

Employee Group Benefits
UNDERWRITTEN BY
SUN LIFE ASSURANCE COMPANY OF CANADA
HOME OFFICE: TORONTO, CANADA

Edward W. Sparrow Hospital Association - Sagewell Healthcare Benefits Trust

YOUR GROUP LIFE INSURANCE CONTAINS AN ACCELERATED BENEFITS OPTION. DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID. RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. ASSISTANCE SHOULD BE SOUGHT FROM YOUR TAX ADVISOR.

GROUP POLICY NUMBER - 238306-001
BOOKLET EFFECTIVE DATE - January 1, 2015
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Welcome to Sun Life Assurance Company of Canada ("Sun Life"). Sun Life is pleased to be your Employer's insurance carrier for the benefits provided in the Group Policy. The description of Eligible Classes in the Benefit Highlights will help you determine what benefits apply to you.

The booklet is intended to provide a summarized explanation of the current Group Policy Benefits. However, the Group Policy is the document which forms Sun Life's contract to provide benefits. If the terms of the booklet and the Group Policy differ, the Group Policy will govern. A complete copy of the Group Policy is in the possession of your Employer and is available for your review. In the event of any changes in benefits or Group Policy provisions, you will be provided with a new booklet or a supplement which describes any changes.

Possession of this booklet does not necessarily mean you are insured under the Group Policy. The requirements for becoming eligible for insurance and the dates your insurance begins or ceases are explained within this booklet.

This booklet uses insurance terms and phrases that are listed in the Definitions Section.

For information, call the Sun Life Group Customer Service Center toll free at (800) 247-6875.

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BENEFIT HIGHLIGHTS

EMPLOYEE LIFE INSURANCE

ELIGIBLE CLASSES

Employee Basic Life Insurance

All Full-Time United States Executives and Physicians of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 20 hours per week.

All Full-Time United States Non-Represented Employees, MNA Employees, UAW Employees, IUE Employees and SEIU Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Residents of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Weekend Staffers of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 24 hours per week

All Part-Time United States Executives and Physicians of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

All Part-Time United States Non-Represented Employees, MNA Employees, UAW Employees, IUE Employees and SEIU Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

Employee Optional Life Insurance

All Full-Time United States Physicians, Non-Represented Employees, MNA Employees, Service Employees, International Union Employees, UAW Employees and Residents of Edward W. Sparrow Hospital Association working in the United States enrolled in Employee Basic Life Insurance scheduled to work at least 20 hours per week.

All Part-Time United States Physicians, Non-Represented Employees, MNA Employees, Service Employees, International Union Employees, UAW Employees, Sparrow Ionia Hospital Employees and Residents of Edward W. Sparrow Hospital Association working in the United States enrolled in Employee Basic Life Insurance scheduled to work at least 16 hours per week.

BENEFIT HIGHLIGHTS

BASIC LIFE INSURANCE

CLASSIFICATION

- | | |
|---|--|
| 1 | All Eligible Full Time Executives and Physicians |
| 2 | All Eligible Part Time Executives and Physicians |
| 3 | All Eligible Full-Time Non-Represented Employees, MNA, UAW, IUE and SEIU Employees |
| 4 | All Eligible Full-Time Residents |
| 5 | All Eligible Part-Time Non-Represented Employees, MNA, UAW, IUE and SEIU Employees |

CLASS

LIFE

- | | | |
|---|-----------|-------------------------------------|
| 1 | | |
| You may elect one of the following Options: | Option I | 2 times your Basic Annual Earnings* |
| | Option II | 1 times your Basic Annual Earnings* |
| 2 | | |
| You may elect one of the following Options: | Option I | \$20,000 |
| | Option II | \$10,000 |
| 3 | | 1 times your Basic Annual Earnings* |
| 4 | | 2 times your Basic Annual Earnings* |
| 5 | | \$10,000 |

BENEFIT HIGHLIGHTS

OPTIONAL LIFE INSURANCE

CLASSIFICATION

- 1 All Eligible Full-Time Employees
- 2 All Eligible Part-Time Employees

CLASS	LIFE
1	You may elect an amount of Optional Life Insurance in \$10,000 increments. The minimum amount you may elect is \$10,000.
2	You may elect an amount of Optional Life Insurance in \$10,000 increments.

* rounded to the next higher \$1,000, if not already a multiple of \$1,000.

The **Basic Maximum Benefit** for Class 1 is \$1,000,000.

The **Basic Maximum Benefit** for Classes 3 and 4 is \$300,000.

The **Optional Maximum Benefit** for Class 1 is the lesser of:

- \$1,000,000; or
- 7 times your Basic Annual Earnings.

The **Optional Maximum Benefit** for Class 2 is \$50,000.

(Applicable to Class 1 if you were insured for Optional Life Insurance on December 31, 2014)

The **Guaranteed Issue Amount** is the amount of Optional Life Insurance you had in force on December 31, 2014.

(Applicable to Class 1 if you were hired on or after January 1, 2015)

The **Guaranteed Issue Amount** for Optional Life Insurance is the lesser of:

- \$400,000; or
- 3 times your Basic Annual Earnings.

(Applicable to Class 2 if you were insured for Optional Life Insurance on December 31, 2014)

The **Guaranteed Issue Amount** is the amount of Optional Life Insurance you had in force on December 31, 2014.

(Applicable to Class 2 if you were hired on or after January 1, 2015)

BENEFIT HIGHLIGHTS

The **Guaranteed Issue Amount** for Optional Life Insurance is \$30,000.

Your amount of Basic Life Insurance reduces to 65% when you reach age 65, to 40% when you reach age 70 and to 25% when you reach age 75.

Your Basic Life Insurance cancels at your retirement, unless you are eligible for Retiree Basic Life Insurance. Your Optional Life Insurance cancels at your retirement.

Evidence of Insurability, satisfactory to Sun Life, will be required for any of the following reasons:

- you elect Basic Life Insurance only and later elect Optional Life Insurance; or
- you elect an increase in your amount of Optional Life Insurance; or
- your amount of Life Insurance is in excess of the Guaranteed Issue Amount.

Basic Annual Earnings

Your current salary or wage from your Employer. Basic Annual 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.

BENEFIT HIGHLIGHTS

RETIRED EMPLOYEES (Basic Life Insurance only)

CLASSIFICATION

1 All Eligible Employees

CLASS	LIFE
1	\$1,000

BENEFIT HIGHLIGHTS

DEPENDENT OPTIONAL LIFE INSURANCE

ELIGIBLE CLASSES

All Full-Time United States Physicians, Non-Represented Employees, MNA Employees, Service Employees, International Union Employees, UAW Employees and Residents of Edward W. Sparrow Hospital Association working in the United States enrolled in Employee Basic Life Insurance scheduled to work at least 16 hours per week.

All Part-Time United States Physicians, Non-Represented Employees, MNA Employees, Service Employees, International Union Employees, UAW Employees, Sparrow Ionia Hospital Employees and Residents of Edward W. Sparrow Hospital Association working in the United States enrolled in Employee Basic Life Insurance scheduled to work at least 16 hours per week.

Spouse			Child under age 26		
You may elect one of the following Options:	Option I	\$5,000	Option I	\$2,500	
	Option II	\$10,000	Option II	\$5,000	
	Option III	\$25,000	Option III	\$10,000	
	Option IV	\$40,000			
	Option V	\$50,000			

(Your amount of Dependent Child Optional Life Insurance cannot exceed 100% of your amount of Basic Life Insurance)

The **Guaranteed Issue Amount** for Dependent Spouse Optional Life Insurance, if you were insured on December 31, 2014, is the amount of Dependent Spouse Optional Life Insurance you had in force on December 31, 2014.

The **Guaranteed Issue Amount** for Dependent Spouse Optional Life Insurance, if you were hired on or after January 1, 2015, is \$25,000.

Evidence of Insurability, satisfactory to Sun Life, will be required for your Dependent for any of the following reasons:

- you elect no coverage and later elect Dependent Optional Life Insurance*; or
- you elect an increase in your amount of Dependent Optional Life Insurance*; or
- your amount of Dependent Spouse Optional Life Insurance is in excess of the Guaranteed Issue Amount.

*However, you may elect or elect to increase an amount of Dependent Spouse Optional Life Insurance up to the Guaranteed Issue amount during your Employer's Amount Enrollment period without Evidence of Insurability. You may elect or elect to increase your amount of Dependent Child Optional Life Insurance up to the Maximum Benefit Amount during your Employers Annual Enrollment period without Evidence of Insurability.

BENEFIT HIGHLIGHTS

SHORT TERM DISABILITY INCOME INSURANCE

ELIGIBLE CLASSES

All Full-Time United States Hourly MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States UAW Employees of Edward W. Sparrow Hospital Association hired prior to January 1, 1988 working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Hourly Non-Union Employees, SEIU Employees and IUE Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Weekend Staffers of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 24 hours per week

All Full-Time United States MNA Home Care Employees working in the United States scheduled to work at least 36 hours per week.

All Part-Time United States Hourly MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

All Part-Time United States UAW Employees of Edward W. Sparrow Hospital Association hired prior to January 1, 1988 working in the United States scheduled to work at least 16 hours per week.

All Part-Time United States Hourly Non-Union Employees, SEIU Employees and IUE Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

All Part-Time United States MNA Home Care Employees working in the United States scheduled to work at least 16 hours per week.

BENEFIT HIGHLIGHTS

CLASSIFICATION

- 1 All Eligible Full-Time Hourly MNA Employees
- 2 All Eligible Part-Time Hourly MNA Employees
- 3 All Eligible Full-Time UAW Employees
- 4 All Eligible Part-Time UAW Employees
- 5 All Eligible Full-Time Non-Union Hourly SEIU, IUE and MNA Home Care Employees
- 6 All Eligible Part-Time Non-Union Hourly SEIU, IUE and MNA Home Care Employees

AMOUNT OF INSURANCE

60% (Benefit Percentage) of your Total Weekly Earnings, not to exceed the Maximum Weekly Benefit, less Other Income Benefits.

The **Maximum Weekly Benefit** is \$750.

With respect to Classes 1 and 2 only, a **Pre-existing Condition Limitation** will be imposed if you elect no coverage and subsequently elect Short Term Disability Income Insurance.

With respect to Classes 3, 4, 5 and 6 only, **Evidence of Insurability**, satisfactory to Sun Life, will be required if you elect no coverage and subsequently elect Short Term Disability Income Insurance.

Elimination Period

(The period of time you need to be continuously Totally or Partially Disabled before STD benefits are payable)

14 days

Maximum Benefit Period

(The longest period of time Sun Life will pay you an STD benefit while you are Totally or Partially Disabled)

11 Weeks

Total Weekly Earnings

Your basic weekly earnings as reported by your Employer immediately before the first date your Total or Partial Disability begins. Total Weekly 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 Weekly Earnings will be based on your hourly rate of pay, but will not exceed 40 hours per week.

BENEFIT HIGHLIGHTS

LONG TERM DISABILITY INCOME INSURANCE

ELIGIBLE CLASSES

All Full-Time United States Non-Union Salaried Management Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week, excluding Physicians and Executives.

All Full-Time United States Physicians and Executives of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Salaried Professional Employees, Residents and Salaried UAW Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Hourly Non-Union Employees, SEIU Employees and IUE Service Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Hourly UAW Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Hourly MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Salaried MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 36 hours per week.

All Full-Time United States Weekend Staffers of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 24 hours per week

All Part-Time United States Physicians and Executives of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 20 hours per week.

All Part-Time United States Hourly MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

All Part-Time United States Salaried MNA Employees of Edward W. Sparrow Hospital Association working in the United States scheduled to work at least 16 hours per week.

BENEFIT HIGHLIGHTS

CLASSIFICATION

- 1 All Eligible Full-Time Non-Union Salaried Management Employees, other than Executives and Physicians
- 2 All Eligible Full-Time Physicians
- 3 All Eligible Full-Time Salaried Professional Employees, Residents and Salaried UAW Employees
- 4 All Eligible Full-Time Hourly Non-Union, SEIU Employees and IUE Service Employees
- 5 All Eligible Full-Time Hourly UAW Employees
- 6 All Eligible Full-Time Hourly MNA Employees
- 7 All Eligible Part-Time Hourly MNA Employees
- 8 All Eligible Full-Time Salaried MNA Employees
- 9 All Eligible Part-Time Salaried MNA Employees
- 10 All Eligible CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll

AMOUNT OF INSURANCE

Classes 1, 2, 3, 8 and 9

Core Plan

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$10,000.

Buy-Up Plan

66.67% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$15,000.

Class 4

You may elect one of the following Options:

Option I

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Option II

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Option III

66.67% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

BENEFIT HIGHLIGHTS

- the **Maximum Monthly Benefit** is: \$3,000.

Class 5

You may elect one of the following Options:

Option I

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Option II

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Option III

66.67% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$15,000.

Classes 6 and 7

Core Plan

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Buy-Up Plan

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

- the **Maximum Monthly Benefit** is: \$3,000.

Class 10

60% (Benefit Percentage) of your Total Monthly Earnings, not to exceed the Maximum Monthly Benefit, less Other Income Benefits.

BENEFIT HIGHLIGHTS

- the **Maximum Monthly Benefit** is: \$15,000.

Applicable to Classes 1, 2, 3, 6, 7, 8 and 9

You may enroll in either the Core Plan or the Buy-Up Plan. You may not enroll in both Plans. The Buy-Up Plan includes the Core Plan amount.

Your **Evidence of Insurability**, satisfactory to Sun Life will be required if you elect the Core Plan and later elect the Buy-Up Plan.

Applicable to Classes 4 and 6

If you do not make an election you will automatically be enrolled in Option I.

Your **Evidence of Insurability**, satisfactory to Sun Life will be required if you elect an increase in your amount of Long Term Disability Income Insurance

Applicable to All Employees

Note: your amount of insurance is also subject to reductions for your employment earnings.

The **Minimum Monthly Benefit** is \$100 or 10% of the Gross Monthly Benefit, whichever is greater.

Elimination Period

(The period of time you need to be continuously Totally or Partially Disabled before LTD benefits are payable)

Classes 1, 2, 3, 8, 9 and 10

120 days, or the end of your Short Term Disability Maximum Benefit Period, whichever is later.

Class 4 Employees electing Option II, Class 5 Employees electing Option II, Class 6 Employees electing the Buy-Up Plan and Class 7 Employees electing the Buy-Up Plan

60 days, or the end of your Short Term Disability Maximum Benefit Period, whichever is later.

Class 4 Employees electing Option I and Option III, Class 5 Employees electing Option I and Option III, Class 6 Employees electing the Core Plan and Class 7 Employees electing the Core Plan

90 days, or the end of your Short Term Disability Maximum Benefit Period, whichever is later.

BENEFIT HIGHLIGHTS

Maximum Benefit Period

(The longest period of time Sun Life will pay you an LTD benefit while you are Totally or Partially Disabled)

Classes 1, 2, 3, 4, 5, 7, 8, 9 and 10

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 60	To age 65, but not less than 60 months
60	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

Class 6

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 69	To age 70, but not less than 12 months
69 or over	12 Months

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.

BENEFIT HIGHLIGHTS

WAITING PERIOD

(The period of time you must be employed in an Eligible Class before you can apply for benefits)

Life Insurance

All MNA Employees

Until the first of the month coincident with or next following date of employment

All Other Employees

6 months

Short Term Disability Income Insurance

Until the first of the month following 6 months of employment

Long Term Disability Income Insurance

All Hourly UAW Employees

Until the first of the month coincident with or next following 12 months of employment

All Other Employees

6 months

CONTRIBUTIONS

All Eligible Employees

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

All Eligible Employees electing the Core Plan, All Eligible Employees electing Option I and All Eligible CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll

The cost of your Long Term Disability Income Insurance is paid for entirely by your Employer. This is your non-contributory insurance.

All Eligible Employees

The cost of your Dependent Optional Life Insurance is paid for by you. This is your contributory insurance.

All Eligible Employees

The cost of your Employee Optional Life Insurance is paid for by you. This is your contributory insurance.

All Eligible Employees

The cost of your Short Term Disability Income Insurance is paid for by you. This is your contributory insurance.

All Eligible Employees electing the Buy-Up Plan and All Eligible Employees electing Option II and Option III

The cost of your Long Term Disability Income Insurance is paid for by you. This is your contributory insurance.

The following Questions and Answers will help you to better understand your benefits.

Please read them carefully and refer any questions to your Employer or call the Sun Life Group Customer Service Center toll free at 1-800-247-6875.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

When am I eligible for insurance?

If you are in an Eligible Class shown in the Benefit Highlights, you are eligible on the later of:

- January 1, 2015; or
- January 1, 2016 for Employees of Sparrow Carson Hospital; or
- June 1, 2016 for Employees of GMEI; or
- July 1, 2016 for Employees of MNA Home Care for Short Term Disability Income Insurance; or
- the first day of the month coincident with or next following your date of employment for All MNA Employees for Life Insurance; or
- the day after you complete your Waiting Period for All Other Employees for Life Insurance; or
- the first day of the month following the date you complete your Waiting Period for Short Term Disability Income Insurance; or
- the first day of the month coincident with or next following the date you complete your Waiting Period for All Hourly UAW Employees for Long Term Disability Income Insurance; or
- the day after you complete your Waiting Period for All Other Employees for Long Term Disability Income Insurance.

If you are in an Eligible Class shown in the Benefit Highlights and you have a Dependent, you are eligible for Dependent Optional Life Insurance on the latest of:

- the date you are insured for Employee Basic Life Insurance; or
- January 1, 2015; or
- January 1, 2016 for Employees of Sparrow Carson Hospital; or
- June 1, 2016 for Employees of GMEI; or
- the date you first acquire a Dependent.

When must I apply for insurance?

You must apply for insurance during your Initial Enrollment Period.

When is my Initial Enrollment Period?

If you are eligible for insurance on January 1, 2015, your Initial Enrollment Period is the period immediately prior to January 1, 2015 as designated by your Employer.

If you first become eligible for insurance after January 1, 2015, your Initial Enrollment Period is the 31 days immediately after your Eligibility Date.

When does my insurance start?

Your insurance starts on the date you are eligible on or after the date you apply for your insurance, if:

- you are Actively at Work on that date; and
- Evidence of Insurability is not required.

If Evidence of Insurability is required for any amount of insurance, your insurance will not start until Sun Life approves your insurance, but you need to be Actively at Work on that date.

What if I am not Actively at Work on the date my insurance starts?

If you are not Actively at Work on the date your insurance would normally start, your insurance will not start until you are Actively at Work.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

What happens if I do not apply during the Initial Enrollment Period?

If an Employee does not make a written application for insurance, he will be insured for Employee Basic Life and Long Term Disability Income Insurance for All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and UAW Employees and Core Plan or Option I Long Term Disability Income Insurance for All Other Eligible Employees only. You will not be automatically enrolled for Short Term Disability Income Insurance.

When does my Dependent's insurance start?

Your Dependent's Optional Life Insurance starts on the latest of:

- the date you are eligible for Dependent Optional Life Insurance; or
 - the date you apply for Dependent Optional Life Insurance; or
 - the date Sun Life approves your Dependent's Evidence of Insurability (if required);
- as long as your Dependent is not hospital confined on that date.

If you do not apply for Dependent Optional Life Insurance during your Initial Enrollment Period, your Dependent will not be insured.

If your Dependent is hospital confined on the date your Dependent's insurance would normally start, your Dependent's insurance will not start until the Dependent is no longer hospital confined. Hospital confined does not apply to a newborn child.

Can I make any changes in my Plan Options?

No change can be made to your Plan Options until:

- the Annual Enrollment Period; or
- you have a Family Status Change.

When is the Annual Enrollment Period?

The Annual Enrollment Period is the period during the 4th calendar quarter of each year as designated by your Employer. During this period of time you may make changes to your Plan Options.

When do changes to my Plan Options start?

If you have increased your amount of insurance, the increase starts on the later of:

- the January 1st following the change in your Plan Options; or
 - the date Sun Life approves your Evidence of Insurability (if required);
- as long as you are Actively at Work on that date.

If you are not Actively at Work on the date your insurance would normally increase, the increase in your insurance will not start until you are Actively at Work.

If you have increased your Dependent's amount of insurance, the increase starts on the later of:

- the January 1st following the change in your Plan Options; or
 - the date Sun Life approves your Dependent's Evidence of Insurability (if required);
- as long as your Dependent is not hospital confined.

If your Dependent is hospital confined on the date an increase in your Dependent's insurance would normally start, the increase in your Dependent's insurance will not start until the Dependent is no longer hospital confined. Hospital confined does not apply to a newborn child.

Decreases in any amount of insurance will start on the January 1st following the change in your Plan Options.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

What if I do not make any changes during the Annual Enrollment Period?

If you do not make any changes during the Annual Enrollment Period you will continue to be insured for the same Plan Option previously selected.

No change in your Plan Options can be made until the next Annual Enrollment Period unless you have a Family Status Change.

What is considered a Family Status Change?

A Family Status Change is one of the following events:

- your marriage or divorce;
- the birth of your child;
- the adoption of a child by you;
- the death of your spouse or child;
- the commencement or termination of employment of your spouse;
- the change from part-time to full-time employment by you or your spouse;
- the change from full-time to part-time employment by you or your spouse;
- the taking of an unpaid leave of absence by you or your spouse;
- a significant change in your health coverage or your spouse's health coverage as a result of your spouse's employment.

These changes must be made within 31 days of the change in your Family Status and be necessary or appropriate as a result of the Family Status Change.

When does insurance due to Family Status Changes start?

If you have increased your amount of insurance, the increase starts on the latest of:

- the date you apply for a change in your Plan Options; or
- the date your Family Status changes; or
- the date Sun Life approves your Evidence of Insurability (if required);

as long as you are Actively at Work on that date.

If you are not Actively at Work on the date your insurance would normally increase, the increase in your insurance will not start until you are Actively at Work.

If you have increased your Dependent's amount of insurance, the increase starts on the latest of:

- the date you apply for a change in your Plan Options; or
- the date your Family Status changes; or
- the date Sun Life approves your Dependent's Evidence of Insurability (if required);

as long as your Dependent is not hospital confined on that date.

If your Dependent is hospital confined on the date an increase in your Dependent's insurance would normally start, the increase in your Dependent's insurance will not start until the Dependent is no longer hospital confined. Hospital confined does not apply to a newborn child.

If due to the Family Status Change you decrease your amount or your Dependent's amount of insurance, you or your Dependent will be insured for the decrease on the date you make a written application for the change in your Plan Options.

When do changes in my amount of insurance occur?

If your amount of insurance increases, your increase will take effect on the first of the month following the date of a class, salary or age change, as long as you are Actively at Work on the date of change.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

If your amount of insurance decreases, your decrease will take effect on the first of the month following the date of change.

If you are not Actively at Work on the date an increase in your insurance would normally start, the increase in your insurance will not start until you are Actively at Work.

TERMINATION OF EMPLOYEE INSURANCE

When does my insurance cease?

Your insurance ceases on the earliest of:

- the date the Group Policy terminates.
- the date you are no longer in an Eligible Class.
- the date your class is no longer included for insurance.
- the last day for which any required premium has been paid for your insurance.
- the date you retire, unless you are eligible for Retiree Basic Life Insurance.
- the date you request in writing to terminate your insurance.
- the date you enter active duty in any armed service during a time of war (declared or undeclared).
- the date your employment terminates.
- the date you cease to be Actively at Work.

Are there any conditions under which my insurance can continue?

Yes.

Your insurance will continue during any Elimination Period or any period the premium for your insurance is waived under the Group Policy.

If you are on temporary layoff, leave of absence or vacation, your Employer may continue your insurance by paying the required premium for the length of time specified below.

Layoff - up to 1 month.
Leave of Absence – up to 1 month
Vacation – up to 3 months

If you are absent from work due to an injury or sickness, your Employer may continue your Life insurance, by paying the required premium, for up to 12 months.

If you are "Totally Disabled" you may be eligible for a longer continuation of Life Insurance. Refer to "What is the Waiver of Premium Provision" in the Life Benefit Section. Please note you need to apply for continued benefits under the Waiver of Premium Provision within 12 months after you cease to be Actively at Work.

If your coverage terminates and you are not eligible for any of the described continuations, you may be eligible for a Conversion Privilege. Refer to the "Conversion Privilege" in the Life Benefit section. Please note that you need to apply for the conversion and pay the required premium within 31 days following your termination of insurance.

You may be eligible to continue your insurance coverage 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.

You may be eligible to continue your insurance coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA). You should contact your Employer for more details.

TERMINATION OF DEPENDENT INSURANCE

When does my Dependent's insurance cease?

Your Dependent's insurance ceases on the earliest of:

- the date the Group Policy terminates.
- the date you cease to be insured.
- the date you are no longer in an Eligible Class for Dependent Insurance.
- the date the Dependent does not qualify as a Dependent.
- the last day for which any required premium has been paid for your Dependent's insurance.
- the date your Dependent enters active duty in any armed service during a time of war (declared or undeclared).
- the date you retire.
- the date you die.

Are there any conditions under which my Dependent's insurance can continue?

Yes.

If your Dependent's coverage terminates, your Dependent may be eligible for a Conversion Privilege. Refer to the "Conversion Privilege" of the Dependent Optional Life Benefit section. Please note that you or your Dependent need to apply for the conversion and pay the required premium within 31 days following termination of the Dependent's insurance.

BENEFIT PROVISIONS
EMPLOYEE LIFE INSURANCE

What is the Life Insurance Benefit?

If you die while insured, your Beneficiary will receive the amount of your Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

What is the amount of my Life Insurance?

Basic Life Insurance

The amount of your Basic Life Insurance is the Basic amount of insurance you elected as determined in the Benefit Highlights.

Your Basic Life Insurance cannot exceed the Basic Maximum Benefit shown in the Benefit Highlights.

Your amount of Basic Life Insurance is subject to any Evidence of Insurability requirements, age reductions or terminations shown in the Benefit Highlights.

Optional Life Insurance

The amount of your Optional Life Insurance is the lesser of:

1. your Optional amount of insurance elected as determined in the Benefit Highlights; or
2. the Optional Guaranteed Issue Amount shown in the Benefit Highlights, plus any amount of insurance over your Optional Guaranteed Issue Amount that Sun Life has approved your Evidence of Insurability.

Your Optional Life Insurance cannot exceed the Optional Maximum Benefit shown in the Benefit Highlights.

Your amount of Optional Life Insurance is subject to the Exclusions shown below and any Evidence of Insurability requirements or terminations shown in the Benefit Highlights.

What are the Exclusions?

If your cause of death is suicide:

- No amount of Optional Life Insurance is payable if the suicide occurs within 24 months after your Optional Life Insurance starts. Any period of time you were insured for the same amount of Optional Life Insurance under your Employer's prior group life policy will count towards your completion of the 24 months.
- No increased or additional amount of your Optional Life Insurance is payable if the suicide occurs within 24 months after your increased or additional amount of Optional Life Insurance starts.
- No amount of Optional Life Insurance over your Guaranteed Issue Amount is payable if the suicide occurs within 24 months after the amount over your Guaranteed Issue Amount starts.

What is the Waiver of Premium Provision?

If you become Totally Disabled while insured, the Waiver of Premium Provision may continue your Life Insurance without any further payment of premiums by you or your Employer.

BENEFIT PROVISIONS
EMPLOYEE LIFE INSURANCE

When am I eligible for the Waiver of Premium Provision?

You are eligible if Sun Life receives Notice and Proof of Claim that you became Totally Disabled:

- while insured; and
- before your 60th birthday; and
- before you retire.

What is the amount of Life Insurance that is continued under the Waiver of Premium Provision?

For Total Disabilities that begin before age 65, Sun Life will continue the amount of your Life Insurance in force on the last day you were Actively at Work. This amount is subject to the same reductions or terminations that would have been applicable had you not become Totally Disabled.

For Total Disabilities that begin on or after age 65 but before 60, Sun Life will continue the amount of your Life Insurance in force on the last day you were Actively at Work for a period of up to 1 year. This amount is subject to the same reductions or terminations that would have been applicable had you not become Totally Disabled.

If you have converted your Life Insurance to an individual policy, the continued insurance will be reduced by that converted amount unless you exchange that individual policy for a full refund of premiums paid.

When does my Waiver of Premium cease?

Your Waiver of Premium ceases on the earliest of:

- the date you are no longer Totally Disabled.
- the date you do not provide Proof that you continue to be Totally Disabled.
- the date you do not submit to an examination by a Physician of Sun Life's choice.
- the date you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- the date you reach age 65 unless you are eligible for Retiree Life Insurance.
- the date you retire unless you are eligible for Retiree Life Insurance.

For the purposes of this Waiver of Premium Provision, you are considered retired when you receive any compensation from a Retirement Plan of your Employer, or when you reach age 65, whichever is earlier.

If your Waiver of Premium ceases and you do not return to work with your Employer, your Life Insurance will terminate. You may be eligible to convert your Life Insurance under the Conversion Privilege.

Receipt of Accelerated Benefits may be taxable. Assistance should be sought from your personal tax advisor.

Note: Death Benefits will be reduced if an Accelerated Benefit is paid.

What is the Accelerated Benefit Terminal Condition Coverage?

If Sun Life receives satisfactory proof that you have a Terminal Condition, part of your Life Insurance may be payable to you while you are still living.

BENEFIT PROVISIONS
EMPLOYEE LIFE INSURANCE

When am I eligible for an Accelerated Benefit?

You are eligible if:

(Applicable if you were hired on or before January 1, 2015)

- you were Actively at Work on January 1, 2015; and

(Applicable to All Employees)

- you are certified by a Physician as having a Terminal Condition; and
- you are insured for at least \$20,000 of Life Insurance.

How do I receive an Accelerated Benefit?

You need to submit a written request to Sun Life.

If you have assigned your Life Insurance or named an irrevocable Beneficiary, you must have a signed agreement from those parties.

What is the amount of Accelerated Benefit?

You can request up to 75% of the amount of your Life Insurance currently in effect. The maximum amount you can request is \$500,000. The minimum amount that you may request is the greater of 25% of the amount of your Life Insurance in force or \$10,000.

How is the Accelerated Benefit paid?

The Accelerated Benefit is paid in one lump sum amount.

Can I receive more than one Accelerated Benefit?

You may request the Accelerated Benefit only once under Sun Life's Group Policy.

Are there any charges if I request an Accelerated Benefit?

No.

What happens to my Life Insurance if I receive an Accelerated Benefit?

If you have received an Accelerated Benefit, your Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid by Sun Life.

If you request an Accelerated Benefit, you will receive a Benefit Payment Notice which outlines the Accelerated Benefit payment made, the remaining amount of your Life Insurance in force and the required premium, if any, on the remaining amount of your Life Insurance.

BENEFIT PROVISIONS
EMPLOYEE LIFE INSURANCE

Some Important Notes about your Accelerated Benefit

Your Accelerated Benefit is not a long term care policy. The amount your Accelerated Benefit would pay may not be enough to cover nursing home expenses or other bills. You may use the money received from the Accelerated Benefit for any purpose.

Receipt of your Accelerated Benefit may affect your Medicaid eligibility

No Accelerated Benefit payment will be processed if you are required to request it by a third party, including any creditor, governmental agency, trustee in bankruptcy or any other person, or as the result of a court order.

Benefits payable under this provision MAY be taxable. You should consult your tax advisor. Sun Life does not give tax or legal advice.

What is the Conversion Privilege?

If your Life Insurance ceases, you may be able to convert your Life Insurance to an individual policy. You need to apply for the Conversion Privilege within 31 days. See question "How do I convert my Life Insurance?"

When can I convert my Life Insurance?

1. You can convert if all or part of your Life Insurance ceases or reduces due to:
 - termination of your employment;
 - termination of your membership in an Eligible Class;
 - your retirement;
 - your reaching a specified age; or
 - your changing to a different Eligible Class; or
 - termination of your Waiver of Premium continuation; or
 - your continuation period ending during your layoff or leave of absence.
2. You can convert if you have been continuously insured for 5 or more years under Sun Life's Group Life Policy and all or part of your Life Insurance ceases or reduces due to:
 - termination of the Life Insurance Benefit Provision;
 - termination of the Group Policy;
 - an amendment to the Group Policy to reduce the amount of Life Insurance in your Eligible Class; or
 - an amendment to the Group Policy to terminate your Eligible Class.

What amount of Life Insurance can I convert?

The amount of Life Insurance you can convert depends on the reason your Life Insurance ceases.

If your amount of Life Insurance ceased or reduced for the reasons stated in #1 "When can I convert my Life Insurance?", you can convert up to the amount that ceased or reduced. If your amount of Life Insurance that ceased is \$10,000 or more, the minimum amount of your individual policy must be \$10,000.

If your amount of Life Insurance ceased or reduced for the reasons stated in #2 "When can I convert my Life Insurance?", you can convert up to the lesser of:

- \$2,000; or
- the amount that ceased or reduced less any amount of group life insurance you may become eligible for within 31 days after your Life Insurance ceased or reduced.

BENEFIT PROVISIONS

EMPLOYEE LIFE INSURANCE

How do I convert my Life Insurance?

You convert by applying to Sun Life for an individual policy along with sending payment of the first premium within 31 days after any part of your Life Insurance ceases or reduces. This is your 31 day conversion period. However, if you are not notified by your Employer of this conversion privilege, you will have an additional 15 days to exercise this conversion privilege. In no event will this conversion privilege be extended beyond 60 days following your 31 day conversion period.

What type of individual policy is available?

You can convert to any plan of permanent life insurance available by Sun Life for conversion. The individual policy will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

You do not have to submit Evidence of Insurability to convert to an individual policy.

When does my individual policy start?

If your application for the individual policy is received and the first premium is paid when due, your individual policy starts on the day after the 31 day conversion period.

What happens if I die during the 31 day conversion period?

If Sun Life receives Notice and Proof of Claim, a death benefit is payable to your Beneficiary, whether or not you had applied for an individual policy or had paid the first premium.

The death benefit is the amount of Life Insurance you would have been eligible to convert.

BENEFIT PROVISIONS

EMPLOYEE LIFE INSURANCE

What happens when my Employer transfers Insurance Carriers to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on January 1, 2015*, you will be insured if:

1. you were insured under the prior insurer's group Life policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer's group Life policy.

Any Life benefit payable will be the lesser of:

- the Life benefit payable under the Group Policy; or
- the Life benefit payable under the prior insurer's group Life policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.

* January 1, 2016 for Employees of Sparrow Carson Hospital.

* June 1, 2016 for Employees of GMEI.

BENEFIT PROVISIONS

DEPENDENT OPTIONAL LIFE INSURANCE

What is my Dependent Optional Life Insurance Benefit?

If your Dependent dies while insured, you will receive the amount of your Dependent Optional Life Insurance in force when Sun Life receives written Notice and Proof of Claim.

What is the amount of my Dependent Optional Life Insurance?

The amount of your Dependent Optional Life Insurance is the lesser of:

1. the amount of Optional Life Insurance you elected for your Dependent as determined in the Benefit Highlights; or
2. the Guaranteed Issue Amount shown in the Benefit Highlights, plus any amount of insurance over your Dependent's Guaranteed Issue Amount for which Sun Life has approved your Dependent's Evidence of Insurability.

The amount of your Dependent's Optional Life Insurance is subject to the Exclusions shown below and any Evidence of Insurability requirements shown in the Benefit Highlights.

What are the Exclusions?

If your Dependent Spouse's cause of death is suicide:

- No amount of Dependent Spouse Optional Life Insurance is payable if your Dependent Spouse's suicide occurs within 24 months after your Dependent Spouse's Optional Life Insurance first starts. Any period of time your Dependent Spouse was insured for the same amount of Optional Life Insurance under your Employer's prior group life policy will count towards your Dependent Spouse's completion of the 24 months.
- No increased or additional amount of Dependent Spouse Optional Life Insurance is payable if your Dependent Spouse's suicide occurs within 24 months after your Dependent Spouse's increased or additional amount of Optional Life Insurance starts.
- No amount of Dependent Spouse Optional Life Insurance over your Dependent Spouse's Guaranteed Issue Amount is payable if your Dependent Spouse's suicide occurs within 24 months after the amount over your Dependent Spouse's Guaranteed Issue Amount starts.

What is the Conversion Privilege?

If your Dependent's Optional Life Insurance ceases, your Dependent may be able to convert the Optional Life Insurance to an individual policy.

When can my Dependent convert?

1. Your Dependent can convert if all or part of your Dependent's Optional Life Insurance ceases or reduces due to:
 - termination of your employment;
 - termination of your membership in an Eligible Class;
 - your retirement;
 - your reaching a specified age;
 - your death; or
 - your changing to a different Eligible Class; or
 - your Dependent no longer qualifying as a Dependent.

BENEFIT PROVISIONS

DEPENDENT OPTIONAL LIFE INSURANCE

2. Your Dependent can convert if your Dependent has been continuously insured for 5 or more years under Sun Life's Group Life Policy and all or part of your Dependent's Optional Life Insurance ceases due to:
- termination of the Dependent Optional Life Insurance Benefit Provision;
 - termination of the Group Policy;
 - an amendment to the Group Policy to terminate your Eligible Class.

What amount of Optional Life Insurance can my Dependent convert?

The amount of Optional Life Insurance your Dependent can convert depends on the reason your Dependent's Optional Life Insurance ceased.

If your Dependent's amount of Optional Life Insurance ceased or reduced for the reasons stated in #1 "When can my Dependent convert?", your Dependent can convert up to the amount that ceased or reduced. If your Dependent's amount of Optional Life Insurance that ceased is \$10,000 or more, the minimum amount of your Dependent's individual policy must be \$10,000.

If your Dependent's amount of Optional Life Insurance ceased for the reasons stated in #2 "When can my Dependent convert?", your Dependent can convert up to the lesser of:

- \$2,000; or
- the amount that ceased, less any amount of group life insurance your Dependent may become eligible for within 31 days after your Dependent's Optional Life Insurance ceased.

How can my Dependent convert?

You or your Dependent need to apply to Sun Life for an individual policy along with sending payment of the first premium within 31 days after any part of your Dependent's Optional Life Insurance ceases or reduces. This is your Dependent's 31 day conversion period. However, if your Dependent is not notified by your Employer of this conversion privilege, your Dependent will have an additional 15 days to exercise this conversion privilege. In no event will this conversion privilege be extended beyond 60 days following your Dependent's 31 day conversion period.

What type of individual policy is available?

Your Dependent can convert to any plan of permanent life insurance available by Sun Life for conversion. The individual policy will not include any additional benefits such as disability benefits or accidental death and dismemberment benefits.

Your Dependent does not have to submit Evidence of Insurability to convert to an individual policy.

When does my Dependent's individual policy start?

If your Dependent's application for the individual policy is received and the first premium paid when due, your Dependents individual policy starts on the day after your Dependent's 31 day conversion period.

What happens if my Dependent dies during the 31 day conversion period?

If Sun Life receives Notice and Proof of Claim, a death benefit is payable to you, whether or not your Dependent had applied for an individual policy or had paid the first premium.

The death benefit is the amount of Optional Life Insurance your Dependent would have been eligible to convert.

BENEFIT PROVISIONS

DEPENDENT OPTIONAL LIFE INSURANCE

What happens when my Employer transfers Insurance Carriers to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If your Dependent is hospital confined on January 1, 2015* , your Dependent will be insured if:

1. your Dependent was insured under the prior insurer's group life policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for your Dependent are paid up to date; and
4. your Dependent is not receiving or eligible to receive benefits under the prior insurer's group life policy.

Any Dependent Optional Life benefit payable will be the lesser of:

- the Dependent Optional Life benefit payable under the Group Policy; or
- the Dependent Optional Life benefit payable under the prior insurer's group life policy had it remained in force.

All other provisions of Sun Life's Group Policy will apply.

* January 1, 2016 for Employees of Sparrow Carson Hospital.

* June 1, 2016 for Employees of GMEI.

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME INSURANCE

What is the Short Term Disability Benefit?

Short Term Disability Benefits (STD) partially replace your income if you become Totally or Partially Disabled while insured.

When do STD benefits become payable?

Sun Life will pay a weekly STD benefit after the end of your Elimination Period, if Sun Life receives proof that you are:

- Totally Disabled due to an Injury or Sickness; or
- Partially Disabled due to an Injury or Sickness; and
- under the regular and continuing care of a Physician that provides appropriate treatment by means of examination and testing in accordance with your disabling condition; and
- not engaged in any occupation or employment for wage or profit other than Partial Disability employment with your Employer.

What conditions must be met for STD benefits to continue?

Sun Life will pay you an STD benefit, up to the Maximum Benefit Period, if you provide proof that you continue to be Totally or Partially Disabled and you still require the regular and continuing care of a Physician. You need to provide proof when Sun Life asks for it, but the proof is at your expense.

How is the STD benefit calculated?

If you are Totally Disabled, your weekly STD benefit will be calculated based on the Total Disability Benefit formula. If you are Partially Disabled, your weekly STD benefit will be calculated based on the Partial Disability Benefit formula. You need to provide Sun Life with proof of your weekly earnings on a monthly basis.

What is the Total Disability Benefit formula?

To determine your Total Disability Benefit:

1. Take the lesser of:
 - a. your Total Weekly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
 - b. the Maximum Weekly Benefit (shown in the Benefit Highlights); then
2. Subtract Other Income Benefits from the amount determined in Step 1.

What is the Partial Disability Benefit formula?

To determine your Partial Disability Benefit:

1. calculate the STD benefit you would receive if you were Totally Disabled; then
add your earnings from employment plus your income received from Other Income Benefits to your Total Disability Benefit.
2. if this sum is more than 100% of your Total Weekly Earnings, subtract the amount in excess of 100% from your Total Disability Benefit. This result is your Partial Disability Benefit; or

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME INSURANCE

if the sum is less than 100% of your Total Weekly Earnings, your Partial Disability Benefit is your Total Disability Benefit.

A Total Disability Benefit will be paid if you are earning 20% or less of your Total Weekly Earnings.

What are Other Income Benefits?

Other Income Benefits are those benefits provided to you while your weekly STD benefit is payable. These Other Income Benefits, other than retirement benefits, must be provided to you as a result of the same Total or Partial Disability payable under the Group Policy. Other Income Benefits include:

1. The amount you are eligible for under:
 - a. Compulsory Benefit Act or Law; or
 - b. Pennsylvania Motor Vehicle Financial Responsibility Act.
2. Any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer.
3. Any disability income benefits you are eligible for under:
 - a. any other group insurance plan of your Employer;
 - b. any governmental retirement system as a result of your job with your Employer.
4. The amount you receive from any accumulated sick leave.
5. Any formal salary continuation paid to you by your Employer which causes your weekly STD benefit, plus Other Income Benefits and any salary continuation to be more than 100% of your Total Weekly Earnings. The amount in excess of 100% of your Total Weekly Earnings will be used as a reduction.

What if I receive payment of Other Income Benefits in a lump sum?

If you receive a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a weekly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a weekly basis over your expected lifetime as determined by Sun Life.

What happens if I receive increases in my Other Income Benefits?

After the first deduction for each of your Other Income Benefits, Sun Life will not reduce your weekly STD benefit payments due to cost of living increases. This does not apply to any increase in earnings you receive from employment.

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

You must notify Sun Life of the amount of Other Income Benefit when it is approved or adjusted (other than cost of living increases) or if it has been denied on final appeal. Sun Life will make an adjustment to the Net Weekly Benefit when Sun Life receives written notice of the amount of the Other Income Benefit or when it has been denied. Written Notice must be sent within 31 days after receipt of the Other Income Benefit award or denial.

If after Sun Life makes an adjustment your Net Weekly Benefit has been underpaid, Sun Life will make a lump sum refund to you of the amount that has been underpaid.

If after Sun Life makes an adjustment your Net Weekly Benefit has been overpaid, you must reimburse Sun Life the amount of the overpayment within 31 days of the award. Sun Life has the option to reduce or eliminate future STD benefit payments instead of requiring reimbursement in a lump sum.

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME INSURANCE

When does my weekly STD benefit cease?

Your weekly STD benefit will cease on the earliest of:

- the date you are no longer Totally or Partially Disabled.
- the date you die.
- the end of your Maximum Benefit Period.
- the date you do not provide proof that you continue to be Totally or Partially Disabled as requested.
- the date your Partial Disability employment earnings are more than 80% of your Total Weekly Earnings.
- the date you are able to perform the material and substantial duties of your own occupation, even if you choose not to work.

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

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

- two consecutive weeks, if due to the same or related causes;
- one day, if due to an entirely unrelated cause.

You will not have to complete a new Elimination Period.

Your weekly STD benefit will be subject to the same terms and conditions applicable to the original Total or Partial Disability.

Your weekly STD benefit will not continue if:

- you become eligible for benefits under any other group STD policy; or
- the Group Policy terminates.

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

What are the Limitations?

No STD benefit will be payable to you for any Total or Partial Disability during any of the following periods:

- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment by means of examination and testing in accordance with your disabling condition.
- any period you do not submit to any medical Examination requested by Sun Life.
- any period you engage in any occupation or employment for wage or profit other than Partial Disability employment with the Employer.
- any period of your Total or Partial Disability that is due to Mental Illness (mental, nervous, psychological, emotional diseases, or behavioral disorders of any type without demonstrable origin), unless you are under the continuing care of a specialist in psychiatric care.
- any period of your Total or Partial Disability that is due to Drug and Alcohol Illness (an illness which results from the abuse of alcohol, drugs or derivatives), unless you are actively supervised by a Physician or Rehabilitation Counselor and are receiving continuing treatment from a Rehabilitation Center.

Drugs shall be defined as addictive drugs and drugs of abuse listed as schedule drugs in the act of April 14, 1972 known as "The Controlled Substance, Drug, Device and Cosmetic Act".

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME INSURANCE

- with respect to Class 1 or 2, if you do not make a written application for insurance within the Initial Enrollment Period or within 31 days of a Family Status Change, any period of Total or Partial Disability which begins in the first 12 months after your Effective Date of Insurance that is caused by, contributed to by, or resulting from a Pre-Existing Condition.

A Pre-Existing Condition means any Injury or Sickness for which you have received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines within 3 months prior to your Effective Date of Insurance.

What are the Exclusions?

No STD benefit is payable for any Total or Partial Disability that is due to:

- intentionally self-inflicted injuries.
- your active participation in a riot, rebellion or insurrection.
- a war, declared or undeclared, or any act of war.
- your committing or attempting to commit a felony or other criminal act.
- Injury or Sickness in which you have received benefits under any Workers' Compensation, Occupational Disease or similar law.

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME INSURANCE

What happens when my Employer transfers Insurance Carriers to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on January 1, 2015* you will be insured if:

1. you were insured under the prior insurer's group STD policy at the time of the transfer; and
2. you are a member of an Eligible Class; and
3. premiums for you are paid up to date; and
4. you are not receiving or eligible to receive benefits under the prior insurer's group STD policy.

* January 1, 2016 for Employees of Sparrow Carson Hospital and July 1, 2016 for MNA Home Care Employees

BENEFIT PROVISIONS

LONG TERM DISABILITY INCOME INSURANCE

What is the Long Term Disability Benefit?

Long Term Disability Benefits (LTD) partially replace your income if you become Totally or Partially Disabled while insured.

When do LTD benefits become payable?

Sun Life will pay a monthly LTD benefit after the end of your Elimination Period, if Sun Life receives proof that you are:

- Totally or Partially Disabled due to an Injury or Sickness; and
- under the regular and continuing care of a Physician that provides appropriate treatment and regular examination and testing in accordance with your disabling condition.

What conditions must be met for LTD benefits to continue?

Sun Life will pay you an LTD benefit, up to the Maximum Benefit Period, if you provide proof that you continue to be Totally or Partially Disabled and you require the regular and continuing care of a Physician. You need to provide proof when Sun Life asks for it, but the proof is at your expense. You need to provide Sun Life with proof of your monthly earnings (if applicable) on a quarterly basis.

All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and Salaried UAW Employees

What is the Total Disability Benefit?

If you are Totally Disabled, your Net Monthly Benefit will be calculated based on the Total Disability Benefit formula. You will qualify for this benefit if:

- you are not working or you are working but you are earning less than 20% of your Indexed Total Monthly Earnings; and
- you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation.

All Other Eligible Employees

What is the Total Disability Benefit?

If you are Totally Disabled, your Net Monthly Benefit will be calculated based on the Total Disability Benefit formula. You will qualify for this benefit if:

- you are not working or you are working but you are earning less than 20% of your Indexed Total Monthly Earnings; and
- during your Elimination Period and the next 24 months, you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation.

After Total or Partial Disability LTD benefits combined have been paid to you for 24 months, you will continue to qualify for this benefit if you are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified for by education, training or experience.

How is the Total Disability Benefit calculated?

To determine your Total Disability Benefit:

1. Take the lesser of:

BENEFIT PROVISIONS

LONG TERM DISABILITY INCOME INSURANCE

- a. your Total Monthly Earnings multiplied by the Benefit Percentage (shown in the Benefit Highlights); or
 - b. your Maximum Monthly Benefit (shown in the Benefit Highlights); then
2. Subtract Other Income Benefits from the amount determined in Step 1.

All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and Salaried UAW Employees

What is the Partial Disability Benefit?

If you are Partially Disabled, your Net Monthly Benefit will be calculated based on the Partial Disability Benefit formula. You will qualify for this benefit if:

- you are working and have Disability Earnings of more than 20% but less than 80% of your Indexed Total Monthly Earnings; and
- you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation.

All Other Eligible Employees

What is the Partial Disability Benefit?

If you are Partially Disabled, your Net Monthly Benefit will be calculated based on the Partial Disability Benefit formula. You will qualify for this benefit if:

- you are working and have Disability Earnings of more than 20% but less than 80% of your Indexed Total Monthly Earnings; and
- during your Elimination Period and the next 24 months, you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation.

After Total or Partial Disability LTD benefits combined have been paid to you for 24 months, you will continue to qualify for this benefit if you are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified for by education, training or experience and you have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings.

How is the Partial Disability Benefit calculated?

To determine your Partial Disability Benefit for the first 12 months of your Partial Disability:

1. add your Disability Earnings and income received from Other Income Benefits to the Total Disability Benefit.
2. if this sum is more than 100% of your Indexed Total Monthly Earnings, subtract the amount in excess of 100% of your Indexed Total Monthly Earnings from your Total Disability Benefit. This result is your Partial Disability Benefit; or

if the sum is less than 100% of your Indexed Total Monthly Earnings, your Partial Disability Benefit is your Total Disability Benefit.

If you continue to be Partially Disabled after 12 months of Partial Disability Benefits, your Partial Disability Benefit will be recalculated based on the following formula:

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(A divided by B) multiplied by C

where:

A = your Indexed Total Monthly Earnings minus your monthly Disability Earnings.

B = your Indexed Total Monthly Earnings.

C = your Total Disability Benefit.

What are Other Income Benefits?

Other Income Benefits are those benefits provided to you while your monthly LTD benefit is payable. These Other Income Benefits, other than retirement benefits, must be provided to you as a result of the same Total or Partial Disability payable under the Group Policy. Other Income Benefits include:

1. The amount you are eligible for under:
 - a. Workers' Compensation Law; or
 - b. Occupational Disease Law; or
 - c. Unemployment Compensation Law; or
 - d. Compulsory Benefit Act or Law; or
 - e. Pennsylvania Motor Vehicle Financial Responsibility Act.
2. The Railroad Retirement Act (including any dependent benefits).
3. Any labor management trustee, union or employee benefit plans that are funded in whole or in part by your Employer.
4. Any disability income benefits you are eligible for under:
 - a. any other group insurance plan of your Employer;
 - b. any governmental retirement system as a result of your job with your Employer.
5. The benefits you receive under your Employer's Retirement Plan as follows:
 - a. any disability benefits;
 - b. the Employer-paid portion of any retirement benefits.

(Disability benefits that reduce your accrued Retirement Benefit will be treated as a retirement benefit. Retirement benefits do not include any amount rolled over or transferred to any other retirement plan as defined in Section 402 of the Internal Revenue Code.)
6. The disability or retirement benefits under the United States Social Security Act, or any similar plan or act, as follows:
 - a. Disability benefits you are eligible to receive.
 - b. Disability benefits your spouse, child or children are eligible to receive because of your Total or Partial Disability, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse.
 - c. Retirement benefits received by you.
 - d. Retirement benefits your spouse, child or children receive because of your receipt of retirement benefits, unless the dependent benefits are paid directly to your divorced spouse or to your children in custody of your divorced spouse.

If your Total or Partial Disability begins after your Social Security Normal Retirement Age, your Social Security Retirement Benefits will not be offset if, prior to your Total or Partial Disability, you were already receiving Social Security Retirement Benefits.

7. The amount you receive from any accumulated sick leave.

BENEFIT PROVISIONS

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8. Any salary continuation paid to you by your Employer which causes your Net Monthly Benefit, plus Other Income Benefits and any salary continuation, to exceed 100% of your Total Monthly Earnings. The amount in excess of 100% of your Total Monthly Earnings will be used to reduce your Net Monthly Benefit.
9. 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.

What if I receive payment of Other Income Benefits in a lump sum?

If you receive a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a monthly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a monthly basis over a reasonable period of time as determined by Sun Life.

Am I required to apply for Other Income Benefits?

You must apply for any Other Income Benefits for which you may be eligible. If such benefits are denied, you must appeal the denial to all administrative levels that Sun Life deems necessary. Sun Life has the right to receive from you written documentation of your pursuit of Other Income Benefits.

What is the Social Security Disability Income Assistance Program?

At your request, Sun Life will assist you (if appropriate) through the various levels of the Social Security claims process. Sun Life will assist you with your application and also through the appeals process.

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

You must notify Sun Life in writing, within 31 days of receipt of notice, of the amount of Other Income Benefits when it is approved or if the amount is adjusted (other than for cost of living increases). Sun Life will make an adjustment to the Net Monthly Benefit when Sun Life receives written notice of the amount of the Other Income Benefit.

If after Sun Life makes an adjustment to your Net Monthly Benefit you have been underpaid, Sun Life will immediately make a lump sum refund to you of the amount that has been underpaid.

If after Sun Life makes an adjustment to your Net Monthly Benefit you have been overpaid, you must reimburse Sun Life the amount of the overpayment within 31 days of the award. Sun Life has the right to reduce or eliminate your future LTD benefit payments until the amount of the overpayment has been repaid. During the overpayment reimbursement period, the Minimum Monthly Benefit will not apply.

What happens if I receive increases in my Other Income Benefits?

After the first deduction for each of your Other Income Benefits, Sun Life will not reduce your monthly LTD benefit payments due to cost of living increases you receive from any sources described as Other Income Benefits. This does not apply to any increase in earnings you receive from employment.

When does my monthly LTD benefit cease?

Your monthly LTD benefit will cease on the earliest of:

- the date you are no longer Totally or Partially Disabled.
- the date you die.

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- the end of your Maximum Benefit Period.
- the date you do not provide adequate employment earnings information or proof that you continue to be Totally or Partially Disabled as requested.
- the date you refuse to complete a rehabilitative assessment, or the date you cease to participate in the Sun Life approved Rehabilitation Program without Good Cause.

All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and Salaried UAW Employees

- the date your Disability Earnings are more than 80% of your Indexed Total Monthly Earnings.
- the date you are able to perform on a full-time basis, the Material and Substantial Duties of your Own Occupation, even if you choose not to work.

Full-time basis means you are able or have the capacity to perform the Material and Substantial Duties of your Own Occupation for the number of hours you normally performed your Own Occupation prior to your Total or Partial Disability.

However, if you normally performed your Own Occupation on an average in excess of 40 hours per week, Sun Life 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

- the date your Disability Earnings are more than 80% of your Indexed Total Monthly Earnings.
- for the first 24 months of Total or Partial Disability, the date you are able to perform on a full-time basis, the Material and Substantial Duties of your Own Occupation, even if you choose not to work.
- after the first 24 months of Total or Partial Disability, the date that you are able to perform on a full-time basis any Gainful Occupation for which you are or become reasonably qualified for by education, training or experience, even if you choose not to work.

Full-time basis means for the first 24 months of Total or Partial Disability, you are able or have the capacity to perform the Material and Substantial Duties of your Own Occupation for the number of hours you normally performed your Own Occupation prior to your Total or Partial Disability. After 24 months of Total or Partial Disability, you are able or have the capacity to perform any Gainful Occupation for the number of hours that you normally performed your Own Occupation prior to your Total or Partial Disability.

However, if you normally performed your Own Occupation on an average in excess of 40 hours per week, Sun Life will consider you as being able to perform that requirement if you work or have the capacity to work 40 hours per week.

What happens if I return to full-time work and become disabled again?

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

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

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You will not have to complete a new Elimination Period.

Your monthly LTD benefit will be subject to the same terms and conditions as were applicable to the original Total or Partial Disability.

Your monthly LTD benefit will not continue if:

- you become eligible for coverage under any other group LTD policy; or
- the Group Policy terminates; or
- the date you refuse to complete a rehabilitative assessment or the date you cease to participate in the Sun Life approved 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.

What are the Rehabilitation Services?

If you become Totally or Partially Disabled, Sun Life 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;
- other activities reasonably necessary to help you return to work.

Sun Life may require you to participate in a rehabilitation assessment or a Rehabilitation Program at Sun Life's expense. Sun Life 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. Sun Life determines whether you are eligible for vocational Rehabilitation Services.

The Rehabilitation Program may, at Sun Life's 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.

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

What happens if I participate in a Rehabilitation Program?

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

- your Benefit Percentage (as shown in the Benefit Highlights) multiplied by 1.10; or
- your current Net Monthly Benefit payable multiplied by 1.10.

To calculate the increased benefit:

1. Take your current Benefit Percentage and multiply by 1.10. Then calculate your Total or Partial Disability benefit including any deductions for Disability Earnings or Other Income Benefits.
2. Take your current Net Monthly Benefit payable and multiply by 1.10.

The greater of 1 or 2 is your Rehabilitation increased amount.

This increased amount will cease on the earliest of:

BENEFIT PROVISIONS

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

What happens if I refuse Rehabilitation Services?

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 LTD benefits will cease.

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.

What happens to my LTD benefit if I die?

A Survivor Benefit equal to 3 times your last Gross Monthly Benefit is payable in a lump sum to your Eligible Survivor if Sun Life receives satisfactory proof that you died:

- after your Total or Partial Disability had continued for 180 or more consecutive days; and
- you were eligible to receive a monthly LTD benefit.

If you do not have an Eligible Survivor, the Survivor Benefit will be payable to your estate.

Who are my Eligible Survivors?

Your spouse, if living, or your children under age 25.

What are the Limitations?

No LTD benefit will be payable to you for any Total or Partial Disability during any of the following periods:

- any period you are no longer under the regular and continuing care of a Physician providing appropriate treatment and regular examination and testing in accordance with your disabling condition unless you have reached your maximum point of recovery and are still Totally or Partially Disabled.
- any period you do not submit to any medical examination or clinical assessment requested by Sun Life.
- any period of your Total or Partial Disability that is due to Mental Illness, unless you are under the continuing care of a specialist in psychiatric care.

After you complete your Elimination Period, LTD benefits are payable for 24 months.

Benefits after the first 24 months are payable only if you are confined in a Hospital or Institution licensed to provide psychiatric treatment.

If you continue to be Totally or Partially Disabled when discharged from a Hospital or Institution licensed to provide psychiatric treatment, Sun Life will continue your LTD Benefit payment for up to 90 days. If you become reconfined in a Hospital or Institution during the 90 day period and remain confined for at least 14 consecutive days, Sun Life will continue your LTD benefit payments during your reconfinement. Upon discharge, you will be eligible for up to an additional 90 days of LTD benefit payments if you continue to be Totally or Partially Disabled.

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- any period of your Total or Partial Disability that is due to Drug and Alcohol Illness, unless you are actively supervised by a Physician or rehabilitation counselor and are receiving continuing treatment from a rehabilitation center or a designated institution.

After you complete your Elimination Period, LTD benefits are payable for 24 months if, during the Elimination Period you:

- become confined in a Hospital or Institution licensed to provide Drug or Alcohol treatment; or
- begin participation in a drug or alcohol rehabilitation program.

Benefits after the first 24 months are payable only if you are confined in a Hospital or Institution licensed to provide Drug or Alcohol treatment.

- any period during which you are incarcerated.

What are the Exclusions?

No LTD benefit is payable for any Total or Partial Disability that is due to:

- intentionally self-inflicted injuries.
- war, declared or undeclared, or any act of war.
- your active participation in a riot, rebellion or insurrection.
- your committing or attempting to commit a felony or other criminal act.
- your operation of any motorized vehicle while intoxicated.

Intoxicated means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purposes of this Exclusion, "Motorized Vehicle" includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

- a Pre-Existing Condition.

Pre-Existing Condition means during the 3 months prior to your Effective Date of Insurance, you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition.

Pre-Existing Condition for increases in amounts of insurance means during the 3 months prior to your Effective Date of any increase in your amount of insurance, you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition.

Pre-Existing Condition Exclusion Exception

The Pre-Existing Condition Exclusion will not apply if your Total or Partial Disability begins later than 12 months after your Effective Date of Insurance or later than 12 months after your Effective Date of any increase in your amount of insurance.

However, the Pre-Existing Condition Exclusion for increases does not apply to cost of living, contract or periodic salary review increases.

BENEFIT PROVISIONS

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What happens when my Employer transfers Insurance Carriers to Sun Life?

In order to prevent losing your insurance, Sun Life will provide the following coverage.

If you are not Actively at Work on January 1, 2015*, you will be insured if:

- you were insured under the prior insurer's group LTD policy at the time of the transfer; and
- you are a member of an Eligible Class; and
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the prior insurer's group LTD policy.

If you continue to be not Actively at Work and subsequently become Totally or Partially Disabled on or after January 1, 2015*, any LTD benefit payable will be the lesser of:

- the LTD benefit payable under the Group Policy; or
- the LTD benefit payable under the prior insurer's group LTD policy, had it remained in force.

Are Disabilities due to a Pre-existing Condition covered?

LTD benefits may be payable for a Total or Partial Disability if you were:

- insured under the prior insurer's group LTD policy at the time of transfer; and
- Actively at Work and insured under the Group Policy on January 1, 2015*.

Any benefit payable will be determined as follows:

1. if you have satisfied the Pre-Existing Condition Exception under the Group Policy, the LTD benefit will be based on the Group Policy's benefit provision.
2. if you cannot satisfy the Pre-Existing Condition Exception under the Group Policy, the prior insurer's pre-existing condition provision will be applied.
 - a. if you would have satisfied the prior insurer's pre-existing condition provision, considering time insured under both group policies, any benefit payable will be the LTD benefit payable under the Group Policy.
 - b. if you cannot satisfy the Pre-Existing Condition Exception of the Group Policy or if the pre-existing condition provision under the prior insurer's group LTD policy would apply, no LTD benefit will be paid.

All other provisions of Sun Life's Group Policy will apply.

* January 1, 2016 for Employees of Sparrow Carson Hospital.

* June 1, 2016 for Employees of GMEI.

CLAIM PROVISIONS

How is a claim submitted?

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

When does written Notice of Claim have to be submitted?

for a Death Claim - written notice of claim must be given to Sun Life no later than 30 days after the date of death.

for Life Waiver of Premium - written notice of claim must be given to Sun Life no later than 12 months after you cease to be Actively at Work.

for Short Term Disability - written notice of claim must be given to Sun Life no later than 30 days after you cease to be Actively at Work.

for Long Term Disability - written notice of claim must be given to Sun Life no later than 30 days before the end of your Elimination Period or, within 30 days after the termination of the Group Policy, if earlier.

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

When Sun Life has received written notice of claim, Sun Life 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 claim may be sent to Sun Life without waiting to receive the proof of claim forms.

When does written Proof of Claim have to be submitted?

for a Death Claim - proof of claim needs to be given to Sun Life prior to any payment of a death claim.

for Life Waiver of Premium - proof of claim must be given to Sun Life no later than 15 months after you cease to be Actively at Work.

for Short Term Disability - proof of claim must be given to Sun Life no later than 90 days after the end of your Elimination Period.

for Long Term Disability - proof of claim must be given to Sun Life no later than 90 days after the end of your Elimination Period.

If proof cannot be given within these time limits, 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 the individual is legally incompetent.

CLAIM PROVISIONS

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; and
- the cause of the loss or disability.

(For example: a Death Claim would include at least the Death Certificate for Proof of Claim)

Proof of Claim may include, but is not limited to, police accident reports, autopsy reports, laboratory results, toxicology results, hospital records, x-rays, narrative reports, or other diagnostic testing materials as required.

Proof of Claim for disability must include evidence demonstrating the disability including, but not limited to, hospital records, Physician records, Psychiatric records, x-rays, narrative reports, or other diagnostic testing materials as appropriate for the disabling condition.

Proof must be satisfactory to Sun Life.

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

Proof of your continued disability and regular and continuous care by a Physician must be given to Sun Life within 30 days of the request for proof.

When are benefits payable?

Benefits are payable immediately when Sun Life receives satisfactory Proof of Claim.

When will a decision on my claim be made?

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

1. the standards on which entitlement to benefits is based;
2. the unresolved issues that prevent a decision on the claim; and
3. 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 Sun Life sends 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 my claim is denied?

If Sun Life denies all or any part of your claim, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. 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;
5. a description of the appeal procedures and time limits;
6. your right to bring a civil action under ERISA, §502(a) following an adverse determination on review;

CLAIM PROVISIONS

7. 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
8. 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 I 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.

Sun Life will review the claim on receipt of the written request for review, and will notify you of Sun Life's 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, Sun Life will notify you in writing of the special circumstances requiring the extension and the date by which Sun Life expects to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial review 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 Sun Life sends 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 my claim is denied on review?

If Sun Life denies all or any part of your claim on review, you will receive a written notice of denial setting forth:

1. the specific reason or reasons for the denial;
2. the specific Group Policy provisions on which the denial is based;
3. your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
4. your right to bring a civil action under ERISA, §502(a);
5. 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;
6. 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
7. 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.

Who are benefits payable to?

Benefits, other than Survivor Benefits, payable upon your death are payable to your Beneficiary living at the time (other than your Employer). You must name your Beneficiary on a form acceptable to Sun Life. Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. If no Beneficiary is alive on the date of your death, payment will be made to your estate.

If you named Beneficiaries under your Employer's Plan prior to the effective date of the Group Policy, that beneficiary designation will remain in effect unless you elect to change Beneficiaries.

Survivor Benefits are payable to your Eligible Survivor as defined in the Short Term Disability Income Benefit Provision.

Survivor Benefits are payable to your Eligible Survivor as defined in the Long Term Disability Income Benefit Provision.

All other benefits payable during your lifetime are payable to you.

CLAIM PROVISIONS

If a benefit is payable to your estate, if you are a minor, or you are not competent, Sun Life has the right to pay an amount of the benefit up to \$5,000 to any of your relatives that Sun Life considers entitled. If Sun Life pays benefits in good faith to a relative, Sun Life will not have to pay those benefits again.

If your Beneficiary is a minor or is not competent, Sun Life has the right to pay up to \$1,000 to the person or institution that appears to have assumed custody and main support for the minor, until the appointed legal representative makes a formal claim. If Sun Life pays benefits in good faith to a person or institution, Sun Life will not have to pay those benefits again.

Can I change my Beneficiary?

You can change your Beneficiary at any time, unless you have stated your choice of Beneficiary is irrevocable or you have assigned your interest in your Life Insurance to another person. Any request for change of Beneficiary must be in a written form and will take effect on the date you sign and file the change with your Employer. If Sun Life has taken any action or made payment before receiving notice of that change, your change of Beneficiary will not affect any action or payment made by Sun Life. The consent of your Beneficiary is not required to change any Beneficiary unless the Beneficiary designation was irrevocable.

Can I assign my Life Insurance?

You can transfer ownership of your Life Insurance under the Group Policy by means of an absolute assignment. You cannot make an absolute assignment to your Employer. All your rights and duties as owner are transferred to the new owner. The new owner can make any change the Group Policy allows, such as a change of Beneficiary.

If you made an assignment under your Employer's plan prior to the effective date of the Group Policy, that assignment remains in force with respect to the Group Policy.

Any assignment must be in a written form and will take effect on the date you sign and file the assignment with your Employer. If Sun Life has taken any action or made payment before receiving notice of that change, the assignment will not affect any action or payment made by Sun Life. Sun Life will not be responsible for the legal, tax or other effects of any assignment.

GENERAL PROVISIONS

How can statements made in any application for insurance be used?

All statements made in any application are considered representations and not warranties. No representation by you in applying for insurance under the Group 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 Beneficiary, if any.

No statement made by you or any of your Dependents, relating to Evidence of Insurability for an initial, increased or additional amount of insurance, will be used in contesting the validity of that insurance, after such initial, increased or additional amount of insurance has been in force for a period of two years during that individual's lifetime. This statement must be contained in a form signed by that individual.

What happens if an age is misstated?

If your age or the age of any one of your Dependents is not accurate:

- an equitable adjustment of premium will be made; and
- the true age will be used to determine if and in what amount insurance is valid under the Group Policy.

If the amount of benefit depends on your age, the benefit will be the amount you would have been entitled to if your correct age were known.

What are Sun Life's examination rights?

Sun Life at its own expense, has the right to have any person, whose Injury or Sickness is the basis of a claim:

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

This right may be used as often as reasonably required.

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.

Do these group benefits affect Workers' Compensation?

The Group Policy is not in lieu of, and does not affect, any requirement for coverage by Workers' Compensation Insurance.

Can the Policyholder act as a Sun Life agent?

For all purposes of the Group Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed a Sun Life agent.

DEFINITIONS

These are some of the general terms you need to know.

Actively at Work means that you perform all the regular duties of your job for a full work day scheduled by your Employer 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 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 not hospital confined; or
- are not disabled due to an injury or sickness.

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, if required, and you:

- are not hospital confined; or
- are not disabled due to an injury or sickness.

Eligibility Date means the date or dates you become eligible for insurance under the Group Policy. Classes eligible for insurance are shown in the Benefit Highlights.

Employee (You) means a person who is employed by the Employer within the United States, scheduled to work at least the number of hours shown in the Benefit Highlights, and paid regular earnings. If you are working on a temporary assignment outside of the United States for a period of 12 months or less, you will be deemed to be working within the United States. If you are working outside of the United States for more than 12 months or other than on a temporary assignment, you will not be considered an Employee under the Group Policy unless Sun Life approves your eligibility in writing.

Employer means Edward W. Sparrow Hospital Association - Sagewell Healthcare Benefits Trust and includes any Subsidiary or Affiliated company insured under the Group Policy.

Evidence of Insurability means a statement or records of your or your Dependent's medical history upon which acceptance for insurance will be determined by Sun Life. In some cases, Sun Life may require that you or your Dependent submit to a paramedical examination, at Sun Life's expense, as part of the Evidence of Insurability.

Guaranteed Issue Amount means the maximum amount of insurance available to you or your Dependent without Evidence of Insurability.

Injury means bodily harm resulting directly from an accident and independently of all other causes.

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

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- legally qualified as a medical practitioner and required to be recognized, under the Group Policy for insurance purposes, according to the insurance regulations of the governing jurisdiction.

The Physician cannot be you, your spouse or the parents, brothers, sisters or children of you or your spouse.

Pregnancy means childbirth, miscarriage, abortion or any disease resulting from or aggravated by the pregnancy.

Retirement Plan means a program which provides retirement benefits to you and is not funded entirely by your contributions. The term does not include a 401(k) plan, a 403(b) plan, a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity (TSA), a stock ownership plan, or a nonqualified plan of deferred compensation.

Your Employer's Retirement Plan will include any Retirement Plan:

- which is part of any federal, state, county, municipal or association retirement system; and
- you are eligible for as a result of your employment with your Employer.

DEFINITIONS

Sickness means illness, disease or pregnancy.

Waiting Period means the length of time immediately before your Eligibility Date during which you must be employed in an Eligible Class. Any period of time that you were Actively at Work for your Employer will count towards completion of your Waiting Period. The Waiting Period is shown in the Benefit Highlights.

DEFINITIONS

These are Life Insurance terms you need to know.

Basic Maximum Benefit means the amount of Basic Life Insurance available to you. The Basic Maximum Benefit is shown in the Benefit Highlights.

Beneficiary means the person (it cannot be your Employer) who is entitled to receive death benefit proceeds as they become due under the Group Policy. A Beneficiary must be named by you on a form acceptable to Sun Life and executed by you.

Optional Maximum Benefit means the amount of Optional Life Insurance available to you. The Optional Maximum Benefit is shown in the Benefit Highlights.

Retired Employee means you are a former Employee of your Employer, retires at age 55 or older with 10 or more years of service with the Employer and prior to your retirement you were insured as an active Employee.

Retirement for the purposes of your being considered retired means the first of the following dates to occur:

1. the effective date of your retirement benefits under:
 - a. any plan of a federal, state, county, municipal or an association retirement system for which you are eligible as a result of your employment with your Employer;
 - b. any Retirement Plan your Employer sponsors; or
 - c. any Retirement Plan your Employer makes or has made contributions to.
2. 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 an Employee Actively at Work and you are receiving retirement benefits under the Social Security Act or similar plan or act, you will not be considered retired.

Terminal Condition means your Sickness or Injury from which there is no reasonable prospect of recovery and which is expected to result in your death within twelve months or less.

Total Disability or Totally Disabled for purposes of determining eligibility for Waiver of Premium, means because of your Injury or Sickness, you are unable to perform the material and substantial duties of any occupation for which you are or become reasonably qualified for by education, training or experience.

DEFINITIONS

These are Dependent Optional Life Insurance terms you need to know.

Dependent means your:

- spouse;
- unmarried child from live birth to under age 26.

Your unmarried step-child, foster child or adopted child is included as a Dependent. A child is considered adopted if in your legal custody under an interim court order of adoption, whether or not a final adoption order is ever issued.

Dependent does not include:

- any person who is insured as an Employee; or
- any person residing outside the United States, Canada or Mexico. This exclusion does not apply to a Dependent who resides with you while you are on a temporary work assignment outside the United States

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

DEFINITIONS

These are Short Term Disability Income Insurance terms you need to know.

Elimination Period means a period of continuous days of your Total or Partial Disability when no STD Benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total or Partial Disability.

Gross Weekly Benefit means your weekly STD benefit before any reduction of Other Income Benefits.

Maximum Weekly Benefit means the largest amount payable weekly to you. The Maximum Weekly Benefit is shown in the Benefit Highlights.

Partial Disability or Partially Disabled means because of your Injury or Sickness, you are unable to perform all of the material and substantial duties of your own occupation on a full-time basis, but you are:

- performing at least one of the material and substantial duties of your own occupation or another occupation on a part-time or full-time basis; and
- earning less than 80% of your Total Weekly Earnings due to your same Injury or Sickness that caused your Total or Partial Disability.

Partial Disability employment must be for your Employer as defined under the Group Policy. Partial Disability employment cannot be for any other employer or self-employment.

The loss of your professional or occupational license, or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

Rehabilitation Center means a hospital or institution licensed to provide drug or alcohol treatment

Rehabilitation Counselor means a person licensed to provide drug or alcohol counseling.

Total Disability or Totally Disabled means because of your Injury or Sickness, you are unable to perform all of the material and substantial duties of your own occupation and you are not engaged in any occupation for wage or profit.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

DEFINITIONS

These are Long Term Disability Income Insurance terms you need to know.

Disability Earnings means the employment income you receive while Partially Disabled or income you receive while participating in an approved Rehabilitation program. Disability Earnings does not include income you receive from work performed prior to your Total or Partial Disability, nor income that is not derived from work performed.

Drug and Alcohol Illness means an illness which results from the abuse of alcohol, drugs or derivatives. Drugs shall be defined as addictive drugs and drugs of abuse listed as scheduled drugs in the Act of April 14, 1972 known as "The Controlled Substance, Drug, Device and Cosmetic Act".

Elimination Period means a period of continuous days of your Total or Partial Disability when no LTD benefit is payable. Your Elimination Period is shown in the Benefit Highlights and begins on your first day of Total or Partial Disability.

If you return to work for 30 working days or less during your Elimination Period and cannot continue working, your Total or Partial Disability will be treated as continuous. Only those days that you are Totally or Partially Disabled will count toward satisfying your Elimination Period.

Family Social Security means benefits that are paid to your eligible spouse and/or children under the Federal Social Security Act as a result of your Total or Partial Disability.

Gainful Occupation means employment that is or can be expected to provide you with an income of at least 80% of your Indexed Total Monthly Earnings.

Gross Monthly Benefit means your monthly LTD benefit before any reduction of Other Income Benefits and before any reduction of Disability Earnings.

Indexed Total Monthly Earnings means your Total Monthly Earnings prior to the date your Total or Partial 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.

Material and Substantial Duties means, but is not limited to, the essential tasks, functions, skills or responsibilities required by employers for the performance of your Own Occupation. Material and Substantial Duties does not include any tasks, functions, skills or responsibilities that could be reasonably modified or omitted from your Own Occupation.

Maximum Monthly Benefit means the largest amount payable monthly to you. The Maximum Monthly Benefit is shown in the Benefit Highlights.

Mental Illness means mental, nervous, emotional, behavioral disorder without demonstrable origin, psychological, personality, cognitive, mood or stress-related abnormality, disorder, dysfunction or syndrome regardless of cause, including any biological or biochemical disorder or imbalance of the brain. Mental Illness includes, but is not limited to, bipolar affective disorder, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders and any other mental and nervous condition classified in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, in effect on the date of Total or Partial Disability or a comparable manual if the American Psychiatric Association stops publishing the (DSM).

Own Occupation, if you are a Registered Nurse, means the specialty in the practice of nursing that you are routinely performing immediately prior to the first date Total or Partial Disability began. **Own Occupation, for all other Employees**, means the usual and customary employment, business, trade, profession or vocation that you performed as it is generally recognized in the national economy immediately prior to the first date Total or Partial Disability began. Own Occupation is not limited to the job or position you performed for your Employer or performed at any specific location.

DEFINITIONS

All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and Salaried UAW Employees

Partial Disability or Partially Disabled means, you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation and you have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

All Other Eligible Employees

Partial Disability or Partially Disabled means, during the Elimination Period and the next 24 months, you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation and you have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings. After Total or Partial Disability benefits combined have been paid to you for 24 months, you will continue to be Partially Disabled if you are unable to perform with reasonable continuity any Gainful Occupation for which you are or become reasonably qualified for by education, training or experience, and you have Disability Earnings of less than 80% of your Indexed Total Monthly Earnings.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Partial Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

Primary Social Security means benefits paid to you under the Federal Social Security Act if you become Totally or Partially Disabled.

Registered Nurse means a nurse, including a Licensed Practical Nurse, who has graduated from a two or four year nursing program at a college or university and has passed a national licensing exam to obtain a nursing license.

Rehabilitation Center means a Hospital or Institution licensed to provide drug or alcohol treatment.

Rehabilitation Counselor means a person licensed to provide drug or alcohol counseling.

Social Security means the Federal Social Security Act which provides social insurance on a national scale.

All Eligible Full-Time Non-Union Salaried Management Employees, CEO's, COO's, Presidents, Senior Vice Presidents, Executive Medical Directors, Director of Corporate Govern and Vice Presidents who are on the executive payroll, Physicians, Salaried Professional Employees, Residents and Salaried UAW Employees

Total Disability or Totally Disabled means you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

DEFINITIONS

All Other Eligible Employees

Total Disability or Totally Disabled means during your Elimination Period and the next 24 months, you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation. After Total or Partial Disability benefits combined have been paid to you for 24 months, you will continue to be considered Totally Disabled if you are unable to perform, with reasonable continuity, any Gainful Occupation for which you are or become reasonably qualified for by education, training or experience.

The loss of your professional or occupational license or your inability to obtain or qualify for a license for any reason does not, in itself, constitute Total Disability.

To qualify for benefits, you must satisfy your Elimination Period with the required number of days of Total Disability, Partial Disability or a combination of days of Total and Partial Disability.

SUN LIFE ASSURANCE COMPANY OF CANADA
DOMESTIC PARTNER COVERAGE CERTIFICATE ENDORSEMENT

Effective January 1, 2015, this endorsement is attached to Group Policy Number 238306-001.

The term “spouse” also includes a domestic partner wherever it appears in the certificate.

Domestic Partner is as defined in the Employer’s plan document.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink, appearing to read 'Dean A. Connor', followed by a period.

Dean A. Connor
President and Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

PORTABILITY RIDER

Effective January 1, 2015, the following provision is added to Group Certificate No. 238306-001 Life Insurance Benefit Provision

What is the Portability Privilege?

If, prior to age 70 your Optional Life Insurance ceases because you terminate employment, you may apply for portable coverage, during the 31 day conversion period, instead of converting to an individual policy.

Are there reasons I would not be able to port my Optional Life coverage?

Yes. You may not port your coverage if:

- you are age 70 or older; or
- you retire; or
- you have an injury or sickness that would have a material effect on your life expectancy or would prevent you from performing your own occupation on a full-time basis; or
- your employment hours with the Employer have been reduced; or
- you remain in employment with the Employer, other than a full-time basis; or
- your insurance is being continued under the Waiver of Premium provision.

What amounts of insurance are portable?

You may apply for portable coverage up to the amount of Optional Life Insurance that ceased, to a maximum of \$500,000. If you port your Optional Life Insurance, you may also port any Dependent Optional Life Insurance that ceased due to your termination of employment.

When does my portable coverage start?

If your application is approved and the first premium is paid when due, your coverage will start on the day after the 31 day conversion period. If your application is declined, you will be given a 31 day period to apply for an individual permanent life policy under the conversion privilege.

How do I apply for portable coverage?

You must complete an application for portable coverage, and send it, with payment of the first premium, to Sun Life within 31 days of the date your Optional Life Insurance ceases.

The application contains a table to calculate the applicable premium, based on your age and the amount of coverage elected.

The application is available from your Employer.

When does my portable coverage cease?

Your portable coverage ceases on the earliest of:

- the date you reach age 70; or
- the date you do not submit premium to Sun Life for your portability coverage; or
- the date the portable group insurance policy ceases.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in dark ink, appearing to read 'Dean A. Connor', followed by a period.

Dean A. Connor
President and Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

SURVIVOR BENEFIT RIDER

Effective January 1, 2015, the following provision is added to Group Certificate No. 238306-001 Short Term Disability Income Benefit Provision

What happens to my STD benefit if I die?

A Survivor Benefit is payable in a lump sum to your Eligible Survivor if Sun Life receives satisfactory proof that you died:

- after your Total or Partial Disability had continued for 14 or more consecutive days; and
- you were eligible to receive a weekly STD benefit.

The benefit will be:

1. Take the number of weeks shown in the Benefit Highlights for your Eligible Class and subtract the number of weeks paid to you; then
2. Multiply your last Gross Weekly Benefit by the result shown in Step 1.
3. This result will be paid to your Eligible Survivor in a lump sum.

Each day for which a benefit is payable will be equal to 1/7 of a week.

Who are my Eligible Survivors?

Your spouse, if living, or your children under age 25. If you do not have an Eligible Survivor, the Survivor Benefit will be payable to your estate.

SUN LIFE ASSURANCE COMPANY OF CANADA



Dean A. Connor
President and Chief Executive Officer

Edward W. Sparrow Hospital Association - Sagewell Healthcare Benefits Trust Employee Benefit Plan (The Plan) has been established to provide welfare benefits for its employees.

The Employee Retirement Income Security Act of 1974 (ERISA) requires that the Plan Administrator provide you with a Summary Plan Description which discloses required information about the employee benefit plan. The following section entitled "Summary Plan Description" is not part of the Group Insurance Policy. The information in the Summary Plan Description is provided by the Policyholder and is included in this Booklet/Certificate for your convenience. Sun Life Assurance Company of Canada assumes no responsibility for the accuracy or sufficiency of the information in the Summary Plan Description.

SUMMARY PLAN DESCRIPTION

Plan Sponsor: Sagewell Healthcare Benefits Trust
1501 Reedsdale Street
Suite 3005
Pittsburgh, PA 15233-2341

Plan Administrator: Benefit Advisor Services Group
1501 Reedsdale Street
Suite 3005
Pittsburgh, PA 15233-2341

The Plan Administrator has authority to control and manage the operation and administration of the Plan.

Agent for Service of Legal Process:

Benefit Advisor Services Group
1501 Reedsdale Street
Suite 3005
Pittsburgh, PA 15233-2341

Employer Identification Number (EIN): 23-3398131

Plan Number: 510

End of Plan Year: December 31st

Type of Administration: The Plan is administered by the Plan Administrator. The benefits provided by the Group Insurance Policy issued by Sun Life Assurance Company of Canada are included in the Plan.

Participants: The insured employees described in the Sun Life Assurance Company of Canada Booklet/Certificate.

Plan Changes and Termination: The Plan Administrator may amend, modify or terminate the Plan.

Contributions: The cost of your benefits under the Plan is paid for by your employer and (if applicable) includes the cost of any insurance premiums contributed by you.

Funding: Sun Life provides the Plan Administrator with certain insurance benefits in connection with the Plan. Those insurance benefits are described in your Booklet/Certificate.

Claims Procedure: When you or your beneficiary wish to file a claim under the Plan, you should contact your personnel office for claim forms and instructions for filing. Your Booklet/Certificate explains the procedure for filing a claim under the Group Insurance Policy.

If your claim for benefits is denied in whole or in part, you will receive a written notice within the time required by ERISA from the date you filed your claim, stating the reasons why your claim was denied. You will then have the right, upon written notice from you or your authorized representative, to review that claim denial. The claim denial notice will include the name and address of the person you may ask for such a review. Additional information about claims submitted and review procedures may be obtained by contacting your Plan Administrator.

Your Rights under ERISA:

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan Documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance of the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.





Sun Life Assurance
Company of Canada
SC 2384
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699

1-800-247-6875

POLICY AMENDMENT

Policy Number: 238306

Policyholder: Edward W. Sparrow Hospital Association - Sagewell Healthcare Benefits Trust

Amendment Effective Date: January 1, 2019

This policy is restated from the Amendment Effective Date to reflect the changes indicated below. The attached policy incorporates the requested amendment(s) and replaces any prior policy issued under 238306.

Amendment
Effective Date

Description of Change

January 1, 2019

Updated Termination provision as follows.

For Basic Life Insurance – insurance may be continued until the Employee attains age 65 or for 12 months whichever is later, after an Employee is absent from work due to Injury or Sickness.

For Optional Life Insurance - insurance may be continued for up to 12 months after an Employee is absent from work due to Injury or Sickness.

Except as stated in this Amendment, nothing contained herein shall be held to alter or affect any of the policy provisions, including any prior amended policies, amendments, modifications, endorsements, or riders thereto.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink, appearing to read "Dean A. Connor".

Dean A. Connor
President and Chief Executive Officer

Sun Life Assurance Company of Canada
is a member of the Sun Life Financial group of companies.
www.sunlife-usa.com



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1-800-247-6875

POLICY AMENDMENT

Policy Number: 238306

Policyholder: Edward W. Sparrow Hospital Association - Sagewell Healthcare Benefits Trust

Amendment Effective Date: January 1, 2019

This policy is restated from the Amendment Effective Date to reflect the changes indicated below. The attached policy incorporates the requested amendment(s) and replaces any prior policy issued under 238306.

<u>Amendment Effective Date</u>	<u>Description of Change</u>
January 1, 2019	Following changes were made: 1) Removed Minimum benefit amount and Survivor benefit from Long Term Disability Income Insurance. 2) Removed Waiver of Premium from Employee Basic Life Insurance.

Except as stated in this Amendment, nothing contained herein shall be held to alter or affect any of the policy provisions, including any prior amended policies, amendments, modifications, endorsements, or riders thereto.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink, appearing to read "Dean A. Connor".

Dean A. Connor
President and Chief Executive Officer



**Sun Life Assurance
Company of Canada**
SC 2384
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699
1-800-247-6875

POLICY AMENDMENT

Policy Number: 238306

Policyholder: Edward W. Sparrow Hospital Association - Sagewell
Healthcare Benefits Trust

Amendment Effective Date: September 1, 2019

This policy is restated from the Amendment Effective Date to reflect the changes indicated below. The attached policy incorporates the requested amendment(s) and replaces any prior policy issued under 238306.

<u>Amendment Effective Date</u>	<u>Description of Change</u>
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September 1, 2019

Removed Max Percentage of Employee Coverage from Dependent
Optional Life Insurance.

Except as stated in this Amendment, nothing contained herein shall be held to alter or affect any of the policy provisions, including any prior amended policies, amendments, modifications, endorsements, or riders thereto.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink, appearing to read "Dean A. Connor".

Dean A. Connor
President and Chief Executive Officer



**Sun Life Assurance
Company of Canada**
SC 2384
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699
1-800-247-6875

POLICY AMENDMENT

Policy Number: 238306

Policyholder: Edward W. Sparrow Hospital Association - Sagewell
Healthcare Benefits Trust

Amendment Effective Date: January 1, 2020

This policy is restated from the Amendment Effective Date to reflect the changes indicated below. The attached policy incorporates the requested amendment(s) and replaces any prior policy issued under 238306.

Amendment
Effective Date

Description of Change

January 1, 2020

All former Employees of Hayes Green Beach Memorial Hospital insured prior to October 1, 2019 and transitioned to Sparrow Eaton Hospital on October 1, 2019 have been added to the Policy. Employees will fall under existing lines of coverage and classes with Continuity of Coverage and Service to Count towards the Waiting Period. Sparrow Eaton Hospital Employees are eligible for Sun Advisor Full Service Advice to Pay and are excluded from Basic Short Term Disability Income Insurance.

Except as stated in this Amendment, nothing contained herein shall be held to alter or affect any of the policy provisions, including any prior amended policies, amendments, modifications, endorsements, or riders thereto.

SUN LIFE ASSURANCE COMPANY OF CANADA

A handwritten signature in black ink, appearing to read "Dean A. Connor".

Dean A. Connor
President and Chief Executive Officer

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POLICY AMENDMENTS

Policy Number(s):
238306-001:

Employee Basic Life, Employee Optional Life, Spouse Optional Life,
Child Optional Life, Basic Long Term Disability Insurance, Sun
Advisor Full Service Advice to Pay and Basic Short Term Disability
(STD) Insurance

Policyholder: Edward W. Sparrow Hospital Association – Sagewell Healthcare Benefits Trust

Amendment Effective Date: Various – See Below

The policy is restated from the Amendment Effective Date to reflect the changes indicated below. The policy incorporates the requested amendment(s) and replaces any prior policy issued.

Amendment Effective
Date

Description of Change

May 27, 2020

Added acquired group of employees to the policy: Physician
Anesthesia Service PC Employees.