

Santa Clara University
All Employees

BENEFIT HIGHLIGHTS

Discover new
ways to protect
what you love



Sun Life

Life's brighter under the sun

Find your benefits here.



SANTA CLARA UNIVERSITY

POLICY #: 942423

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

BENEFITS AT A GLANCE:

- ▶ **Basic and Voluntary Life insurance** to protect your family if something happens to you.

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Basic Life Insurance

Even among people who have life insurance, many don't have enough.

▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you*

\$70,000. No medical questions asked.

**This coverage includes Accidental Death and Dismemberment insurance.*

Frequently asked questions

What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

Can I take my insurance with me 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.

Can I access my life insurance 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 called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens 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.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If 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.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

This plan design is not supported for auto highlighter creation.
Please submit your request for **Benefit Highlighter** creation
through Case Quick Start or send an email to
EnrollmentServices@sunlife.com

Rates

Employee - Coverage and **monthly** cost for Employee Voluntary Life.

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.40	0.50	0.70	0.80	1.00	1.50	2.30	4.30	6.30	11.90	19.20
\$20,000	0.80	1.00	1.40	1.60	2.00	3.00	4.60	8.60	12.60	23.80	38.40
\$30,000	1.20	1.50	2.10	2.40	3.00	4.50	6.90	12.90	18.90	35.70	57.60
\$40,000	1.60	2.00	2.80	3.20	4.00	6.00	9.20	17.20	25.20	47.60	76.80
\$50,000	2.00	2.50	3.50	4.00	5.00	7.50	11.50	21.50	31.50	59.50	96.00
\$60,000	2.40	3.00	4.20	4.80	6.00	9.00	13.80	25.80	37.80	71.40	115.20
\$70,000	2.80	3.50	4.90	5.60	7.00	10.50	16.10	30.10	44.10	83.30	134.40
\$80,000	3.20	4.00	5.60	6.40	8.00	12.00	18.40	34.40	50.40	95.20	153.60
\$90,000	3.60	4.50	6.30	7.20	9.00	13.50	20.70	38.70	56.70	107.10	172.80
\$100,000	4.00	5.00	7.00	8.00	10.00	15.00	23.00	43.00	63.00	119.00	192.00
\$110,000	4.40	5.50	7.70	8.80	11.00	16.50	25.30	47.30	69.30	130.90	211.20
\$120,000	4.80	6.00	8.40	9.60	12.00	18.00	27.60	51.60	75.60	142.80	230.40
\$130,000	5.20	6.50	9.10	10.40	13.00	19.50	29.90	55.90	81.90	154.70	249.60
\$140,000	5.60	7.00	9.80	11.20	14.00	21.00	32.20	60.20	88.20	166.60	268.80
\$150,000	6.00	7.50	10.50	12.00	15.00	22.50	34.50	64.50	94.50	178.50	288.00
\$160,000	6.40	8.00	11.20	12.80	16.00	24.00	36.80	68.80	100.80	190.40	307.20
\$170,000	6.80	8.50	11.90	13.60	17.00	25.50	39.10	73.10	107.10	202.30	326.40
\$180,000	7.20	9.00	12.60	14.40	18.00	27.00	41.40	77.40	113.40	214.20	345.60
\$190,000	7.60	9.50	13.30	15.20	19.00	28.50	43.70	81.70	119.70	226.10	364.80
\$200,000	8.00	10.00	14.00	16.00	20.00	30.00	46.00	86.00	126.00	238.00	384.00
\$210,000	8.40	10.50	14.70	16.80	21.00	31.50	48.30	90.30	132.30	249.90	403.20
\$220,000	8.80	11.00	15.40	17.60	22.00	33.00	50.60	94.60	138.60	261.80	422.40
\$230,000	9.20	11.50	16.10	18.40	23.00	34.50	52.90	98.90	144.90	273.70	441.60
\$240,000	9.60	12.00	16.80	19.20	24.00	36.00	55.20	103.20	151.20	285.60	460.80
\$250,000	10.00	12.50	17.50	20.00	25.00	37.50	57.50	107.50	157.50	297.50	480.00
\$260,000	10.40	13.00	18.20	20.80	26.00	39.00	59.80	111.80	163.80	309.40	499.20
\$270,000	10.80	13.50	18.90	21.60	27.00	40.50	62.10	116.10	170.10	321.30	518.40
\$280,000	11.20	14.00	19.60	22.40	28.00	42.00	64.40	120.40	176.40	333.20	537.60
\$290,000	11.60	14.50	20.30	23.20	29.00	43.50	66.70	124.70	182.70	345.10	556.80
\$300,000	12.00	15.00	21.00	24.00	30.00	45.00	69.00	129.00	189.00	357.00	576.00
\$310,000	12.40	15.50	21.70	24.80	31.00	46.50	71.30	133.30	195.30	368.90	595.20
\$320,000	12.80	16.00	22.40	25.60	32.00	48.00	73.60	137.60	201.60	380.80	614.40
\$330,000	13.20	16.50	23.10	26.40	33.00	49.50	75.90	141.90	207.90	392.70	633.60
\$340,000	13.60	17.00	23.80	27.20	34.00	51.00	78.20	146.20	214.20	404.60	652.80
\$350,000	14.00	17.50	24.50	28.00	35.00	52.50	80.50	150.50	220.50	416.50	672.00
\$360,000	14.40	18.00	25.20	28.80	36.00	54.00	82.80	154.80	226.80	428.40	691.20
\$370,000	14.80	18.50	25.90	29.60	37.00	55.50	85.10	159.10	233.10	440.30	710.40
\$380,000	15.20	19.00	26.60	30.40	38.00	57.00	87.40	163.40	239.40	452.20	729.60
\$390,000	15.60	19.50	27.30	31.20	39.00	58.50	89.70	167.70	245.70	464.10	748.80
\$400,000	16.00	20.00	28.00	32.00	40.00	60.00	92.00	172.00	252.00	476.00	768.00
\$410,000	16.40	20.50	28.70	32.80	41.00	61.50	94.30	176.30	258.30	487.90	787.20
\$420,000	16.80	21.00	29.40	33.60	42.00	63.00	96.60	180.60	264.60	499.80	806.40
\$430,000	17.20	21.50	30.10	34.40	43.00	64.50	98.90	184.90	270.90	511.70	825.60
\$440,000	17.60	22.00	30.80	35.20	44.00	66.00	101.20	189.20	277.20	523.60	844.80
\$450,000	18.00	22.50	31.50	36.00	45.00	67.50	103.50	193.50	283.50	535.50	864.00

Rates

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$460,000	18.40	23.00	32.20	36.80	46.00	69.00	105.80	197.80	289.80	547.40	883.20
\$470,000	18.80	23.50	32.90	37.60	47.00	70.50	108.10	202.10	296.10	559.30	902.40
\$480,000	19.20	24.00	33.60	38.40	48.00	72.00	110.40	206.40	302.40	571.20	921.60
\$490,000	19.60	24.50	34.30	39.20	49.00	73.50	112.70	210.70	308.70	583.10	940.80
\$500,000	20.00	25.00	35.00	40.00	50.00	75.00	115.00	215.00	315.00	595.00	960.00

Rates

Spouse - Coverage and **monthly** cost for Spouse Voluntary Life.

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **monthly** costs.

Find your spouse's age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	0.20	0.25	0.35	0.40	0.50	0.75	1.15	2.15	3.15	5.95	9.60
\$10,000	0.40	0.50	0.70	0.80	1.00	1.50	2.30	4.30	6.30	11.90	19.20
\$15,000	0.60	0.75	1.05	1.20	1.50	2.25	3.45	6.45	9.45	17.85	28.80
\$20,000	0.80	1.00	1.40	1.60	2.00	3.00	4.60	8.60	12.60	23.80	38.40
\$25,000	1.00	1.25	1.75	2.00	2.50	3.75	5.75	10.75	15.75	29.75	48.00
\$30,000	1.20	1.50	2.10	2.40	3.00	4.50	6.90	12.90	18.90	35.70	57.60
\$35,000	1.40	1.75	2.45	2.80	3.50	5.25	8.05	15.05	22.05	41.65	67.20
\$40,000	1.60	2.00	2.80	3.20	4.00	6.00	9.20	17.20	25.20	47.60	76.80
\$45,000	1.80	2.25	3.15	3.60	4.50	6.75	10.35	19.35	28.35	53.55	86.40
\$50,000	2.00	2.50	3.50	4.00	5.00	7.50	11.50	21.50	31.50	59.50	96.00
\$55,000	2.20	2.75	3.85	4.40	5.50	8.25	12.65	23.65	34.65	65.45	105.60
\$60,000	2.40	3.00	4.20	4.80	6.00	9.00	13.80	25.80	37.80	71.40	115.20
\$65,000	2.60	3.25	4.55	5.20	6.50	9.75	14.95	27.95	40.95	77.35	124.80
\$70,000	2.80	3.50	4.90	5.60	7.00	10.50	16.10	30.10	44.10	83.30	134.40
\$75,000	3.00	3.75	5.25	6.00	7.50	11.25	17.25	32.25	47.25	89.25	144.00
\$80,000	3.20	4.00	5.60	6.40	8.00	12.00	18.40	34.40	50.40	95.20	153.60
\$85,000	3.40	4.25	5.95	6.80	8.50	12.75	19.55	36.55	53.55	101.15	163.20
\$90,000	3.60	4.50	6.30	7.20	9.00	13.50	20.70	38.70	56.70	107.10	172.80
\$95,000	3.80	4.75	6.65	7.60	9.50	14.25	21.85	40.85	59.85	113.05	182.40
\$100,000	4.00	5.00	7.00	8.00	10.00	15.00	23.00	43.00	63.00	119.00	192.00

Child - Coverage and **monthly** cost for Child Voluntary Life.

Rates are effective as of January 1, 2025.

The chart below shows possible coverage amounts and their **monthly** costs.

Coverage amounts	Cost per pay period
\$2,000	0.18
\$4,000	0.36
\$6,000	0.54
\$8,000	0.72
\$10,000	0.90

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

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

In some states, your employer’s group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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 companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “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, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Evidence of Insurability



Frequently asked questions

What is Evidence of Insurability?

Your group insurance policy may require Evidence of Insurability (EOI) for you and your dependents. Evidence of Insurability is a statement, or proof, of an employee's or dependent's medical history. We use it to determine whether or not we will provide the benefit you are requesting.

What is the EOI application?

The EOI application is an application on which you and/or your dependent(s) answer "yes" or "no" to questions concerning certain medical conditions. If you answer "yes" to any question(s), you are required to provide specific details of the condition, such as pertinent dates, treatments, and names of physicians. In some cases, a paramedical examination may also be required.

When do I need to submit an EOI application?

You may need to submit an EOI application, if you:

- apply for a coverage amount above the Guaranteed Issue amount,
- declined coverage for yourself or your dependent(s) within the initial eligibility period and are now applying for coverage, or
- enroll yourself or your dependent(s) and then subsequently elect to increase coverage.

Please refer to your benefit highlights page for complete information specific to your plan.

What is the process for submitting an EOI application?

To be considered for coverage, you must complete an EOI application, either online or on paper.

Submit your medical information online

It's the quick, easy, and smart way to submit EOI. And it's completely secure and confidential.

1. Have the following information ready:

- Your group policy number, location, and the amount of coverage for yourself and any dependents who require EOI, and
- Height, weight, and recent medical history for you and any dependents.

2. Go to www.sunlife.com/account

- Under *My Benefits*, select a coverage
- On the right hand side, click on *Submit Evidence of Insurability (EOI)*, follow the instructions, review your answers, and sign your application electronically before you submit. You will receive an official acknowledgment that Sun Life has received your EOI application. If you are approved, you may receive an approval e-mail that same day.

Submit your medical information on paper

If you need a paper application, you can access a printable version at www.sunlife.com/account.

- Click *Where can I find a form?*
- From list of forms, select EOI Application

After Sun Life receives and processes your EOI application, you will receive either a final decision or pending notification. If your application is pending, you may be contacted to schedule a medical exam (at Sun Life's expense). Coverage subject to EOI will not go into effect until Sun Life approves your application in writing.

How long does the approval process take?

As soon as we have received a completed online EOI application and as soon as the coverage amount is certified by your employer, often we can issue an approval within minutes and notify you or your employer via our online system or e-mail. For paper applications and applications that require review by a member of our medical underwriting team, the process usually takes five to seven business days. This time range is contingent on you returning a complete EOI application and our ability to obtain the necessary health information.

How will I be notified if I am approved?

If you submit your EOI application online and are approved right away, you will receive an e-mail. If you submit your EOI application via fax or mail, a letter will be sent to your home notifying you of the approval.

How will I be notified if I am denied?

If you are denied the requested coverage, a letter is sent to your home. This letter outlines why you were denied and gives you instructions on how you can appeal the decision.

When does my coverage take effect?

Coverage is effective on the later of the date Sun Life approves your application in writing or the date your coverage is effective under your employer's group insurance policy, provided that you or your dependent(s) are eligible under the group policy.

About privacy and security

In accordance with Sun Life's strict privacy practices, your answers to the Health History portion of the EOI application are completely confidential. Sun Life never shows them to your employer. Also, we do not share your e-mail address or other personal information with any third parties except as permitted or required by law. The website includes state-of-the-art security; any information entered is encrypted and transmitted using Secure Sockets Layer (SSL) technology.

These instructions on how to submit an Evidence of Insurability form apply only to life and disability policies.

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, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 13-SD-C-01, 12-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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▶ **TALK TO YOUR BENEFITS ADMINISTRATOR
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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