

Optional Life Insurance Benefits

For All Eligible Full-Time United States Employees working in the United States enrolled in Employee Basic Life Insurance scheduled to work at least 30 hours per week. PCC Aerostructures 238709

A Worldwide Presence

Our parent company's operations currently service millions of people in the United States, Canada, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

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

Benefits

- **For you:**
An amount between \$10,000 and \$500,000, in increments of \$10,000, not to exceed 5x basic annual earnings. Guaranteed Issue Amount is \$150,000. Benefits cease at retirement.
- **For your spouse:**
An amount between \$5,000 and \$250,000, in increments of \$5,000. Guaranteed Issue Amount is \$50,000. Spouse Optional Life coverage may not exceed 50% of the employee's coverage.
- **For your dependent child(ren):**
An amount between \$2,000 and \$10,000, in increments of \$2,000 for each eligible child who is 6 months to 26 years old; \$500 for a child who is 14 days to under 6 months. Child coverage cannot exceed 50% of the employee's coverage.
You must elect Optional Life coverage for yourself in order to cover your spouse and/or children.

Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits. For more information, ask your employer for a copy of the flyer entitled "Optional Life Means Added Financial Security."

How to Enroll

- Once you have selected the amount of coverage that's right for you, your spouse and your children, simply fill out the Optional Life enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer. Please submit the form to your employer along with any Evidence of Insurability forms 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 Optional Life 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 the application.

Optional Life Rates

Employee		Spouse		Child(ren)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage	Monthly cost per \$1,000 of coverage	
Under 25	\$ 0.060	Under 25	\$ 0.060		
25 – 29	\$ 0.080	25 – 29	\$ 0.080		
30 – 34	\$ 0.090	30 – 34	\$ 0.090		
35 – 39	\$ 0.110	35 – 39	\$ 0.110	All eligible children	\$ 0.123
40 – 44	\$ 0.160	40 – 44	\$ 0.160		
45 – 49	\$ 0.280	45 – 49	\$ 0.280		
50 – 54	\$ 0.470	50 – 54	\$ 0.470		
55 – 59	\$ 0.730	55 – 59	\$ 0.730		
60 – 64	\$ 1.140	60 – 64	\$ 1.140		
65 – 69	\$ 2.040	65 – 69	\$ 2.040		
70 - 74	\$ 3.440	70 - 74	\$3.440		
75 - 79	\$ 5.690	75 - 79	\$5.690		
80 +	\$ 9.270	80 +	\$9.270		

Cost to You

- You are responsible for paying the cost of voluntary Life coverage through payroll deduction. Calculate your cost by dividing your amount of optional life insurance by 1000 and multiplying the result by the appropriate rate above. Follow the example below to determine your monthly cost.

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*
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\$25000 / 1000 = 25 x \$0.05 \$ 1.25

Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
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\$ [] / 1000 = [] x \$[] \$ [] \$ []

*Contact your employer to confirm the portion of the cost for which you will be responsible.

Age Reductions

- Amounts of Life Insurance are reduced at the following ages:

Age	Percentage
65	65%
70	50%

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.

Exclusions

Where allowed by law, if the Employee's cause of death is suicide:

- No amount of contributory Life or contributory Dependent Life Insurance is payable if the suicide occurs within 24 months after the Employee's Insurance is effective. If there was prior coverage in place, any period of time the Employee was insured for the same amount of Life Insurance under the previous insurer's group Life policy will count towards completion of the 24 months.
- No increased or additional amount of Life Insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Basic Life Insurance is effective.
- No amount of Life Insurance in excess of the Guaranteed Issue Amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue Amount is effective.

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

This Overview is preliminary to the issuance of the Policy and booklet certificate. It does not describe the specific benefits under the Policy.

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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