

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:	238103-003
Policy Effective Date:	April 1, 2020
Policyholder:	Sacramento City Unified School District
Employer:	Sacramento City Unified School District
Issue State:	California
Amendment Effective Date:	April 1, 2020

The benefits paid under the Accelerated Death Benefit option may be taxable and may affect eligibility for public programs such as Medicaid. You should consult with an appropriate social services agency as well as your personal tax advisor prior to applying for such benefits.

FOR PERSONS AGE 65 AND OLDER: NOTICE OF RIGHT TO RETURN CERTIFICATE

PLEASE READ YOUR CERTIFICATE CAREFULLY. IF YOU ARE AGE 65 OR OLDER AND YOU ARE NOT SATISFIED, YOU MAY RETURN THIS CERTIFICATE TO YOUR EMPLOYER WITHIN 30 DAYS AFTER YOU RECEIVE IT. THE AMOUNT OF PREMIUM YOU HAVE PAID WILL BE REFUNDED, PROVIDED NO CLAIM HAS BEEN INCURRED DURING THIS PERIOD. YOUR CERTIFICATE WILL THEN BE VOID, AS THOUGH YOU HAD NEVER APPLIED FOR THE INSURANCE.

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 unless otherwise preempted by the federal Employee Retirement Income Security Act ("ERISA").

Signed at Wellesley Hills, Massachusetts

Dean A. Connor
President and Chief Executive Officer



Troy Krushel
Vice-President, Associate General Counsel and
Corporate Secretary

Group Term Basic Life Insurance Certificate

Non-Participating



NOTICE TO CERTIFICATEHOLDER

THIS NOTICE IS TO ADVISE YOU THAT SHOULD YOU HAVE ANY QUESTIONS OR COMPLAINTS REGARDING YOUR SUN LIFE GROUP INSURANCE PLAN, YOU MAY CONTACT THE FOLLOWING:

**SUN LIFE ASSURANCE COMPANY OF CANADA
ATTN: CUSTOMER RELATIONS
PO BOX 9106
WELLESLEY HILLS, MA 02481
(800) 247-6875**

ALSO AVAILABLE TO YOU IS

THE CONS

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1. BENEFIT HIGHLIGHTS

Eligible Classes:

Employee Basic Life Insurance

All United States Certificated Employees working in the United States scheduled to work at least 15 hours per week.

Spouse Basic Life Insurance and Dependent Children Basic Life Insurance

All United States Certificated Employees enrolled in Employee Basic Life Insurance working in the United States scheduled to work at least 15 hours per week.

Eligibility Waiting Period:

None

1. BENEFIT HIGHLIGHTS
EMPLOYEE BASIC LIFE INSURANCE

Classification: All Eligible Certified Employees

Amount of Insurance

\$10,000

Included in this Certificate for this Class

Accelerated Benefit

Portability

Waiver of Premium

Contributions

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

1. BENEFIT HIGHLIGHTS

RETIRED EMPLOYEE BASIC LIFE INSURANCE

Classification: All Benefit Eligible Certified Employees who retire under the State Teachers Retirement System (STRS), or retire under the Public Employees Retirement System (PERS)

Amount of Insurance

\$1,000.

1. BENEFIT HIGHLIGHTS

SPOUSE BASIC LIFE INSURANCE AND DEPENDENT CHILDREN BASIC LIFE INSURANCE

Amount of Insurance

Spouse \$1,500

Dependent Child

6 months of age or older \$1,500

Under 6 months of age \$100

Your amount of Spouse Basic Life Insurance or Dependent Children Basic Life Insurance cannot be more than 50%ore than

1. BENEFIT HIGHLIGHTS

RETIRED SPOUSE BASIC LIFE INSURANCE AND DEPENDENT CHILDREN BASIC LIFE INSURANCE

Classification: All Benefit Eligible Certified Employees who retire under the State Teachers Retirement System (STRS), or retire under the Public Employees Retirement System (PERS)

Amount of Insurance

\$500

2. DEFINITIONS

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, a site approved by your Employer or a site where your Employer's business requires you to travel.

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

You are considered Actively at Work on any day that is not your regular scheduled work day (e.g., you are on vacation or holiday) as long as you were Actively at Work on your immediately preceding scheduled work day, and you are neither Confined nor disabled due to an Injury or Sickness.

Beneficiary means the person, persons or entity other than the Employer entitled to receive death benefit proceeds as they become due under the Policy. A Beneficiary must be named by you in Writing in a manner acceptable to us, dated and Signed by you and on file with your Employer.

Confined or Confinement means confined to a Hospital or similar facility.

Contributory Insurance means insurance for which you pay all or part of the premium.

Dependent Child (Dependent Children) means your unmarried child from live birth to under age 26.

Dependent Child includes:

- your step-child;
- a foster child placed with you by a licensed agency; or
- your adopted child, including any child placed with you for adoption.

If an unmarried child is age 26 or older and is:

- incapable of self-sustaining employment because of an intellectual disability, developmental disability or physical handicap; and
- chiefly dependent on you for support;

that child will continue to be a Dependent Child under the Policy for as long as these conditions exist.

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

Dependent Child does not include:

- any person who is insured as an Employee;
- any person residing outside the United States or Canada. This exclusion does not apply to a Dependent Child who:
 - resides with you while you are on a temporary work assignment outside the United States; or
 - is a Full-time Student attending school outside of the United States.

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 you were Actively at Work for the Employer as a full-time Employee will count towards completion of the Eligibility Waiting Period.

Employee

2. DEFINITIONS

Retirement means the first of the following to occur:

- the effective date of your Retirement benefits under:
 - any plan of a federal, state, county, municipal, association retirement system or public retirement system for which you are eligible as a result of your employment with the Employer;
 - any Retirement plan the Employer sponsors; or
 - any Retirement plan to which the Employer:
 - makes contributions; or
 - has made contributions.
- the effective date of your Retirement benefits under the Social Security Act or any similar plan or act. However, if you meet the definition of Employee and are receiving Retirement benefits under the Social Security Act, Public Employees' Retirement System (PERS), State Teachers' Retirement System (STRS) or similar plan or act, you will not be considered retired.

Retirement benefits do not include:

-

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

When are you eligible for Employee Basic Life Insurance?

You are initially eligible for insurance on the latest of:

- April 1, 2020;
- your first day of employment; or
- the date you first are Actively at Work in an Eligible Class.

When does Employee Basic Life Insurance start?

Your insurance starts on the date you are eligible, if you are Actively at Work on that date.

If you are not Actively at Work, your Employee Basic Life Insurance will not start until you resume being Actively at Work.

When does a change in your Employee Basic Life Insurance start?

If you are Actively at Work, any increase in insurance or benefits will start on the date of change, when you transfer to a different class of eligible Employees.

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

Any reduction in insurance due to your age will start on the date of change, whether or not you are Actively at Work.

Whether or not you are Actively at Work, any other reduction in Employee Basic Life Insurance for reasons other than an age reduction will start on the date of change, when you transfer to a different class of eligible Employees.

What happens if you decline all or part of your coverage?

If you decline all or a part of your Employee Basic Life Insurance due to tax or other reasons, you must sign a form declining that amount of insurance and file that form with your Employer. If you later decide to elect or increase your Employee Basic Life Insurance, you may become insured if you apply for Employee Basic Life Insurance and provide Evidence of Insurability that is approved by us in writing.

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 reactivated. Your reactivated insurance will be:

- the same as the insurance you had prior to the termination of your employment; and
- subject to all the terms and provisions of the Policy.

If you are rehired by your Employer 6 months or later after the date your employment terminates, your coverage will not be reactivated.

Coverage will not be reactivated for any amount of insurance which you converted in accordance with the Conversion Privilege or continued under the Portability provision, unless you cancel such coverage.

When does Employee Basic Life Insurance end?

Your Employee Basic Life Insurance under the Policy will end upon the earliest of the following:

- the date the Policy terminates;
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for Employee Basic Life Insurance;
- the last day for which any required premium has been paid for your Employee Basic Life Insurance;
- the last day you are Actively at Work, subject to the Insurance Continuation or Portability provision;
- the date you enter active duty in any armed service, subject to the Insurance Continuation provision;
- the date you retire, unless you are eligible for Retired Employee Basic Life Insurance; or
- the date you die.

If your Employee Basic Life Insurance has ended, can it be reinstated?

If your insurance ends for any reason other than you have voluntarily terminated it, your insurance may be reinstated. Reinstatement will be effective on the date you return to being Actively at Work in an Eligible Class.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

Your reinstated insurance will be:

- the same insurance you had prior to the termination of your insurance; and
- subject to all the terms and provisions of the Policy.

Evidence of Insurability will be required if you apply for an increase in your amount of insurance in excess of your reinstated insurance.

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

When does Retired Employee Basic Life Insurance start?

Retired Employee Basic Life Insurance starts on the later of:

- April 1, 2020; or
- the date you retire.

When does Retired Employee Basic Life Insurance end?

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

- the date the Policy terminates;
- the date the Policyholder terminates your Retired Employee Basic Life Insurance;
- the last day for which any required premium has been paid for your Retired Employee Basic Life Insurance; or
- the date you die.

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

When are you eligible for Spouse Basic Life Insurance?

If you are in an Eligible Class, you are initially eligible for Spouse Basic Life Insurance on the latest of:

- April 1, 2020;
- the date you are eligible for Employee Basic Life Insurance; or
- the date you acquire a Spouse.

When must you enroll for Spouse Basic Life Insurance?

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

When does Spouse Basic Life Insurance end?

Spouse Basic Life Insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for Spouse Basic Life Insurance;
- the last day for which any required premium has been paid for your Employee Basic Life Insurance or your Spouse Basic Life Insurance;
- the date you are no longer insured for Employee Basic Life Insurance under the Policy;
- the date you request in Writing to end your Spouse Basic Life Insurance;
- the last day you are Actively at Work, subject to the Insurance Continuation or Portability provision;
- the date your Spouse enters active duty in any armed service;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate;
- the date you retire;
- the date you are approved for the Waiver of Premium Benefit;
- the date you die; or
- the date your Spouse dies.

**5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN
INSURANCE**

When are you eligible for Dependent Children Basic Life Insurance?

5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN INSURANCE

How does Dependent Children Basic Life Insurance apply to newborn children, newly placed foster children or newly adopted children?

If you are insured under the Policy but do not have Dependent Children Basic Life Insurance when a newborn child, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered for 31 days from the date that child becomes your Dependent Child. To continue coverage beyond 31 days, you must:

- enroll for Dependent Children Basic Life Insurance within 31 days from the date the newborn child, newly placed foster child or newly adopted child becomes your Dependent Child; and
- pay the required premium to continue your Dependent Children Basic Life Insurance.

If you are covered under the Policy and have Dependent Children Basic Life Insurance when a newborn child, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered.

When does Dependent Children Basic Life Insurance end?

6. COVERED EMPLOYEE BASIC LIFE INSURANCE BENEFITS

EMPLOYEE BASIC LIFE INSURANCE BENEFIT

6. COVERED EMPLOYEE BASIC LIFE INSURANCE BENEFITS

What happens if you die before you are approved for the Waiver of Premium Benefit?

If you die before you are approved for the Waiver of Premium Benefit and within 12 months from the date you ceased to be Actively at Work, a death benefit may be payable if, within 3 months of your death, we receive Proof that:

- your Total Disability lasted without interruption from the date you ceased to be Actively at Work until your death; and
- you would have qualified for this Waiver of Premium Benefit except that we had not approved your initial Proof of Total Disability.

When does the Waiver of Premium Benefit end?

Your Waiver of Premium Benefit ceases on the earliest of:

- the date you are no longer Totally Disabled;
- the date you fail to provide Proof that you continue to be Totally Disabled;
- the date you refuse to submit to an examination by a Physician of our choice;
- the date you reach age 65 or for 12 months, whichever is later, if your Total Disability began before you reached age 65;
- the date of your Retirement, unless you are eligible for Retired Employee Basic Life Insurance;
- the first anniversary after your Total Disability began for Total Disabilities that begin on or after you reach age 65;
- the date you reside outside of the United States for more than 12 consecutive months; or
- the date you die.

Your right to benefits pursuant to this Waiver of Premium Benefit is determined initially on the date Total Disability begins. Your ongoing right to receive the Waiver of Premium Benefit depends upon our continued approval of

6. COVERED EMPLOYEE BASIC LIFE INSURANCE BENEFITS

6. COVERED EMPLOYEE BASIC LIFE INSURANCE BENEFITS

Otherwise, you must exercise the Conversion Privilege within the 31 Day Conversion Period.

What type of individual life insurance policy is available?

The individual life insurance policy may be any plan of life insurance offered by us at the attained age and the amount requested up to the amount that ceased or reduced. The individual life insurance policy will not include any additional benefits such as a waiver of premium benefit or an accelerated death benefit.

The premium for the individual life insurance policy will be determined by the policy type and amount of the individual life insurance policy and the rate we charge for the standard class of risk and age to which you belong

7. COVERED SPOUSE BASIC LIFE INSURANCE BENEFITS AND DEPENDENT CHILDREN BASIC LIFE INSURANCE BENEFITS

What is the Spouse Basic Life Insurance and Dependent Children Basic Life Insurance benefit?

If your Spouse or Dependent Child dies while insured under the Policy and we approve the claim, we will pay a Spouse Basic Life Insurance or Dependent Children Basic Life Insurance benefit to you according to the provisions of the Policy.

What is the amount of the Spouse Basic Life Insurance and Dependent Children Basic Life Insurance benefit?

If your Spouse dies while insured under the Policy, we will pay a Spouse Basic Life Insurance benefit equal to your elected Spouse Basic Life Insurance benefit as shown in the Benefit Highlights.

If your Dependent Child dies while insured under the Policy, we will pay a Dependent Children Basic Life Insurance benefit equal to your elected Dependent Children Basic Life Insurance benefit as shown in the Benefit Highlights.

Your amount of Spouse Basic Life Insurance and Dependent Children Basic Life Insurance is subject to the Exclusions and any Evidence of Insurability requirements or terminations according to the provisions of the Policy.

If you or your Spouse or Dependent Child had previously exercised the Policy's Conversion Privilege or Portability provision, your amount of Spouse Basic Life Insurance and Dependent Children Basic Life Insurance will be reduced by the amount of any insurance under any coverage issued as a result of the exercise of those provisions unless you cancel such coverage.

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces, you or your Spouse or Dependent Child may be able to convert the amount that ceased or reduced to an individual life insurance policy. You or your Spouse or Dependent Child need to apply for the Conversion Privilege within 31 days of the date the coverage ceased or reduced (the "31 Day Conversion Period") or during any extension of the period permitted by the Policy.

When can Spouse Basic Life Insurance and Dependent Children Basic Life Insurance coverage be converted and how much can be converted?

If your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or is reduced due to:

- termination of your employment;
- termination of your membership in an Eligible Class;
- your changing to a different Eligible Class;
- your Retirement;
- termination of coverage under the Insurance Continuation provision;
- termination of the Spouse Basic Life Insurance or Dependent Children Basic Life Insurance;
- your Spouse no longer meeting the definition of Spouse;
- your Dependent Child no longer meeting the definition of Dependent Child; or
- your death;

then you or your Spouse or Dependent Child may apply for an individual life insurance policy on the Spouse's or the Dependent Child's life up to the amount of life insurance that ceased or reduced.

If your Spouse or Dependent Child has been continuously insured under the policy for at least five years, and all or part of your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or is reduced due to:

- a revision to the Policy to reduce the amount Spouse Basic Life Insurance or Dependent Children Basic Life Insurance in your Eligible Class;
- a revision to the Policy to terminate your Eligible Class; or
- termination of the Spouse Basic Life or Dependent Children Basic Life Insurance benefit provision;

then you or your Spouse or Dependent Child may apply for an individual life insurance policy on the Spouse's or your Dependent Child's life. The maximum amount of the policy will be the lesser of:

- \$10,000; or

7. COVERED SPOUSE BASIC LIFE INSURANCE BENEFITS AND DEPENDENT CHILDREN BASIC LIFE INSURANCE BENEFITS

- the amount that ceased or reduced, reduced by any amount of life insurance that your Spouse or Dependent Child becomes eligible for under any group policy within 31 days after your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceased or reduced.

You or your Spouse or Dependent Child will be issued an individual life insurance policy without providing Evidence of Insurability.

How can you or your Spouse or Dependent Child exercise the Conversion Privilege?

To exercise the Conversion Privilege, you or your Spouse or your Dependent Child must apply for it in writing and pay the first premium within 31 days following the date your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces. This is your Spouse's or Dependent Child's 31 Day Conversion Period.

May the time to exercise the Conversion Privilege be extended beyond the 31 Day Conversion Period?

If you or your Spouse or Dependent Child are not provided notice by your Employer of your or your Spouse's or the Dependent Child's right to exercise the Conversion Privilege at least 15 days prior to the end of the 31 Day Conversion Period, you or your Spouse or Dependent Child will have an additional 25 days to exercise it. In no event will the additional period extend beyond 60 days from the end of the 31 Day Conversion Period.

Otherwise, you or your Spouse or Dependent Child must exercise the Conversion Privilege within the 31 Day Conversion Period.

What type of individual life insurance policy is available?

The individual life policy may be any plan of life insurance offered by us, at the attained age and the amount requested up to the amount that ceased or reduced. The individual life policy will not include any additional benefits such as waiver of premium benefit or an accelerated death benefit.

The premium for the individual life insurance policy will be determined by policy type and amount of the individual life insurance policy and the rate we charge for the standard class of risk and age to which your Spouse or Dependent Child belongs on the effective date of the individual life insurance policy.

When does the individual life insurance policy start?

If your or your Spouse's or Dependent Child's application for the individual life insurance policy is received and the first premium is paid when due, the effective date of the individual life policy will be the day after the 31 Day Conversion Period.

What happens if your Spouse or Dependent Child dies within 31 days of the date your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces?

If your Spouse or Dependent Child dies within 31 days of the date your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces, and we receive notice of claim and Proof of claim, a death benefit will be paid to you whether or not application for the individual life insurance policy or payment of the first premium has been made. The death benefit will be the amount of Spouse Basic Life Insurance or Dependent Children Basic Life Insurance that you would have been eligible to convert on the life of your Spouse or Dependent Child. If your Spouse or Dependent Child dies more than 31 days after the date your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces, no death benefit is payable for that person. Thus, even if your Spouse or Dependent Child dies during a period of time in which you or your Spouse or Dependent Child may still exercise the Conversion Privilege, but that period of time is more than 31 days after the date your Spouse Basic Life Insurance or Dependent Children Basic Life Insurance ceases or reduces, no death benefit is payable for that person.

8. EXCLUSION

9. CLAIM PROVISIONS

How is a claim for Life Insurance benefits submitted?

You or someone on your behalf or a Beneficiary must send us written notice of claim and Proof of claim within the time limits specified below. Your Employer has the notice of claim and Proof of claim forms.

NOTICE OF CLAIM

When does written notice of claim have to be submitted?

For a Life Insurance benefit, written notice of claim must be given to us no later than 30 days after the date of death.

For a Waiver of Premium Benefit, written notice of claim must be given to us no later than 12 months after the date you cease to be Actively at Work.

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

CLAIM FORMS

When we receive written notice of claim, we will send the forms for Proof of claim. If the forms are not received within 15 days after written notice of claim is sent, Proof of the character and the extent of the loss may be sent to us without waiting to receive the Proof of claim forms.

PROOF OF CLAIM

When does written Proof of claim have to be submitted?

For a Life Insurance benefit, written Proof of claim must be given to us no later than 90 days after date of death.

For a Waiver of Premium Benefit, written Proof of claim must be given to us no later than 15 months after the date you cease to be Actively at Work.

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 occurred;
- the cause of the loss or disability;
- hospital records, physician records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as needed to determine the claim;
- police accident reports;
- the Death Certificate; and
- any other information we may require to make a claim determination.

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

PAYMENT OF BENEFITS

When are benefits payable?

Benefits are payable when we receive Proof of claim that establishes benefit eligibility according to the provisions of the Policy and we approve the claim.

9. CLAIM PROVISIONS

When will a decision on your claim be made?

We will send you a written notice of our 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. 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 setting forth:

- 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, if ERISA applies;
- 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.

9. CLAIM PROVISIONS

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 setting forth:

- 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), if ERISA applies;
- 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?

Spouse or Dependent Child death benefits are payable to you.

Employee death benefits are payable in accordance with the Beneficiary designation made by you. Unless you specify otherwise, if more than one beneficiary survives you, all surviving beneficiaries will receive an equal share of the Basic Life Insurance benefit.

9. CLAIM PROVISIONS

- 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:
 1. your child or children; or
 2. your mother or father.

The death benefit may be paid by a method other than a lump sum and may include any method of payment available to us. The available methods of payment will be based on the benefit options offered by us at the time of election, and will include making payment through a retained asset account as permitted by applicable state law.

10. INSURANCE CONTINUATION

Are there any conditions under which your Employer can continue your insurance?

While the Policy is in force and subject to the conditions stated in the Policy, your Employer may continue your insurance that was in force on the date immediately before the date you ceased to be Actively at Work by paying the required premium to us for any of the following reasons and durations at Work by paying

11. PORTABILITY

What is portable insurance and when are you eligible for it?

Portable insurance is an optional benefit that you may elect to continue your insurance for each Insured without Evidence of Insurability if your insurance ends because you terminate employment; and you meet the following requirements:

- the Policy is still in force; and
- you are under age 70 at the time employment terminates; and
- you have not retired; and
- the hours you work for your Employer have not been reduced; and
- your insurance is not being continued under any Insurance Continuation provision; and
- you have not suffered an Injury or Sickness that results in a life expectancy of less than 12 months; and
- your insurance is not being continued under the Waiver of Premium Benefit; and
- you have not exercised your portable insurance right under a similar certificate issued by us; and
- you reside in the United States or Canada on the date your insurance ends.

You may not elect portable insurance for your Spouse if you have not elected portable insurance for yourself.

If you convert your coverage under any Conversion Privilege of the Policy, you will not be eligible to apply for portable insurance for that same coverage.

When must you apply for portable insurance?

12. CONTINUITY OF COVERAGE

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

If your Employer replaces insurance provided by another insurance company ("Prior Policy") with the insurance provided by this Certificate and the Policy ("This Policy"), the Continuity of Coverage benefits in this Section may be available to you. These benefits will be available if the insurance and level of benefits under the Prior Policy were substantially similar to the insurance provided by This Policy.

What if you are not Actively at Work when your Employer's Prior Policy is replaced with This Policy?

You will be insured under This Policy if you are not Actively at Work on April 1, 2020 and:

- you were insured under your Employer's Prior Policy on the day before April 1, 2020;
- you are a member of an Eligible Class;
- your Employer continues to remit premiums for your coverage; and
- you are not receiving or eligible to receive benefits under the Employer's Prior Policy.

Any benefit payable will be the lesser of:

- the benefit payable under This Policy; or
- the benefit payable under your Employer's Prior Policy.

What if your Spouse or Dependent Child is Confined when your Employer's Prior Policy is replaced with This Policy and you are Actively at Work?

Your Spouse or Dependent Child will be insured under This Policy on April 1, 2020 and:

- your Spouse or Dependent Child was insured under your Employer's Prior Policy on the day before April 1, 2020;
- you are a member of an Eligible Class for Spouse or Dependent Child coverage;
- your Employer continues to remit premiums for your Spouse or Dependent Child coverage; and
- you are not receiving or eligible to receive Spouse or Dependent Child benefits under your Employer's Prior Policy.

Any benefit payable will be the lesser of:

- the benefit payable under This Policy; or
- the benefit payable under your Employer's Prior Policy.

13. GENERAL PROVISIONS

- failing to request increased amounts of insurance within required time limits; or
- failing to exercise any available Conversion Privilege, Insurance Continuation or Portability options.

CONFORMITY WITH STATUTES

What is the effect of Conformity with Statutes?

If any provision of the Policy conflicts with any applicable law, the provision will be automatically amended to meet the minimum requirements of the law, except as otherwise pre-empted by federal law.

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 AND AUTOPSY

What are our examination and autopsy rights?

We, at our expense, have the right to have any insured with respect to whom a claim has been filed:

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

We, at our expense, may have an autopsy conducted unless prohibited by law.

INCONTESTABILITY

What is the Incontestability Provision?

Except for non-payment of premium or claims incurred within two years of the effective date of an Insured's initial, increased, additional or reinstated insurance, no statement made by any Insured 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 that individual's lifetime. The statement must be contained in a form signed by that individual and provided to the Policyholder or to us.

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

LEGAL PROCEEDINGS

What are the time limits for legal proceedings?

No legal action may start:

- until 60 days after Proof has been given; or
- 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.

13. GENERAL PROVISIONS

MISSTATEMENT OF AGE

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

If the age of the insured has been misstated, the amount payable under the Policy will be such as the premium

SUN LIFE ASSURANCE COMPANY OF CANADA

Group Term Basic Life Insurance Certificate

Non-Participating

