SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

Executive Office:
One Sun Life Executive Park
Wellesley Hills, MA 02481

Home Office:
175 Addison Road
Windsor, CT 06095

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

Sun Life and Health Insurance Company (U.S.) certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

Policy Number:	823941-001
Policy Effective Date:	April 1, 2015
Policyholder:	Wildlife Conservation Society
Employer:	Wildlife Conservation Society
Issue State:	New York
Amendment Effective Date:	October 1, 2016

This Certificate contains the terms of the Group Insurance Policy that affect your insurance. This Certificate is part of the Group Insurance Policy.

This Certificate is governed by the laws of the Issue State shown above.

Signed for the Company:

Scott F. Beliveau
President

Kerri Ansello
Secretary

Group Term Voluntary Life Insurance Certificate
Annually Renewable
Non-Participating

Sun Life Financial®

NOTICE TO CERTIFICATEHOLDER

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

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

ALSO AVAILABLE TO YOU IS

THE CONSUMER SERVICES DIVISION OF THE CALIFORNIA INSURANCE DEPARTMENT
300 SOUTH SPRING STREET, SOUTH TOWER, 11TH FLOOR, LOS ANGELES, CALIFORNIA 90013

(800) 927-4357
http://www.dca.ca.gov/

THE INSURANCE DEPARTMENT SHOULD BE CONTACTED ONLY AFTER DISCUSSIONS WITH THE INSURER HAVE FAILED TO PRODUCE A SATISFACTORY RESOLUTION TO THE PROBLEM

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BENEFIT HIGHLIGHTS

ELIGIBLE CLASSES

Employee Voluntary Life Insurance

All Full-Time United States Employees working in the United States scheduled to work at least 30 hours per week.

Dependent Voluntary Life Insurance

All United States Employees working in the United States enrolled in Employee Voluntary Life Insurance scheduled to work at least 30 hours per week.

WAITING PERIOD

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

Until the first of the month following 3 months of employment

BENEFIT HIGHLIGHTS

VOLUNTARY LIFE INSURANCE

CLASSIFICATION

1 All Eligible Employees

AMOUNT OF INSURANCE

You may elect an amount of Voluntary Life Insurance in $10,000 increments.

The **Voluntary Maximum Benefit** is the lesser of:
- $500,000; or
- 5 times your Basic Annual Earnings.

(Applicable if you were hired on or after April 1, 2015)

The **Guaranteed Issue Amounts** are as follows:

AGE	GUARANTEED ISSUE AMOUNT
Under Age 65	The lesser of: - 3 times your Basic Annual Earnings; or - $200,000
Ages 65 to 69	$40,000
Ages 70 to 79	$20,000
Age 80 or Over	$1,000

(Applicable if you were insured on March 31, 2015)

The **Guaranteed Issue Amount** is the amount of Voluntary Life Insurance you had in force on March 31, 2015.

Your amount of Voluntary Life Insurance reduces to 67% when you reach age 70 and to 50% when you reach age 75.

Your Voluntary Life Insurance cancels at your retirement.

Evidence of Insurability, satisfactory to Sun Life will be required for any of the following reasons:
- you decline Voluntary Life Insurance and later elect Voluntary Life Insurance; or
- you elect an increase in your amount of Voluntary Life Insurance; or
- your amount of Voluntary Life Insurance is in excess of the Guaranteed Issue Amount.

CONTRIBUTIONS

The cost of your Voluntary Life 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

BENEFIT HIGHLIGHTS

DEPENDENT VOLUNTARY LIFE INSURANCE

CLASSIFICATION

1 All Eligible Employees

AMOUNT OF INSURANCE

Spouse
You may elect an amount of Dependent spouse Voluntary Life Insurance in $5,000 increments.

Child under age 19 **
You may elect an amount of Dependent child Voluntary Life Insurance in $5,000 increments.*

The Dependent spouse **Voluntary Maximum Benefit** is $150,000.

The Dependent child **Voluntary Maximum Benefit** is $10,000

* the amount of Dependent Voluntary Life Insurance for your child age 14 days but under 6 months is $500.

** to age 23 if your child is an enrolled full-time student and depends on you for 50% or more of his/her support.

(Your amount of Dependent Voluntary Life Insurance cannot exceed 50% of your amount of Voluntary Life Insurance)

(Applicable if you were hired on or after April 1, 2015)

The **Guaranteed Issue Amounts** for Dependent spouse Voluntary Life Insurance are as follows:

AGE	GUARANTEED ISSUE AMOUNT
Under Age 65	$25,000
Ages 65 to 69	$10,000

(Applicable if you were insured for Dependent spouse Voluntary Life Insurance on March 31, 2015)

The **Guaranteed Issue Amount** for Dependent spouse Voluntary Life Insurance is the amount of Dependent spouse Voluntary Life Insurance you had in force on March 31, 2015.

Your Dependent spouse's amount of Voluntary Life Insurance cancels when your Dependent spouse reaches age 70.

Evidence of Insurability will be required for your Dependent for any of the following reasons:

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

CONTRIBUTIONS

The cost of your Dependent Voluntary Life 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 DATE 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:
- April 1, 2015; or
- the first day of the month following the date you complete your Waiting Period.

If you are in an Eligible Class shown in the Benefit Highlights and you have a Dependent, you are eligible for Dependent Voluntary Life Insurance on the latest of:
- the date you are insured for Employee Voluntary Life Insurance; or
- April 1, 2015; or
- the date you enroll in your Employer's Medical Plan for dependent coverage for Dependent spouse Voluntary Life Insurance; 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 April 1, 2015 your Initial Enrollment Period is the period prior to April 1, 2015 as designated by your Employer.

If you first become eligible for insurance after April 1, 2015 your Initial Enrollment Period is the 31 days immediately after your Eligible 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

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

If you do not apply for insurance during your Initial Enrollment Period, you will not be insured.

When does my Dependent's insurance start?

Your Dependent's Voluntary Life Insurance starts on the latest of:
- the date you are eligible for Dependent Voluntary Life Insurance; or
- the date you apply for Dependent Voluntary 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 Voluntary 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 not longer hospital confined. Hospital confined does not apply to a newborn child.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

How does Dependent Insurance apply to newborn children or newly adopted children?

If you are insured under the Group Policy but do not have Dependent child Insurance when a newborn child or newly adopted child becomes one of your Dependent children, then such child will automatically be converted for 31 days from the date they become your Dependent child. To continue coverage beyond 31 days, then you must:
- enroll for Dependent child Insurance within 31 days from the date the newborn child or newly adopted child becomes your Dependent child; and
- pay the required premium to continue your Dependent child Insurance.

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 month of November 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 Option 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 on that date.

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.

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

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 Options 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 decreases due to a change in your salary or age changes, your decrease will take effect on the January 1st following the date of change for salary changes, immediately upon the date of change for age changes.

What happens if I am rehired by my Employer?

If you are rehired by your Employer within 12 months of the date your employment terminates, your coverage may be reinstated. If your coverage is reinstated, your reinstated coverage will:
- be the same insurance for which you were insured prior to termination of employment;
- be subject to Evidence of Insurability if you apply for an increase in your amount of insurance after your coverage is reinstated;
- be subject to all the terms and provisions of the Group Policy.

If you had partially satisfied your Waiting Period prior to your termination of employment, your previous time employed with your Employer will count towards completion of your Waiting Period. Your Eligibility Date will be the later of the date you are rehired or the day after you complete the Waiting Period.

If you are rehired by your Employer 12 months or later after the date your employment terminates, your coverage will not be reinstated. You will be eligible for insurance on the day after you complete a new Waiting Period.

You must enroll within 31 days of your rehire date.

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

If my insurance has ended, can it be reinstated?

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

If your insurance ends for any reason other than you have voluntarily terminated your insurance, then you may apply to reinstate your insurance within 12 months from when your insurance ended. To reinstate your insurance, you must apply within 31 days after you return to being Actively at Work in an Eligible Class. Reinstatement will be effective on the latest date when all of the following have occurred:

- we approve your application for reinstatement;
- we approve any required Evidence of Insurability;
- you agree to make any required contribution toward the cost of your insurance; and
- you return to being Actively at Work.

A new Waiting Period will not apply.

Your reinstated insurance will

- be the same insurance for which you were insured prior to termination of employment;
- be subject to all the terms and provisions of the Policy.

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

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.
- 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 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.

Contact your Employer for more details.

If you are absent from work due to an injury or sickness, your Employer may continue your 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 Voluntary Life Insurance. Refer to "What is the Waiver of Premium Provision" in the Voluntary 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 Portability Privilege. Refer to the “Portability Privilege” in the Voluntary Life Benefit section.

If your coverage terminates or reduces, you may be eligible for a Conversion Privilege. If your coverage is being continued, you may be eligible for the Conversion Privilege at the end of the continuation period. Refer to the "Conversion Privilege" in the Voluntary Life Benefit section. Please note that you need to apply for the conversion and pay the required premium within 31 days or any extended notice period 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 spouse attains age 70 for Dependent spouse Voluntary Life Insurance.
- 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 or reduces, your Dependent may be eligible for a Conversion Privilege. If your Dependent's coverage is being continued, your Dependent may be eligible for the Conversion Privilege at the end of the continuation period. Refer to the "Conversion Privilege" of the Dependent Voluntary Life Benefit section. Please note that you or your Dependent need to apply for the conversion and pay the required premium within 31 days or any extended notice period following termination of the Dependent's insurance.

TERMINATION OF BENEFIT PROVISION

When does a Benefit Provision terminate?

A Benefit Provision will terminate for any of the following reasons:

1. The Policyholder may terminate a Benefit Provision by advance written notice delivered to Sun Life at least 31 days prior to the termination date. The Benefit Provision will not terminate during any period for which premium has been paid. The Policyholder will be liable to Sun Life for all premiums due and unpaid for the full period that Benefit Provision is in force.

2. Sun Life may terminate a Benefit Provision on any premium due date by giving written notice to the Policyholder at least 31 days in advance if the Policyholder fails to furnish promptly any information Sun Life may reasonably require.

3. Sun Life may terminate any Benefit Provision on any policy anniversary by giving written notice to the Policyholder at least 31 days in advance if:
   a. the number of insured Employees for that Benefit is less than 10; or
   b. less than 20% of the Employees eligible are insured.

Termination of a Benefit Provision may take effect on an earlier date when both the Policyholder and Sun Life agree.

TERMINATION OF GROUP POLICY

When does the Group Policy terminate?

The Group Policy will terminate for any of the following reasons:

1. Failure to pay any premium due before the expiration of the Grace Period.

2. The Policyholder may terminate the Group Policy by advance written notice delivered to Sun Life at least 31 days prior to the termination date. The Group Policy will not terminate during any period for which premium has been paid. The Policyholder will be liable to Sun Life for all premiums due and unpaid for the full period the Group Policy is in force.

3. Sun Life may terminate the Group Policy on any premium due date by giving written notice to the Policyholder at least 31 days in advance if the Policyholder fails to:
   a. furnish promptly any information Sun Life may reasonably require; or
   b. perform any other obligations pertaining to the Group Policy.

4. Sun Life may terminate the Group Policy on any policy anniversary by giving written notice to the Policyholder at least 31 days in advance if.
   a. the number of insured Employees is less than 10; or
   b. less than 20% of the Employees eligible are insured.

Termination of the Group Policy may take effect on an earlier date when both the Policyholder and Sun Life agree.

For reasons other than those listed above, Sun Life may terminate the Group Policy on any policy anniversary by giving written notice to the Policyholder at least 60 days in advance.

BENEFIT PROVISIONS

EMPLOYEE VOLUNTARY LIFE INSURANCE

What is the Voluntary Life Insurance Benefit?

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

What is the amount of my Voluntary Life Insurance?

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

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

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

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

If you had previously exercised your rights under the Group Policy's Conversion Privilege or Portability Privilege, your amount of Insurance will be reduced by the amount of any insurance remaining in force under any policy issued to you as a result of the exercise of those rights under the Group Policy.

What are the Exclusions?

If your cause of death is suicide:

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

If your death occurs as a result of suicide within 24 months after your Voluntary Life Insurance starts, Sun Life will refund all premiums paid for any amount of Voluntary Life Insurance excluded under this suicide exclusion.

What is the Waiver of Premium Provision?

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

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 70th birthday; and
- before you retire.

What is the amount of Voluntary 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 Voluntary 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, Sun Life will continue the amount of your Voluntary 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 Voluntary 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.

A refund will be made of any premium that was paid:
- during your Total Disability; and
- prior to Sun Life's approval of your initial claim.

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 reach age 65 or for 12 months, whichever is later, if your Total Disability began before you reached age 65.
- the first anniversary after your Total Disability began for Total Disabilities that begin on or after you reach age 65.
- the date you retire.

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 70, whichever is earlier.

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

Your rights to continued benefits pursuant to this Waiver of Premium Provision are determined on the date your Total Disability begins. These rights will not be affected by subsequent amendment or termination of this Waiver of Premium Provision or the Group Policy.

What is the Accelerated Benefit?

If Sun Life receives satisfactory proof that you are Terminally Ill, part of your Voluntary Life Insurance may be payable to you while you are still living.

When am I eligible for an Accelerated Benefit?

You are eligible if:
- you are diagnosed as Terminally Ill with a life expectancy of 12 months or less; and
- you are insured for at least $20,000 of Voluntary Life Insurance.

How do I receive an Accelerated Benefit?

You need to submit a written request to Sun Life.

If you have assigned your Voluntary Life Insurance, named an irrevocable Beneficiary or have a former spouse named as Beneficiary as part of a divorce decree, 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 Voluntary Life Insurance currently in force. The maximum amount you can request is $500,000. If your amount of Voluntary Life Insurance currently in force is less than $200,000, the minimum amount that you may request is the greater of 25% of the amount of your Voluntary Life Insurance in force or $5,000. If

your amount of Voluntary Life Insurance currently in force is $200,000 or more, the minimum amount you may request is $50,000.

How is the Accelerated Benefit paid?

The Accelerated Benefit is paid in a single 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 Voluntary Life Insurance if I receive an Accelerated Benefit?

If you have received an Accelerated Benefit, your Voluntary Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid by Sun Life. Your reduced amount of Voluntary Life Insurance is subject to the same Group Policy terms and conditions including subsequent reductions or terminations at specified ages and/or retirement as would have been applicable had you not received an Accelerated Benefit payment. Your reduced amount of Voluntary Life Insurance is also subject to any required payment of premium.

You still have the right to convert to an individual policy if your amount of Voluntary Life Insurance terminates or reduces after an Accelerated Benefit has been paid. The amount available for conversion will be based on changes in your amount of insurance after the reduction due to the payment of the Accelerated Benefit.

What is the Portability Privilege?

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

How does this differ from the Conversion Privilege?

This benefit may be continued only to age 70. At the end of that time, you may convert the coverage then in force to an individual permanent life policy under a Conversion Privilege.

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

Yes. You may not port your coverage if:
- you are age 70 or older; or
- you retire; 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; or
- you are on military leave; or
- you are residing outside the United States on the date your insurance terminated.

If you had previously exercised your rights under the Group Policy's Conversion Privilege or Portability Privilege, the amount of any Employee Insurance that you can apply for under the Portability Privilege will be reduced by the amount of any insurance remaining in force under any policy issued to you as a result of the exercise of those rights under the Group Policy.

If you convert your coverage under the Conversion Privilege you will not be eligible to apply for Portable Coverage for that same coverage under the Group Policy.

BENEFIT PROVISIONS

EMPLOYEE VOLUNTARY LIFE INSURANCE

What amounts of insurance are portable?

You may apply for portable coverage up to the amount of Voluntary Life Insurance that ceased, to a maximum of $500,000. If you port your Voluntary Life Insurance, you may also port any Dependent Voluntary Life Insurance that ceased due to your termination of employment. Amounts in excess of the maximum may be converted to an individual policy.

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 your Voluntary Life Insurance under the Group Policy ceases. If your application is declined, you will be given a 31 day period or any extended notice period, commencing on the date the application is declined, to apply for an individual 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 Voluntary Life Insurance ceases. If you are not given notice of this portability privilege within 15 days before or following the date your insurance ceases, but you are provided notice more than 15 days but less than 90 days following the date your insurance ceases, you shall have an additional 45 days from the date of the notice to exercise this portability privilege. If notice is not given within 90 days following the date your insurance ceases, the time allowed for the exercise of this portability privilege expires at the end of the 90 day period.

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.

What is the Conversion Privilege?

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

When can I convert my Voluntary Life Insurance?

1. You can convert if all or part of your Voluntary 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
   - a revision to the Group Policy to reduce the amount of Employee Voluntary Life Insurance in your Eligible Class;
   - a revision to the Group Policy to terminate your 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 all or part of your Voluntary Life Insurance ceases due to:
   - termination of the Voluntary Life Insurance Benefit Provision; or
   - termination of the Group Policy.

What amount of Voluntary Life Insurance can I convert?

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

If your amount of Voluntary Life Insurance ceased or reduced for the reasons stated in #1 "When can I convert my Voluntary Life Insurance?", you can convert up to the amount that ceased or reduced.

If your amount of Voluntary Life Insurance ceased for the reasons stated in #2 "When can I convert my Voluntary Life Insurance?", you can convert up to the amount that ceased or reduced less any amount of group life insurance you may become eligible for within 45 days after your Voluntary Life Insurance ceased or reduced.

How do I convert my Voluntary 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 Voluntary Life Insurance ceases or reduces. This is your 31 day conversion period. If you are not given notice of this conversion privilege within 15 days before or following the date your insurance ceases or reduces, but you are provided notice more than 15 days but less than 90 days following the date your insurance ceases or reduces, you shall have an additional 45 days from the date of the notice to exercise this conversion privilege. If notice is not given within 90 days following the date your insurance ceases or reduces, the time allowed for the exercise of this conversion privilege expires at the end of the 90 day period.

What type of individual policy is available?

You can convert to any plan of life insurance customarily issued by Sun Life other than term insurance except as noted herein. However, at your option, the individual policy may include initial term insurance for one year. If you are totally and permanently disabled on the date your employment terminates, you may request any plan of life insurance, including term insurance, that Sun Life customarily issues at the time such request is made with the premium payable in any mode customarily offered by Sun Life and it may be preceded by term insurance for a period of one year.

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 your Voluntary Life Insurance under the Group Policy ceases or reduces.

What happens if I die during the 31 day conversion period or any extended notice period?

If Sun Life receives Proof of Claim, a death benefit is payable to your Beneficiary. The death benefit will not be payable under the Group Policy if an individual life insurance policy has been issued.

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

BENEFIT PROVISIONS

EMPLOYEE VOLUNTARY 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 April 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 Voluntary Life benefit payable will be the lesser of:
- the Voluntary 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.

BENEFIT PROVISIONS

DEPENDENT VOLUNTARY LIFE INSURANCE

What is my Dependent Voluntary Life Insurance Benefit?

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

What is the amount of my Dependent Voluntary Life Insurance?

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

1. the amount of Voluntary 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 Voluntary Life Insurance cannot be more than the Voluntary Maximum Benefit shown in the Benefit Highlights.

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

If your Dependent spouse's death occurs as a result of suicide within 24 months after your Dependent spouse Voluntary Life Insurance starts, Sun Life will refund all premiums paid for any amount of Dependent spouse Voluntary Life insurance excluded under this suicide exclusion.

What is the Conversion Privilege?

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

When can my Dependent convert?

1. Your Dependent can convert if all or part of your Dependent's Voluntary 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;
   - your changing to a different Eligible Class;
   - a revision to the Group Policy to reduce the amount of Dependent Voluntary Life Insurance in your Eligible Class;
   - a revision to the Group Policy to terminate your Eligible Class; or
   - your Dependent no longer qualifying as a Dependent.

2. Your Dependent can convert if all or part of your Dependent's Voluntary Life Insurance ceases or reduces due to:
   - termination of the Dependent Voluntary Life Insurance Benefit Provision; or
   - termination of the Group Policy.

What amount of Voluntary Life Insurance can my Dependent convert?

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

If your Dependent's amount of Voluntary 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 Voluntary Life Insurance ceased for the reasons stated in #2 “When can my Dependent convert?”, your Dependent can convert up to the amount that ceased, less any amount of group life insurance your Dependent may become eligible for within 45 days after your Dependent Voluntary Life Insurance ceased.

How can my Dependent convert?

You or your Dependent 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 Dependent's Voluntary Life Insurance ceases or reduces. This is your Dependent 's 31 day conversion period. If you or your Dependent are not given notice of this conversion privilege within 15 days before or following the date your Dependent's insurance ceases or reduces, but you or your Dependent are provided notice more than 15 days but less than 90 days following the date your Dependent's insurance ceases or reduces, you or your Dependent shall have an additional 45 days from the date of the notice to exercise this conversion privilege. If notice is not given within 90 days following the date your Dependent's insurance ceases or reduces, the time allowed for the exercise of this conversion privilege expires at the end of the 90 day period

What type of individual policy is available?

Your Dependent can convert to any plan of life insurance customarily issued by Sun Life other than term insurance except as noted herein. However, at your or your Dependent's option, the individual policy may include initial term insurance for one year. If you are totally and permanently disabled on the date your employment terminates, you may request any plan of life insurance, including term insurance, that Sun Life customarily issues at the time such request is made with the premium payable in any mode customarily offered by Sun Life and it may be preceded by term insurance for a period of one year.

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 Dependent's individual policy starts on the day your Dependent's Voluntary Life Insurance under the Group Policy ceases or reduces.

What happens if my Dependent dies during the 31 day conversion period or any extended notice period?

If Sun Life receives Proof of Claim, a death benefit is payable to you. The death benefit will not be payable under the Group Policy if an individual life insurance policy has been issued.

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

BENEFIT PROVISIONS

DEPENDENT VOLUNTARY 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 April 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 Voluntary Life benefit payable will be the lesser of:
- the Dependent Voluntary Life benefit payable under the Group Policy; or
- the Dependent 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.

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 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.

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 (accidental or otherwise) – 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.

If proof cannot be given within these time limits, proof must be given as soon as reasonably possible.

What is considered Proof of Claim?

Proof of Claim consists of at least the following information:
- what the loss or disability is;
- 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 must be satisfactory to Sun Life.

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 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;
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; and
6. the identity of any medical or vocational experts whose advice was obtained in connection with the appeal, regardless of whether the advice was relied upon to deny the appeal.

To whom are benefits payable to?

CLAIM PROVISIONS

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 or you do not elect a Beneficiary, Sun Life, at its option, may make payment as follows:

a. to your spouse, if living; or
b. if there is no surviving spouse, to your surviving children in equal shares; or
c. if there is no surviving spouse or children, to your surviving parents in equal shares; or
d. if none of the above, 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.

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

If a benefit is payable to your estate, your Beneficiary who is a minor, or your Beneficiary who is not competent, Sun Life may, at its option, pay up to $500 of the death benefit to any individual or entity Sun Life determines has incurred or paid expenses as a result of funeral services provided to or on your behalf. If Sun Life pays such a benefit, it will not have to pay that benefit amount again and the total death benefit shall be reduced by the amount paid under this provision.

If a beneficiary is physically or mentally incompetent and cannot give a valid release for any payment due, such benefit will be paid to the beneficiary's appointed legal representative.

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 Voluntary 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 Voluntary Life Insurance?

You can transfer ownership of your Voluntary 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 your Employer's participation in the trust, 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

What is the Entire Contract?

The Group Policy is the entire contract. It consists of:

- all of the pages of the Group Policy;
- the Application of the Policyholder;
- each Employee's written application for insurance (Employee retains his own copy);
- any Certificates, including any certificate riders, amendments or endorsements, incorporated in and made a part of the Policy.

No rights of the Policyholder or of any Employee or Dependent or Beneficiary will be affected by any provision other than one contained in the Group Policy or the riders or endorsements or in the amendments agreed to and signed by the Policyholder and Sun Life

Sun Life will provide a Certificate to the Employer for delivery to each Employee. The Certificate will contain the important features of the Group Policy and to whom Sun Life will pay benefits. Nothing in the Group Policy invalidates or impairs any rights granted to the Employee as stated in the Certificate. The rights and benefits granted to the Employee under the Group Policy and Certificate will not be less than those required by the state where the Certificate is delivered and by New York law.

Who can alter this Certificate?

The only persons with the authority to alter or modify this Certificate or to waive any of its provisions are our president, actuary, secretary or one of our vice presidents and any such changes must be in writing.

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

Sun Life may not contest the validity of the Policy, except for non-payment of premium, after it has been in force for two years from the date of issue.

All statements made by the Policyholder or the Employer for the issuance, reinstatement or renewal of the Group Policy, or by you in applying for insurance under the Group Policy are considered representations and not warranties. No material representation by you in applying for insurance under the Group Policy will be used to contest the validity of that insurance 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 any person insured under the Group Policy, 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, a copy of which is or has been furnished to you or your Beneficiary, if any.

What happens when there is a clerical error in the administration of the Group Policy?

Clerical errors in connection with the Group Policy or delays in keeping records for the Group Policy whether by us, the Policyholder, or the Employer:
- will not terminate insurance that would otherwise have been effective.
- will not continue insurance that would otherwise have ceased or should not have been in effect.

If appropriate, a fair adjustment of premium will be made to correct the error.

This provision does not apply to benefit administration errors by the Policyholder or the Employer which results in an employee:
- not enrolling for insurance within required time limits;
- failing to request increased amounts of insurance within required time limits;
- failing to provide any required Evidence of Insurability; or
- failing to exercise any available continuation or portability options.

GENERAL PROVISIONS

What happens if ages are misstated?

If your or any one of your Dependent's age is not accurate an equitable adjustment of premium will be made.

If the amount of benefit depends on your or your Dependent's age, the benefit will be the amount you or your Dependent would have been entitled to if your or your Dependent's 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 representative.

This right may be used as often as reasonably 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.

How are Premium Rates determined?

Sun Life determines its initial or any subsequent monthly premium rate on the basis of the coverage being provided. After the initial monthly premium rate has been in effect until 15 months from April 1, 2015. However, Sun Life has the right to recalculate the initial or any subsequent monthly premium rate for reasons which affect the risk assumed such as changes to the terms of the Policy, including but not limited to the benefits shown in the Benefit Highlights section of the Certificate(s).

No premium rate may be increased unless Sun Life notifies the Policyholder at least 31 days in advance of the increase. Premium rate increases may take effect on an earlier date when both Sun Life and the Policyholder agree.

How are Premium Payments Calculated?

The premiums due under the Group Policy on each premium due date are based upon the premium rates in effect for the benefit provided. The premium due is the sum of the monthly premiums for all insured Employees and Dependents for all benefits.

Premiums payable to Sun Life will be paid in United States dollars on the premium due date.

The premium for additional or increased insurance becoming effective during a Group Policy month will be charged from the next premium due date.

The premium for insurance terminated during a Policy month will cease at the end of the Group Policy month in which such insurance terminates.

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.

Domestic Partner means a person who, together with another person of the same or opposite sex, meets all of the following criteria:
- each person is at least 18 years of age
- neither person is legally married to anyone else;
- they are not related by blood in a manner that would prohibit legal marriage in the state in which they reside;
- they have shared the same regular and permanent residence for at least 6 months;
- they are committed to the physical, emotional and financial care and support of each other and are financially interdependent;
- they have economic interdependency that includes at least two or more of the following:
  - a joint bank account or joint credit card;
  - joint ownership of residence or listing of both partners as tenants on a lease of the shared residence;
  - designation of the domestic partner as beneficiary for life insurance or retirement benefits;
  - execution of wills naming each other as executor and/or beneficiary;
  - mutual grant of durable power of attorney or authority to make health care decisions;
  - any other evidence of economic interdependence.

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, who has provided the Employer with sufficient and authentic documentation establishing eligibility for employment in the United States as required under the Immigration Reform and Control Act, 8 U.S.C. 1324a(b)(1), and who is not an "unauthorized alien" as defined by 8 U.S.C. 1324a(h)(3). Employee does not include a seasonal or temporary employee whose annual work schedule is less than 12 months during a calendar year.

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, you will not be considered an Employee under the Group Policy unless Sun Life approves your eligibility in writing.

Employer means Wildlife Conservation Society 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.

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

Injury means bodily impairment resulting directly from an accident and independently of all other causes. Any Injury must occur and disability must begin while you are insured under the Group Policy.

DEFINITIONS

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, Domestic Partner or the parents, brothers, sisters or children of you, your spouse, or Domestic Partner.

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.

Sickness means illness, disease or pregnancy. A disability, because of Sickness, must begin while you are insured under the Group Policy.

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 before the Group Policy Effective Date that you were Actively at Work for your Employer as a full-time Employee will count towards completion of your Waiting Period. The Waiting Period is shown in the Benefit Highlights.

DEFINITIONS

These are Voluntary Life Insurance terms you need to know.

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.

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.

Terminally Ill or Terminal Illness means your Sickness or physical condition that is diagnosed by a Physician to reasonably be 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.

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

DEFINITIONS

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

Dependent means your:
- legal spouse;
- unmarried child from live birth to under age 19;
- unmarried child under age 23 who is enrolled as a full-time student and depends on you for 50% or more of his/her support.

A child will be considered a full-time student if the child is required, because of illness, to take a medical leave of absence from school. Continuing coverage for a medical leave of absence will be allowed if certification as to the medical necessity of the leave of absence is provided by a licensed medical practitioner. Coverage will continue for up to one year from the last day of attendance in school or the date coverage would otherwise terminate for a full-time student, whichever is earlier.

Child includes:
- your unmarried step-child with the consent of a biological or adoptive parent; or
- your adopted child, including any child placed with you for adoption; or
- a child of your Domestic Partner.

If an unmarried child is age 23 or older and is:
- incapable of self-sustaining employment because of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap; and
- depends on you for 50% or more of the child's support;

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

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

Dependent does not include any person who is insured as an Employee.

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


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