

FOCUS ON BENEFITS 2018-2019

J & R Schugel

SUN LIFE FINANCIAL HIPPA AND MN DISCLOSURES

HIPPA DISCLOSURE

UNDERSTAND THAT:

- I AM REQUESTING COVERAGE UNDER A GROUP INSURANCE POLICY OFFERED BY MY EMPLOYER. THIS COVERAGE WILL END WHEN MY EMPLOYMENT TERMINATES, SUBJECT TO ANY PORTABILITY OR CONTINUATION PROVISIONS AVAILABLE UNDER THE GROUP INSURANCE POLICY.
- MY EMPLOYER WILL DEDUCT ALL OR PART OF THE PREMIUM FOR CONTRIBUTORY COVERAGE FROM MY PAY.
- IF APPLYING FOR COVERAGE MORE THAN 31 DAYS PAST MY ELIGIBILITY DATE, EVIDENCE OF INSURABILITY (EOI) MAY BE REQUIRED.
- FOR LIFE, LONG-TERM DISABILITY, SHORT-TERM DISABILITY, CRITICAL ILLNESS, AND CANCER
- INSURANCE, EVIDENCE OF INSURABILITY WILL BE REQUIRED FOR AMOUNTS OVER MY GUARANTEE ISSUE FOR THIS ENROLLMENT.
- INCREASES TO CURRENT LIFE, LONG-TERM DISABILITY, SHORT-TERM DISABILITY, CRITICAL ILLNESS, AND CANCER BENEFITS MAY REQUIRE EVIDENCE OF INSURABILITY.
- IF I DECLINE COVERAGE FOR MYSELF OR, IF APPLICABLE, FOR MY FAMILY NOW AND WANT IT AT A LATER DATE, I/WE WILL HAVE TO SUBMIT AN EVIDENCE OF INSURABILITY APPLICATION, IF REQUIRED FOR THE ELECTED COVERAGE(S), TO BE APPROVED BY THE COMPANY FOR DENTAL COVERAGE, I UNDERSTAND THAT I WILL NOT BE ENTITLED TO BENEFITS UNTIL THE EXPIRATION OF ANY LATE ENTRANT BENEFIT WAITING PERIOD SPECIFIED IN THE CERTIFICATE OF INSURANCE.
- FOR DENTAL INSURANCE PLANS, I HAVE THE RIGHT TO SELECT ANY DENTAL CARE PROVIDER OF MY CHOICE.
- IF I ELECT A PREPAID/DHMO PRODUCT, I MUST SELECT A PROVIDER INCLUDED IN MY PLAN'S DIRECTORY.
- THE DENTAL PLAN INCLUDES A PRE-DETERMINATION PROVISION THAT WILL ADVISE ME IN ADVANCE OF THE BENEFITS I MAY BE ELIGIBLE FOR IF THE PROCEDURE IS PERFORMED.
- COVERAGES INCLUDE BENEFIT WAITING PERIODS, LIMITATIONS, AND EXCLUSIONS AND A PRE-EXISTING CONDITIONS PROVISION] THAT MAY AFFECT MY ENTITLEMENT TO BENEFITS.
- IF I AM NOT ACTIVELY AT WORK DUE TO INJURY, ILLNESS, LAYOFF OR LEAVE OF ABSENCE ON THE DATE THAT ANY INITIAL OR INCREASED COVERAGE IS SCHEDULED TO START UNDER THE PLAN, SUCH COVERAGE WILL NOT START UNTIL THE DATE I RETURN TO WORK.

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•WHEN REQUIRED BY THE COVERAGE, IF MY SPOUSE OR ANY OF MY DEPENDENT CHILDREN ARE CONFINED DUE TO AN INJURY OR ILLNESS, AS REQUIRED BY THE COVERAGE, ON THE DATE THAT ANY INITIAL OR INCREASED COVERAGE IS SCHEDULED TO START UNDER THE PLAN, SUCH COVERAGE WILL NOT START UNTIL THE DATE THEY ARE NO LONGER CONFINED AND ARE ABLE TO PERFORM THEIR NORMAL ACTIVITIES.

IF YOU HAVE QUESTIONS ABOUT THE BENEFITS PROVIDED BY THIS COVERAGE, PLEASE CONTACT US AT

[1-800-247-6875].

MN DISCLOSURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FORM 61 (03/2010)

IMPORTANT NOTICE TO APPLICANTS – PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE INFORMATION: TO PROPERLY UNDERWRITE APPLICATIONS, DETERMINE ELIGIBILITY FOR COVERAGE AND ISSUE INSURANCE POLICIES ON A EQUITABLE BASIS, WE MUST OBTAIN INFORMATION ABOUT YOU. THE NATURE OF THE INFORMATION WE SEEK INCLUDES AGE, OCCUPATION, PHYSICAL CONDITION, HEALTH HISTORY, HABITS, AVOCATIONS AND OTHER PERSONAL CHARACTERISTICS AND INFORMATION. THIS INFORMATION WILL BE COLLECTED FROM YOU AND VARIOUS SOURCES, INCLUDING HEALTH PROFESSIONALS AND HEALTH FACILITIES. INFORMATION REGARDING FACTORS AFFECTING INSURABILITY WILL BE TREATED AS CONFIDENTIAL.

FEDERAL LAW REQUIRES THAT WE INFORM YOU THAT THE INFORMATION WHICH WE COLLECT MAY, UNDER CERTAIN CIRCUMSTANCES, BE RE-DISCLOSED BY US TO THIRD PARTIES AND THUS NO LONGER PROTECTED BY FEDERAL LAW. HOWEVER, BE ASSURED THAT DISCLOSURE WILL BE STRICTLY LIMITED TO THAT WHICH IS REASONABLE NECESSARY AND WE WILL COMPLY WITH FEDERAL AND STATE PRIVACY AND SECURITY LAWS AND REGULATIONS. YOU HAVE THE RIGHT TO GAIN ACCESS TO AND REQUEST CORRECTION OF INFORMATION CONTAINED IN OUR FILE.