Benefit if:

- we approve, in writing, the workplace modification;
- your Employer incurs expenses to make the modification to your Employer's workplace;
- you return to work for your Employer; and
- you were insured under the Policy on the date your Disability began.

REHABILITATION SERVICES

What are the rehabilitation services?

If you become Disabled, we may determine that you are a suitable candidate to receive vocational rehabilitation services. In order for you to be eligible for such services, you must have the functional capacity to successfully complete a Rehabilitation Program. These services include, but are not limited to:

- job modification;
- job placement;
- retraining; and
- other activities reasonably necessary to help you return to work.

We may require you to participate in a rehabilitation assessment or a Rehabilitation Program at our expense. We will work with you, your Employer, your Physician and others, as appropriate, to develop a Rehabilitation Program.

Eligibility for vocational rehabilitation services is based on your education, training, experience and physical/mental capabilities. We will determine whether you are eligible for vocational rehabilitation services.

The Rehabilitation Program may, at our sole discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you are participating in the Rehabilitation Program.

What happens to your benefit if you participate in a Rehabilitation Program?

If you participate in a Rehabilitation Program, you will receive the greater of:

- the Benefit Percentage (as shown in the Benefit Highlights), multiplied by 1.10, multiplied by your Total Monthly Earnings, reduced by your Disability Earnings and Deductible Sources of Income; or
- your current benefit multiplied by 1.10.

This increased amount will end on the earliest of:

- the date you complete the Rehabilitation Program;
- the date you cease to participate in the Rehabilitation Program without Good Cause;
- the date your benefits cease; or
- 12 months after your Rehabilitation Program began.

What happens if you refuse rehabilitation services?

5. ADDITIONAL BENEFITS

If you refuse to participate in your rehabilitation efforts or you refuse to participate or cease to participate in a Rehabilitation Program without Good Cause, your benefits will end.

RETRO DISABILITY BENEFIT

What is a Retro Disability Benefit?

If you are receiving a Total Disability benefit, an additional Retro Disability Benefit will be payable if:

- we receive Proof that you had a Retro Disability that was due to the same Accident or Sickness that caused your Total Disability; and
- your Elimination Period is 90 days or more.

What is the amount of the Retro Disability Benefit?

The Retro Disability Benefit is your Gross Benefit multiplied by the number of months (30 days each) in your Elimination Period. This amount is not subject to reduction due to Other Income.

If a Total Disability benefit is payable and your Total Disability is due to a Felonious Assault, the Retro Disability Benefit, as described above, will be increased by an additional 10%.

When is the Retro Disability Benefit Paid?

Within 90 days of completion of your Elimination Period, you must send us Proof of your Retro Disability. The Retro Disability Benefit will be paid immediately to you in a single lump sum amount.

Any benefits payable after completion of your Elimination Period will be subject to the terms of the Policy, including reductions by any Other Income.

SURVIVOR BENEFIT

What happens to your benefit if you die?

If you die while insured under the Policy, we will pay a lump sum benefit to your Eligible Survivor provided:

- you were Disabled prior to your death;
- you completed your Elimination Period; and
- we receive Proof of your death.

How is the Survivor Benefit determined?

If the above conditions are met, we will pay your Eligible Survivor 3 times your Gross Benefit for the month prior to your death.

Only one lump sum will be paid regardless of the number of Eligible Survivors. If there is more than one Eligible Survivor, the lump sum will be paid in equal shares to those persons.

If you do not have an Eligible Survivor, the Survivor Benefit will be payable to your estate. If an Eligible Survivor is a minor child, we will pay a benefit up to \$1,000 as indicated in the Claim Provisions section. Such benefit will be payable to a custodian designated pursuant to the Uniform Transfers to Minors Act.

WAIVER OF PREMIUM

Are you required to pay premiums while you are Disabled?

We will waive the premium payments for your insurance under the Policy beginning the first of the month following completion of your Elimination Period. The waiver will continue as long as benefits are paid under the Policy. If the Policy is in force when your Disability ends, you will remain insured if you return to an Actively at Work status in an Eligible Class and premium payments for your insurance under the Policy are made on the first of the month following the date you are no longer Disabled.

6. EXCLUSIONS AND LIMITATIONS

What are the exclusions?

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, any act of war or your active duty in any armed service during a time of war;
- a Pre-existing Condition; except:
 - if your Disability begins later than 24 months after your effective date or later than 24 months after the effective date of any increase in your amount of insurance;
 - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 6 consecutive months prior to your Disability and during that period you have not:
 - sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
 - took prescribed drugs or medicines for the condition.
 - for cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit a felony or engaging in an illegal occupation;
- your operation of any motorized vehicle while under the influence of any narcotics or medication, unless administered on the advice of a Physician, or while Intoxicated. For the purposes of this Exclusion, "motorized vehicle" includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

What are the limitations?

No benefit is payable to you under the Policy for any Period of Disability or other loss :

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

Is a limited benefit payable for a Disability due to Mental Illness?

If a Period of Disability is caused by, contributed to in any way or resulting from Mental Illness, the benefit will be paid for not more than 24 months if you are under the Continuing Care of a specialist in psychiatric care. Benefits will be paid beyond 24 months if:

- you are confined in a Hospital or institution licensed to provide psychiatric Treatment; or
- you continue to be Disabled when discharged from a Hospital or institution licensed to provide psychiatric Treatment, then we will continue your benefits for up to 90 days. If you become reconfined during the 90 day period and remain confined for at least 14 consecutive days, we will continue your benefit payments during your reconfinement. Upon discharge, you will be eligible for up to an additional 90 days of benefits if you continue to be Disabled.

Is a limited benefit payable for a Disability due to Drug and Alcohol Illness?

If a Period of Disability is caused by, contributed to in any way or resulting from Drug and Alcohol Illness, the benefit will be paid for not more than 24 months if you are actively supervised by a Physician or rehabilitation counselor and are receiving continuing Treatment from a rehabilitation center or a designated institution approved by us. Benefits will be paid beyond 24 months if you are confined in a Hospital or institution licensed to provide Drug or Alcohol Treatment.

Is a limited benefit payable if you are living outside the United States or Canada?

If you are residing outside of the United States or Canada during a Period of Disability, the benefit will be paid for not more than 12 months. You will be considered to be residing outside the United States or Canada if you have been outside of the United States or Canada for a total period of 6 months or more during any 12 consecutive months of benefit payments. Benefits after the first 12 months are payable only if you return to the United States or Canada for 6 consecutive months. This Limitation does not apply if your Disability begins while you are Actively at Work or on vacation outside of the United States or Canada and you return as soon as you are physically able to do so.

7. CLAIMS

How is a claim submitted?

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

NOTICE OF CLAIM

When does written notice of claim have to be submitted?

Written notice of claim must be given to us:

- for a disability, no later than 30 days before the end of your Elimination Period or within 30 days after the termination of the Policy, if earlier; or
- for any Additional Benefit, as stated in the Additional Benefit provision, or in the absence of a requirement, as soon as reasonably possible.

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

When we receive written notice of claim, we will send the forms for Proof of claim. If you do not receive the forms within 15 days after written notice of claim is sent, you may send Proof of claim to us without waiting to receive the claim forms.

PROOF OF CLAIM

When does written Proof of claim have to be submitted?

Proof of claim must be given to us:

- for a disability, no later than 90 days after the end of your Elimination Period; or
- for any Additional Benefit, as stated in the Additional Benefit provision, or in the absence of a requirement, as soon as reasonably possible.

If Proof cannot be given within the time limit, 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 you are legally incompetent.

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 or expense occurred;
- the cause of the loss or disability or expense;
- evidence demonstrating the disability and should include at least Hospital records, Physician records, psychiatric records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as appropriate for the disabling condition;
- police reports and/or incidence reports from your Employer;
- payroll records from your Employer; and
- copies of your wage or earnings statements.

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

Proof of your continued Disability and regular and Continuing Care must be given to us within 30 days of the request for Proof.

Proof must be satisfactory to us.

PAYMENT OF BENEFITS

When are benefits payable?

Benefits are payable within 30 days of the date we receive Proof of the claim.

Benefits are based on the coverage that is in force on the date you are Disabled or the expense was incurred. Any change to the Policy will not affect a payable claim that occurs prior to the change.

7. CLAIMS

When will a decision on your claim be made?

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

- the standards on which entitlement to benefits is based;
- the unresolved issues that prevent a decision on the claim; and
- 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 we send notice of the extension to you until the date on which you respond to the request for additional information. You will have 45 days to provide the specified information.

What if your claim is denied?

If we deny all or any part of your claim, you will receive a written notice of denial stating:

- the specific reason(s) for the denial;
- the specific Policy provision(s) on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- 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;
- a description of the appeal procedures and time limits;
- your right to bring a civil action under ERISA, §502(a) following an adverse determination on review;
- 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
- 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.

Can you 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.

We will review the claim on receipt of the written request for review, and will notify you of our 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, we will notify you in writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial 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 we send 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.

What if your claim is denied on review?

If we deny all or any part of your claim on review, you will receive a written notice of denial stating:

- the specific reasons for the denial;
- the specific Policy provisions on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- your right to bring a civil action under ERISA, §502(a);

7. CLAIMS

- 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;
- 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
- 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.

To whom are benefits payable?

Survivor Benefits are payable to your Eligible Survivor as defined in the Additional Benefits section of the Certificate. All other benefits payable during your lifetime are payable to you except in the following situations:

- you are a minor. In such case, claim may be made by your duly appointed guardian, conservator or committee and we will pay to such person or persons;
- due to physical or mental incapacity, you cannot, in our judgment, give us a valid receipt for payments. In such case, claim may be made as described above; or
- you die before we pay you. In such case, claim may be made by your executor or the administrator of your estate and we will pay benefits as defined in the Benefit Provisions section of the Certificate.

If we do not pay you and claim is not made by the appropriate person designated above, we may, at our option, make payments under either or both Methods A or B below. Any decision to pay any benefits, prior to the appointment of the appropriate person designated (as shown above), is solely at our discretion, and we may choose to pay no amounts under any circumstances until such appropriate person is formally appointed.

Method A: We may pay up to the sum of \$5,000 to any individual or entity we determine has incurred or paid expenses as a result of funeral services provided to or on your behalf. If we pay such a benefit, we will not have to pay that benefit amount again and the total benefit due under the Policy shall be reduced by the amount paid under this provision.

Method B: We may pay the whole or any part of such benefit:

- to your Spouse, up to a cumulative amount of \$5,000; or
- if you have no Spouse, up to a cumulative amount of \$5,000 to any one or more of the following relatives in the following order of priority:
 - first, your child or children;
 - then, your mother or father.

8. INSURANCE CONTINUATION

Are there any conditions under which your insurance can continue?

If you are absent due to Accident or Sickness, your insurance will be continued during:

- the Elimination Period; and
- any period the premium is being waived under the Policy.

While the Policy is in force and subject to the conditions stated in the Policy, your Employer may, by paying the required premium to us, continue your insurance for any of the following reasons and durations:

Layoff – up to 1 month

Leave of Absence (including Family and Medical Leave of Absences) – up to 12 months

Vacation - up to 3 months.

You should contact your Employer for more details.

While the Policy is in force, you may be eligible to continue your insurance pursuant to the Family and Medical Leave Act of 1993, as amended or continue coverage pursuant to a state required continuation period (if any). You should contact your Employer for more details.

While the Policy is in force, you may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), as amended. You should contact your Employer for more details.

While the Policy is in force, you may be eligible for a Conversion Privilege. Refer to the Conversion Privilege provision in Additional Benefits section. You need to apply for the conversion and pay the required premium within 31 days following your termination of insurance.

9. CONTINUITY OF COVERAGE

What happens if your Employer replaces other insurance with the Policy?

If your Employer replaces insurance provided by the Prior Policy with the insurance provided by the Policy, Continuity of Coverage benefits as stated in this section may be available to you. These benefits will be available as long as the insurance and level of benefits under the Prior Policy were substantially similar to the insurance provided by the Policy.

What if you are not Actively at Work when your Employer replaces your Prior Policy with the Policy?

You will be covered under the Policy if you are not Actively at Work on November 1, 2016 and:

- you were insured under the Prior Policy on the day before November 1, 2016;
- you are a member of an Eligible Class;
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the Prior Policy.

If you become Disabled and were never Actively at Work while covered under the Policy, any benefit payable will be the lesser of:

- the monthly benefit payable under the Policy; or
- the monthly benefit payable under the Prior Policy had it remained in force.

What happens if you were Disabled under the Prior Policy and become Disabled again?

If after receiving a disability income benefit under the Prior Policy, and prior to the effective date of the Policy, you:

- are Actively at Work on an uninterrupted Full-time Basis for less than 6 months; and
- become Disabled due to a Recurrent Condition; and
- benefits would have been payable for those disabilities under the Prior Policy without having to satisfy a new Elimination Period if the Prior Policy had remained in force; and
- you do not qualify for disability income benefits for those disabilities under the Prior Policy;

then you will not be required to satisfy a new Elimination Period under the Policy. Any benefit payable will be the lesser of:

- the benefit payable under the Policy, reduced by any benefit payable under the Prior Policy; or
- the benefit that would have been payable under the Prior Policy had it remained in force, less any benefit payable under the Prior Policy.

Does the Eligibility Waiting Period apply when your Employer replaces the Prior Policy with the Policy?

We will apply any period of time satisfied under the Prior Policy to meet the requirements of the Eligibility Waiting Period toward the satisfaction of the period of time required by the Policy's Eligibility Waiting Period.

What if you had a Pre-existing Condition prior to your coverage under the Policy?

You will be given credit under any Pre-existing Condition exclusion under the Policy for the time you were insured under the Prior Policy. The credit will apply to the extent that the previous coverage or level of benefits was substantially similar to level of benefits under the Policy.

Are Disabilities due to a Pre-existing Condition covered?

Benefits may be payable if, on or after November 1, 2016, you become Disabled due to a Pre-Existing Condition provided you were:

- insured under the Prior Policy on the day before November 1, 2016; and
- Actively at Work and insured under the Policy on November 1, 2016.

Any benefit payable will be determined as follows:

- if you have satisfied the Pre-Existing Condition requirement, the benefit will be based on the Policy's benefit provision.
- if you cannot satisfy the Pre-Existing Condition requirement, the Prior Policy's pre-existing condition provision will be applied and
 - if you would have satisfied the Prior Plan's pre-existing condition requirement, considering time insured under both policies, any benefit payable will be the lesser of:
 - the benefit payable under the Policy; or
 - the benefit payable under the Prior Policy had it remained in force.

9. CONTINUITY OF COVERAGE

- if you cannot satisfy the Pre-Existing Condition requirement or if the pre-existing condition requirement under the Prior Policy would apply, no benefit will be paid.

10. GENERAL PROVISIONS

ALTERATION

Who can alter the Policy?

The only persons with the authority to alter or modify the Policy or to waive any of its provisions are our president, actuary, secretary or one of our vice presidents and any such changes must be in writing.

ASSIGNMENT

Can benefits be assigned?

You cannot assign any interest in the Policy unless we agree in writing to such an assignment. We have the right to determine the extent to which any assignment will be honored and the priority of such assignment. We do not assume any responsibility for the validity or sufficiency of any assignment. Any payments made under such assignment after consented to by us will discharge our liabilities under the Policy, to the extent of such payments.

CLERICAL ERROR

What happens when there is a clerical error in the administration of the Policy?

Clerical errors in connection with the Policy or delays in keeping records for the Policy whether by us, the Policyholder, or the Employer:

- will not terminate insurance that would otherwise have been effective.
- will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct the error, subject to the "Limit of Premium Refunds" section.

This provision does not apply to benefit administration errors by the Policyholder or the Employer which result in an employee:

- not enrolling for insurance within required time limits;
- failing to request increased amounts of insurance within required time limits;
- failing to provide any required Evidence of Insurability; or
- failing to exercise any available insurance continuation or conversion options.

CONFORMITY WITH STATUTES

What is the effect of Conformity with Statutes?

If any provision of the Policy conflicts with any applicable law, the provisions of the Policy will be automatically amended to meet the minimum requirements of the law and to reflect updated statutory references.

DISCHARGE OF OUR RESPONSIBILITY

What is the effect of payments under the Policy?

Payment made under the terms of the Policy will, to the extent of such payment, release us from all further obligations under the Policy. We will not be obligated to see to the application of such payment.

EXAMINATION

What are our examination rights?

We, at our own expense, have the right to have any person, whose Disability is the basis of a claim:

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

This right may be used as often as reasonably required.

10. GENERAL PROVISIONS

INCONTESTABILITY

What is the Incontestability provision?

Except for fraud or any claims incurred within two years of the effective date of your initial, increased, additional or reinstated insurance, no statement made by you relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during your lifetime. The statement must be contained in a form signed by you.

This provision shall not preclude the assertion at any time of a defense to a claim based upon your eligibility for insurance.

LEGAL PROCEEDINGS

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.

LIMIT OF PREMIUM REFUNDS

Is there a limit on premium refunds?

Whether premiums were paid in error or otherwise, we will refund only that part of the excess premium that was paid during the 12-month period that preceded the date we learned of such overpayment.

MISSTATEMENT OF FACTS

What happens if there is a misstatement of facts in the administration of the Policy?

If relevant facts about the Employer or Employee relating to this insurance are not accurate:

- a fair adjustment of premium will be made, subject to the "Limit of Premium Refunds" section; and
- the true facts will decide whether, and in what amount, and for what duration insurance is valid under the Policy.

NON-PARTICIPATING

Does the Policy participate in dividends?

The Policy is non-participating and will not share in any profits or surplus earnings of Sun Life Assurance Company of Canada, and, therefore, no dividends are payable.

NOTICE

How are required notices provided?

Any obligation we may have to give written notice will be satisfied by sending such notice to the last known address of the person or institution entitled to such notice.

10. GENERAL PROVISIONS

PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE

Does the payment of premiums guarantee coverage under the Policy?

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission and all Policy requirements must be satisfied.

REIMBURSEMENT

What if a benefit is underpaid or overpaid?

Reimbursement will be made to us for any overpayments that we may make due to any reason. You must repay us within 60 days unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law.

STATEMENTS

Are statements warranties?

In the absence of fraud, all statements made in any application are considered representations and not warranties. No representation by you in enrolling for insurance under the 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 Eligible Survivors, if any, or your estate representative.

SUN LIFE ASSURANCE COMPANY OF CANADA

Group Voluntary Long Term Disability Income Insurance Certificate

