Voluntary Accidental Death & Dismemberment Insurance
for Employees of Wilkes University - #201790

Benefits
- For you:
  An amount between $10,000 and $500,000 in increments of $10,000. Maximum employee coverage is ten times your Basic Annual Earnings. Basic annual earnings do not include bonuses, commissions, or overtime pay.

- For your spouse:
  An amount between $10,000 and $500,000 in increments of $10,000.

- For your eligible children:
  An amount between $2,000 and $50,000 in increments of $2,000. For a description of children eligible for coverage, refer to your booklet or ask your employer.

Features of the Plan
- Accidental Death and Dismemberment (AD&D) insurance pays a benefit – in addition to your Basic/Optional Life benefit – in case you die in a covered accident or suffer loss of a limb or paralysis. Also, AD&D pays a benefit for covered accidents resulting in loss of sight, speech, hearing and thumb/index finger.

- Easy enrollment at work. Affordable group rates conveniently deducted from your paycheck.

- Guaranteed coverage up to a predetermined amount. No medical exam required.

- 24-hour protection at home or work.

How to Enroll
- Once you have selected the amount of coverage that’s right for you, your spouse and your children, simply fill out the Voluntary AD&D enrollment form. Coverage for your spouse and child(ren) is only available if you elect coverage. Please submit the form to your employer.

AD&D rates*

<table>
<thead>
<tr>
<th>Your Coverage</th>
<th>Monthly cost per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee coverage</td>
<td>$ 0.036</td>
</tr>
<tr>
<td>Spouse coverage</td>
<td>$ 0.028</td>
</tr>
<tr>
<td>Child(ren) coverage</td>
<td>$ 0.055</td>
</tr>
</tbody>
</table>

*These are the rates in effect for June 1, 2014.
Cost to You

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

<table>
<thead>
<tr>
<th>Example amount of insurance</th>
<th>Divided by 1000</th>
<th>Multiplied by rate</th>
<th>Example monthly cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,000</td>
<td>/ 1000 = 20</td>
<td>x $0.05</td>
<td>$ 1.00</td>
</tr>
</tbody>
</table>

Your volume of insurance

<table>
<thead>
<tr>
<th>Divided by 1000</th>
<th>Multiplied by rate</th>
<th>Your monthly cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$[ ] / 1000 = [ ]</td>
<td>x $[ ]</td>
<td>$[ ]</td>
</tr>
</tbody>
</table>

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

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.

- Your employer will provide you with the Sun Life booklet containing complete plan details.

Exclusions (subject to state variations)

No Voluntary Accidental Death or Accidental Dismemberment payment will be made for a loss which is due to or results from:

- Suicide while sane or insane, or intentionally self-inflicted injuries.
- Bodily or mental infirmity or disease of any kind, or infection unless due to an accidental cut or wound.
- Committing or attempting to commit an assault, felony or other illegal act.
- Active participation in a war (declared or undeclared) or active duty in any armed service during a time of war.
- Active participation in a riot, rebellion, or insurrection.
- Injury sustained from any aviation activities, other than riding as a fare-paying passenger, if the pilot exclusion applies to the plan.
- The Insured Person’s voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician.
- The Insured Person’s operation of any motorized vehicle while intoxicated. Intoxicated means the minimum blood level alcohol required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred. For the purpose of this Exclusion, “Motorized Vehicle” includes, but is not limited to, automobiles, motorcycles, boats and snowmobiles.

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

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 07-SL, 01C-LH-PT, GP-A, GC-A, 12-GP-01, 12-DI-C-01, 12-SD-C-01, 13-SD-C-01, 12-SD-R-01, 13-SD-R-01, 12-AC-C-01, 12-AC-R-01, and 12-AC-R-02. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Windsor, CT) under Policy Form Series 13-GP-LH-01, 13-LF-C-01, 13-GPPORT-P-01, 13-LFPort-C-01, 13-ADD-C-01, 13-LTD-C-01, 13-LTD-P-01, 13-STD-C-01, 06P-NY-DBL, 07-NYSL REV 7-12, GP-A-1, and GC-A-1. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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