

Accidental Death and Dismemberment (AD&D) insurance

California Automotive Retailing Group, Inc. | All Eligible Employees | 963781

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate.

You are responsible for paying all or a portion of the cost.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 5 times your basic annual earnings.</p> <p>Benefits are reduced to 65% at age 65 and to 50% at age 70.</p> <p>Coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose \$5,000 to \$250,000—in increments of \$5,000.</p> <p>(Not to exceed 50% of your Elected amount.)</p> <p>Spouse rates are based on employee age.</p> <p>Benefits are reduced to 65% at age 65 and to 50% at age 70.</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$1,000 to \$10,000—in increments of \$1,000.</p> <p>(Not to exceed 50% of your Elected amount.)</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>



Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

	<p>A full benefit is payable for a dependent child who is 15 days to 26 years old. A reduced benefit is payable for a child from birth to 15 days.</p>
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Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

If I do not elect coverage now, can I elect it in the future?

If you do not elect coverage when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

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, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Rate Sheet

Employee - Coverage and **monthly** cost for Employee Voluntary AD&D.

Rates are effective as of January 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$10,000	0.25
\$20,000	0.50
\$30,000	0.75
\$40,000	1.00
\$50,000	1.25
\$60,000	1.50
\$70,000	1.75
\$80,000	2.00
\$90,000	2.25
\$100,000	2.50
\$110,000	2.75
\$120,000	3.00
\$130,000	3.25
\$140,000	3.50
\$150,000	3.75
\$160,000	4.00
\$170,000	4.25
\$180,000	4.50
\$190,000	4.75
\$200,000	5.00
\$210,000	5.25
\$220,000	5.50
\$230,000	5.75
\$240,000	6.00
\$250,000	6.25
\$260,000	6.50
\$270,000	6.75
\$280,000	7.00
\$290,000	7.25
\$300,000	7.50
\$310,000	7.75
\$320,000	8.00
\$330,000	8.25
\$340,000	8.50
\$350,000	8.75
\$360,000	9.00
\$370,000	9.25
\$380,000	9.50
\$390,000	9.75
\$400,000	10.00
\$410,000	10.25
\$420,000	10.50
\$430,000	10.75
\$440,000	11.00
\$450,000	11.25
\$460,000	11.50
\$470,000	11.75
\$480,000	12.00
\$490,000	12.25
\$500,000	12.50

Spouse - Coverage and **monthly** cost for Spouse Voluntary AD&D.

Rates are effective as of January 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$5,000	0.19
\$10,000	0.38
\$15,000	0.57
\$20,000	0.76
\$25,000	0.95
\$30,000	1.14
\$35,000	1.33
\$40,000	1.52
\$45,000	1.71
\$50,000	1.90
\$55,000	2.09
\$60,000	2.28
\$65,000	2.47
\$70,000	2.66
\$75,000	2.85
\$80,000	3.04
\$85,000	3.23
\$90,000	3.42
\$95,000	3.61
\$100,000	3.80
\$105,000	3.99
\$110,000	4.18
\$115,000	4.37
\$120,000	4.56
\$125,000	4.75
\$130,000	4.94
\$135,000	5.13
\$140,000	5.32
\$145,000	5.51
\$150,000	5.70
\$155,000	5.89
\$160,000	6.08
\$165,000	6.27
\$170,000	6.46
\$175,000	6.65
\$180,000	6.84
\$185,000	7.03
\$190,000	7.22
\$195,000	7.41
\$200,000	7.60
\$205,000	7.79
\$210,000	7.98
\$215,000	8.17
\$220,000	8.36
\$225,000	8.55
\$230,000	8.74
\$235,000	8.93
\$240,000	9.12
\$245,000	9.31
\$250,000	9.50

Child - Coverage and **monthly** cost for Child Voluntary AD&D.

Rates are effective as of January 01, 2025.

The chart below shows possible coverage amounts and corresponding costs per month.

Coverage Amounts	Cost per Month
\$1,000	0.03
\$2,000	0.06
\$3,000	0.09
\$4,000	0.12
\$5,000	0.15
\$6,000	0.18
\$7,000	0.21
\$8,000	0.24
\$9,000	0.27
\$10,000	0.30