



Time to choose

Your benefits from Sun Life Financial

The Research Foundation for the State University of New York



It's time for you to take control of your benefits!

Welcome to Sun Life!

We are pleased to offer you coverage from Sun Life Financial as part of your employee benefits program. When you enroll in benefits from Sun Life, you have comprehensive insurance at competitive group rates with the convenience of automatic payroll deduction.

The Research Foundation for the State University of New York is offering you the opportunity to enroll in the following:

Short-Term Disability Insurance

In this booklet, you will find information that will help you understand your choices and how much the options cost. Want to learn more about how Sun Life's benefits can help you? Visit www.sunlifeknowsbenefits.com.

Enrolling is easy! Simply fill out your enrollment form and return it to your Campus Benefits Office.

If you have questions about your benefits plan, ask your benefits administrator.

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Short-Term Disability Insurance

Features

When you buy Short-Term Disability Insurance from Sun Life Financial, know that:

- **A portion of your salary is protected if you become Totally Disabled.** You receive a percentage of your income when a covered disability prevents you from working. By having a portion of your income coming in, you may avoid having to rely on your savings to cover expenses in case you become ill or get injured. You may use this money however you see fit.
- **You get personal service.** When you file a claim, you are assigned to a benefits expert who will guide you through the process and answer any questions.
- **You may be provided with a return-to-work plan.** Using a team approach, our medical and psychiatric professionals actively manage your disability claim and work together to create a return-to-work plan designed just for you.
- **You may be eligible for a Partial Disability benefit.** You may qualify for a benefit that provides up to 100% of your pre-disability earnings when you return to work part-time.
- **You will get paid quickly—and you'll know what you'll get.** Our goal is to process your payments within five business days (we usually do it sooner) from the date we receive your claim forms.

Frequently asked questions

Why do I need disability insurance?

Unfortunately, a disability that prevents you from earning an income presents a real financial risk to you and your family.

You likely know someone who is or has been disabled. Statistics show that nearly a third of all Americans between the ages of 35 and 65 will suffer a disability that lasts at least 90 days.¹

Couldn't I rely on my savings or Social Security?

Social Security pays only for Total Disability. No benefits are payable for partial disability or for short-term disability. To qualify, you must meet the SSA's definition of "disability."

Dipping into your savings comes with a host of considerations, including whether you have enough money and if doing so will impact your retirement. An early withdrawal from your retirement plan can trigger penalties and can have tax implications.

Isn't disability covered by workers comp?

Not necessarily. You may be surprised to learn that over 95% of disabilities are not work related.²

What happens if I become disabled?

Disability insurance is designed to provide you with a level of income protection if you become Totally Disabled.

Our claims examiners and nurse consultants gather the information we need to approve or deny your claim. If we approve it, we will tell you how long you will receive the benefit and when you can expect to receive payments from us. You'll also be able to check your claim status online. If we deny your claim, you'll be notified with a detailed explanation.

Short-Term Disability Insurance

Will I get the individual support I need to return to work?

We understand that situations vary. Some disabled individuals require minimal job accommodations to return to work, and others need a program with more individual help and support. Our specialists work with you and your employer to develop a case-specific plan that meets your needs.

1. www.disabilitycanhappen.org.

2. "The Disability Divide: Advisor Study," CDA 2011 Advisor Disability Awareness Study, www.disabilitycanhappen.org, as last referenced on May 4, 2012.

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, 02-SL, 07-SL, 01C-LH-PT, GP-A and GC-A. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, 01NYC-LH-PT, GP-A and GC-A. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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Group Short Term Disability Benefits

for Employees of The Research Foundation for the State University of New York

Why Short Term Disability?

Receiving an income while you're disabled can make an enormous financial difference.

Benefits

- Coverage for all regular, salaried employees working 50% of a full time schedule earning at least \$15,000 annually.
- Covers accidents and sicknesses for up to 26 weeks.
- Weekly benefits are increments of \$100 (starting at \$100) up to 60% of your weekly salary.
- Maximum benefits are \$2,000 per week.
- Benefits begin on the 1 day for accidents and on the 8 day for sickness.

Cost to you

- STD coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Exclusions

No STD benefit will be payable for any total disability that is due to:

- an intentionally self-inflicted injury,
- war, declared or undeclared, or any act of war,
- active participation in a riot, rebellion, or insurrection,
- committing or attempting to commit an assault, felony, or other illegal act,
- injury or sickness for which the employee is entitled to benefits under any workers' compensation, occupational disease or similar law, if coverage type is non-occupational, or
- injury or sickness sustained while doing any act or thing pertaining to any occupation for wage or profit, if coverage type is non-occupational.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your STD booklet for complete information.

How to enroll

- STD coverage begins once you meet the eligibility requirements, satisfy any waiting period applicable to your policy, and complete the enrollment process.
- To enroll, fill out the STD enrollment form available from your employer. Please submit the form to your employer along with any Evidence of Insurability application that may be required.

About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
 - you decline coverage during your initial eligibility period and then want coverage at a later date, or
 - you apply for STD in excess of the Guaranteed Issue Amount.
- All late entrants and increases require Evidence of Insurability.
- Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves it.

For complete plan details

- This highlight flyer is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group booklet containing complete plan details.

Limitations

No STD benefit will be payable for any disability during any of the following periods:

- any period the employee is not under the regular and continuing care of a physician providing appropriate treatment by means of examination and testing in accordance with the disabling condition
- any period the employee fails to submit to any medical examination requested by Sun Life
- any period the employee engages in any occupation or employment for wage or profit, if partial disability is not included in the plan
- any period of total disability due to mental illness, unless the employee is under the continuing care of a specialist in psychiatric care
- any period of total disability due to drug and alcohol illness, unless the employee is actively supervised by a physician or rehabilitation counselor and is receiving continuing treatment from a rehabilitation center or a designated institution approved by Sun Life
- if a pre-existing condition limitation applies to the plan, then any period of disability that occurs within the exclusionary period and is caused by, contributed to by, or resulting from a pre-existing condition

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

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, 02P-STD TDB Policy-2006, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 06P-NYDBL, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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**Sun Life Insurance and Annuity Company of New York and
Sun Life and Health Insurance Company (U.S.) in New York
Group Enrollment Form for Voluntary STD**



Sun Life Insurance and Annuity Company of New York
60 East 42nd Street, Suite 3100
New York, NY 10165

Sun Life and Health Insurance Company (U.S.)
One Sun Life Executive Park
Wellesley Hills, MA 02481

Complete all sections of the Group Enrollment Form. Make sure you complete and sign the form during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer (also called non-contributory benefits) cannot be refused.

General Information

Employer name The Research Foundation of State University of New York		Account/Policy number 811737	Location	Date effective
Street address		City	State	Zip code
Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:		Occupation		
Date employed: <input type="checkbox"/> Full-Time Date:		<input type="checkbox"/> Part-Time Date:	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return from layoff Date:

Employee Information

Employee's Full Legal Name (First, MI, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status	Social Security No.
Street Address		City	State	Zip Code	
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Employee Status: <input type="checkbox"/> Regular salaried Employees working 50% of a full-time schedule earning at least \$15,000 annually <input type="checkbox"/> Active <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt			Salary

You must elect or refuse insurance coverage below within 31 days of your date of eligibility by placing a check mark in the appropriate box(es). Not all of the benefit options listed below may be available to you. Your employer will tell you which benefits are available and what your Maximum Guarantee Issue amount is. See "Evidence of Insurability" section for details.

Disability coverage: Underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY)

Voluntary Short Term Disability Elect..... Refuse
Coverage amount selected _____*

*Amount is limited to 60% of the Basic Weekly Earnings

Evidence of Insurability:

A medical Evidence of Insurability (“EOI”) application will be required for any employee who applies for coverage more than 31 days past his/her eligibility date. An EOI application is also needed if you:

- apply for a higher coverage than the Maximum Guaranteed Issue amount
- want to increase your existing coverage now or at a later date, whether your existing coverage is with Sun Life Insurance and Annuity Company of New York or a prior insurance carrier
- decline coverage and then want it at a later date

Coverage subject to evidence of insurability will not go into effect until Sun Life Insurance and Annuity Company of New York approves it.

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life Insurance and Annuity Company of New York. I have read the Evidence of Insurability notice.
- I have read the following Fraud Warning below.
Does not apply to Life Insurance. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am verifying that the information I have provided is true and correct to the best of my knowledge and belief.

X _____ Today's Date _____
 Employee Signature

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer’s site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment form.

For Employer Use Only

Provide the employee's earnings amount below.

Indicate whether earnings amount is annual pay, or some other pay frequency. Although most plans define earnings as **salary-only** (not including bonuses, commissions, etc.), you should check your group policy for the proper earnings definition to use.

STD Earnings \$	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Regular salaried Employees working 50% of a full-time schedule earning at least \$15,000 annually
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly		

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Rate Sheet

Employee - coverage and per pay period of Short Term Disability.
Rates are effective as of January 1, 2014

The chart below shows possible coverage amounts and the corresponding costs per pay period. Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose. Locate the annual salary closest to your current salary, without exceeding it. The corresponding benefit choice represents the maximum covered salary you could select from the options shown on this grid.

Annual Salary	Incremental Benefit Choice	Under age 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and over
\$ 8,667	\$100	\$1.02	\$1.20	\$1.20	\$1.20	\$1.02	\$1.11	\$1.29	\$1.52	\$1.66	\$1.80	\$1.80
\$ 17,333	\$200	\$2.03	\$2.40	\$2.40	\$2.40	\$2.03	\$2.22	\$2.58	\$3.05	\$3.32	\$3.60	\$3.60
\$ 26,000	\$300	\$3.05	\$3.60	\$3.60	\$3.60	\$3.05	\$3.32	\$3.88	\$4.57	\$4.98	\$5.40	\$5.40
\$ 34,667	\$400	\$4.06	\$4.80	\$4.80	\$4.80	\$4.06	\$4.43	\$5.17	\$6.09	\$6.65	\$7.20	\$7.20
\$ 43,333	\$500	\$5.08	\$6.00	\$6.00	\$6.00	\$5.08	\$5.54	\$6.46	\$7.62	\$8.31	\$9.00	\$9.00
\$ 52,000	\$600	\$6.09	\$7.20	\$7.20	\$7.20	\$6.09	\$6.65	\$7.75	\$9.14	\$9.97	\$10.80	\$10.80
\$ 60,667	\$700	\$7.11	\$8.40	\$8.40	\$8.40	\$7.11	\$7.75	\$9.05	\$10.66	\$11.63	\$12.60	\$12.60
\$ 69,333	\$800	\$8.12	\$9.60	\$9.60	\$9.60	\$8.12	\$8.86	\$10.34	\$12.18	\$13.29	\$14.40	\$14.40
\$ 78,000	\$900	\$9.14	\$10.80	\$10.80	\$10.80	\$9.14	\$9.97	\$11.63	\$13.71	\$14.95	\$16.20	\$16.20
\$ 86,667	\$1,000	\$10.15	\$12.00	\$12.00	\$12.00	\$10.15	\$11.08	\$12.92	\$15.23	\$16.62	\$18.00	\$18.00
\$ 95,333	\$1,100	\$11.17	\$13.20	\$13.20	\$13.20	\$11.17	\$12.18	\$14.22	\$16.75	\$18.28	\$19.80	\$19.80
\$ 104,000	\$1,200	\$12.18	\$14.40	\$14.40	\$14.40	\$12.18	\$13.29	\$15.51	\$18.28	\$19.94	\$21.60	\$21.60
\$ 112,667	\$1,300	\$13.20	\$15.60	\$15.60	\$15.60	\$13.20	\$14.40	\$16.80	\$19.80	\$21.60	\$23.40	\$23.40
\$ 121,333	\$1,400	\$14.22	\$16.80	\$16.80	\$16.80	\$14.22	\$15.51	\$18.09	\$21.32	\$23.26	\$25.20	\$25.20
\$ 130,000	\$1,500	\$15.23	\$18.00	\$18.00	\$18.00	\$15.23	\$16.62	\$19.38	\$22.85	\$24.92	\$27.00	\$27.00
\$ 138,667	\$1,600	\$16.25	\$19.20	\$19.20	\$19.20	\$16.25	\$17.72	\$20.68	\$24.37	\$26.58	\$28.80	\$28.80
\$ 147,333	\$1,700	\$17.26	\$20.40	\$20.40	\$20.40	\$17.26	\$18.83	\$21.97	\$25.89	\$28.25	\$30.60	\$30.60
\$ 156,000	\$1,800	\$18.28	\$21.60	\$21.60	\$21.60	\$18.28	\$19.94	\$23.26	\$27.42	\$29.91	\$32.40	\$32.40
\$ 164,667	\$1,900	\$19.29	\$22.80	\$22.80	\$22.80	\$19.29	\$21.05	\$24.55	\$28.94	\$31.57	\$34.20	\$34.20
\$ 173,333	\$2,000	\$20.31	\$24.00	\$24.00	\$24.00	\$20.31	\$22.15	\$25.85	\$30.46	\$33.23	\$36.00	\$36.00

Example: An Employee making \$45,000 and who is 35 years of age.

This employee can elect \$100.00, \$200.00 \$300.00, \$400.00 or \$500.00 Incremental Benefit Choice. *Only one can be elected
If the employee elects \$500.00 and based on their age of 35 years, their cost would be \$6.00 per pay period as displayed in the rate chart above.

About Sun Life Insurance and Annuity Company of New York

On August 2, 2013, Sun Life Financial sold its U.S. annuities business and certain of its U.S. life insurance businesses to Delaware Life Holdings, LLC (“Delaware Life”). Included in the sale was our domestic U.S. variable annuity, fixed annuity and fixed index annuity products, corporate and bank-owned life insurance products, and variable life insurance products. As part of this transaction, Sun Life Insurance and Annuity Company of New York (“SLNY”) was acquired by Delaware Life. This transaction did not include Sun Life Financial’s U.S. group and voluntary employee benefits business. Pursuant to a transition plan developed in conjunction with the sale, Sun Life Financial’s group and voluntary business in New York will continue to be administered by a member of the Sun Life Financial group of companies.

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