

SUN LIFE ASSURANCE COMPANY OF CANADA

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

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

Sun Life Assurance Company of Canada certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

Policy Number:	903812-001
Policy Effective Date:	March 1, 2018
Policyholder:	Nevada Public Employee Voluntary Life Plan
Employer:	Nevada Public Employee Voluntary Life Plan
Issue State:	Nevada

NOTICE TO BUYER. THIS IS A LIMITED BENEFIT CERTIFICATE. THIS CERTIFICATE PROVIDES ACCIDENT ONLY COVERAGE AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.

PLEASE READ YOUR CERTIFICATE CAREFULLY.

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 at Wellesley Hills, Massachusetts.



Dean A. Connor
President and Chief Executive Officer



Brigitte K. Catellier
Vice-President, Associate General Counsel and
Corporate Secretary

Group Accident Insurance Certificate

Non-Participating



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1. BENEFIT HIGHLIGHTS

ELIGIBLE CLASSES

All Full-Time United States Employees working in the United States scheduled to work at least 15 hours per week as specified by each participating Employer for an Employer that participates under the Nevada Public Employee Voluntary Life Plan.

Eligibility Waiting Period: The Waiting Period as specified by each participating Employer as confirmed by the plan administrator and verified by Western Insurance Specialties, Inc.

1. BENEFIT HIGHLIGHTS
EMPLOYEE VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

CLASSIFICATION

All Eligible Employees

AMOUNT OF INSURANCE

You may elect one of the following Options:	Option I	\$250,000
	Option II	\$500,000
	Option III	\$750,000

Your Voluntary AD&D Insurance cancels at your retirement.

The following Additional Benefit(s) are included:

Bereavement Counseling Benefit

Child Care Benefit

Coma Benefit

Common Carrier Benefit

Dependent Child Education Benefit

Dependent Spouse Education Benefit

Extended Care Facility Benefit

Family Travel Benefit

Rehabilitative Training Benefit

Repatriation Benefit

Seat Belt Benefit

CONTRIBUTIONS

The cost of your Voluntary Accidental Death and Dismemberment Insurance is paid for by you.

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.

1. BENEFIT HIGHLIGHTS
DEPENDENT VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

CLASSIFICATION

All Eligible Employees

AMOUNT OF INSURANCE

Spouse Only 50% of your amount of Voluntary Accidental Death and Dismemberment Insurance in force, subject to a Maximum Benefit of \$375,000.

Child Only* 10% of your amount of Voluntary Accidental Death and Dismemberment Insurance in force, subject to a Maximum Benefit of \$75,000.

Family Coverage

Spouse 50% of your amount of Voluntary Accidental Death and Dismemberment Insurance in force, subject to a Maximum Benefit of \$375,000.

Child* 10% of your amount of Voluntary Accidental Death and Dismemberment Insurance in force, subject to a Maximum Benefit of \$75,000.

*child under age 19

*child under age 26 if enrolled as a full-time student and depends on you for 50% or more of his/her support.

Your Dependent's amount of Voluntary AD&D Insurance cancels when you retire.

CONTRIBUTIONS

The cost of your Dependent Voluntary Accidental Death and Dismemberment Insurance is paid for by you.

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.

2. DEFINITIONS

Accident or Accidental means an external event that an average person would consider sudden and unforeseeable and:

- that results, directly and independently of all other causes;
- is independent of any illness, disease or other bodily malfunction; and
- occurs while coverage is in force under the Policy for the Insured.

Accident or Accidental does not mean an unintentional accident caused by or during medical treatment or surgery for Sickness or Injury.

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

Coma means a confirmed diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 31 days, and for which period the Glasgow coma score must be 4 or less. The diagnosis of coma must be made by a Physician. Coma does not include: (1) a medically induced coma; or (2) a coma that results from any alcohol or drug use.

Common Carrier includes but is not limited to commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Privately chartered vehicles are not Common Carriers.

Covered Accident means an Accident that:

- occurs while the Policy and the Insured's coverage is in force;
- occurs on or after the effective date of insurance; and
- is not excluded by the Policy or applicable Riders attached to it.

Dependent Child (Dependent Children) means your:

- unmarried child from live birth to under age 19; or
- unmarried child under age 26 who is enrolled as a full time student and depends on you for 50% or more of the child's support.

Dependent Child includes:

- your unmarried step-child;
- a foster child placed with you by a licensed agency;
- your adopted child, including any child placed with you for adoption; or
- a child of a Spouse.

If an unmarried child is age 26 or older and is:

- incapable of self-sustaining employment because of a developmental disability or physical handicap; and
- dependent on you for support;

2. DEFINITIONS

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

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

Dependent Child 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 Child who resides with you while you are on a temporary work assignment outside the United States.

Eligibility Waiting Period means the length of time you must be a member in an Eligible Class before you can apply for insurance. The Eligibility Waiting Period is shown in the Benefit Highlights. Any period of time you were Actively at Work for the Employer as a full time Employee will count towards completion of the Eligibility Waiting Period.

Employee means a person who is employed by the Employer within the United States, scheduled to work at least the minimum 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.

If you are an Employee and you are working on a temporary assignment outside of the United States for 24 months or less, you will be deemed to be working within the United States. If you are an Employee and you are working on a temporary assignment outside of the United States for more than 24 months, you will not be considered an Employee under the Policy unless we agree in writing.

Employer for the purpose of this Certificate means a participating entity under the Nevada Public Employee Voluntary Life Plan.

Enrollment Period means the period of time during which eligible Employees may elect, or change, or cancel insurance under the Policy.

Extended Care Facility means an institution which meets all of the following requirements:

- it must provide treatment to restore or maintain the health of sick or injured persons;
- the treatment must be given by or supervised by a Physician;
- nursing care must be given by or supervised by a registered graduate nurse (RN);
- it must not primarily be a place of rest, a nursing home, or place of care for drug addiction, alcoholism, mental handicap, psychiatric disorders, or a place for the aged;
- it must be licensed by the laws of the jurisdiction where it is located as an extended care facility;
- it is Medicare approved or is accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO) as an extended care facility.

Extended Care Facility Stay means the necessary and continuous confinement as an in-patient in an Extended Care Facility for which a room and board charge is made.

Family Member means: (a) your Spouse and (b) the following relatives of you or your Spouse: (1) parent; (2) child; (3) brother; (4) sister. This includes adopted, in-law and step-relatives.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and Treatment to sick and injured persons on an inpatient basis with 24 hour nursing service by or under the supervision of a Physician. Hospital does not include: (1) a rest home; (2) a skilled nursing facility; (3) an extended care facility; (4) a place of convalescence; (5) rehabilitative care; (6) custodial care; or (7) a place primarily for the treatment of drug addiction or alcoholism.

Injury means accidental body injury that is the direct result of a Covered Accident. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

2. DEFINITIONS

Insured means any person covered under the Policy.

Layoff means that you are temporarily not Actively at Work for a period of time your Employer agreed to in writing. Your normal vacation time is not considered a temporary Layoff.

Leave of Absence means that you are temporarily not Actively at Work for a period of time your Employer agreed to in writing. Your normal vacation time is not considered a temporary Leave of Absence.

Loss of Hearing, Limb, Sight, Speech or Thumb and Index Finger

- Loss of Hearing means the permanent and irrecoverable loss of hearing.
- Loss of Limb means that the foot is completely cut off at or above the ankle joint or the hand is completely cut off at or above the wrist joint.
- Loss of Sight of an eye means total and permanent loss of vision of the eye.
- Loss of Speech means the permanent and irrecoverable loss of speech or the ability to speak.
- Loss of a Thumb and Index Finger means that the thumb and index finger are each completely cut off at the metacarpophalangeal joint.

Marriage means any of the following relationships recognized under applicable state law: a same-sex or opposite-sex marriage; a civil union partnership under which the partners have the same legal rights and responsibilities as a married couple; and a same-sex or opposite-sex registered domestic partnership under which the partners have the same legal rights and responsibilities as a married couple.

Paralysis means injury to the brain or spinal cord that results in complete and irreversible loss of use of both arms, both legs or one arm and/or one leg.

- Hemiplegia is the complete and irreversible Paralysis of one arm and one leg on the same side.
- Paraplegia is the complete and irreversible Paralysis of both legs.
- Quadriplegia is the complete and irreversible Paralysis of both arms and both legs.

Physician means a person who is operating within the scope of his or her license and is either:

- licensed in the United States or Canada as a medical doctor and authorized to practice medicine and prescribe and administer drugs or to perform surgery; or
- any other duly licensed medical practitioner who is deemed by applicable state or provincial law to have the same authority as a legally qualified medical doctor.

The Physician cannot be you or any Family Member.

Policy means the group insurance policy under which this Certificate is issued.

Sickness means disease or illness, mental illness, drug and alcohol illness or pregnancy.

Spouse means any individual who:

- under applicable state law is either recognized as a spouse, partner to a civil union or a partner to a registered domestic partnership under which the partners have the same legal rights and responsibilities as a married couple, or are otherwise accorded the same rights as a spouse; or
- is a domestic partner as defined by the Policyholder.

Spouse 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 your Spouse who resides with you while you are on a temporary work assignment outside the United States.

2. DEFINITIONS

Treatment means a Physician's consultation, care or services, diagnostic measures, or the prescription, refill or taking of prescribed drugs or medicines.

We, Us, Our (we, us, our) means Sun Life Assurance Company of Canada.

You, Your (you, your) means an Employee who is eligible for insurance under the Policy.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

When are you eligible for Employee Insurance?

You are initially eligible for Employee Insurance on the latest of:

- March 1, 2018;
- the date your Eligibility Waiting Period ends as specified by each participating Employer under the Nevada Public Employee Voluntary Life Plan;
- the date you first are Actively at Work in an Eligible Class.

You are also eligible for Employee Insurance during any Enrollment Period, provided you are Actively at Work and in an Eligible Class.

When must you enroll for Employee Insurance?

You must enroll within 60 days of the date you are initially eligible for Employee Insurance or during any Enrollment Period.

If you refuse your insurance and do not enroll when you are eligible, then you will not be allowed to enroll for at least 6 months.

When does Employee Insurance start?

Employee Voluntary Insurance starts on the later of the date:

- you are eligible;
 - you enroll; and
 - you agree to make any required contribution toward the cost of insurance;
- if you are Actively at Work on that date.

If you are not Actively at Work on that date, your insurance will not start until you resume being Actively at Work.

When can you make changes in Employee Insurance?

If you are covered under the Policy and Actively at Work, you may request a change in your Employee Insurance benefit option.

When does a change in Employee Insurance start?

If you are Actively at Work, any increase in insurance or benefits will start on the date you apply for a different coverage option.

If you are not Actively at Work on that date, any increase in insurance will not start until you resume being Actively at Work.

Whether or not you are Actively at Work, any reduction in insurance will start on the date you apply for a different coverage option.

When does Employee Insurance end?

Your insurance under the Policy will end upon the earliest of the following:

- the date the 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 request in writing to end your insurance;
- the last day you are Actively at Work, subject to any applicable Insurance Continuation provisions provided;
- the date you enter active duty in any armed service during time of war, declared or undeclared;
- the date you retire; or
- the date you die.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

If your coverage has ended, can it be reinstated?

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 60 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:

- you agree to make any required contribution toward the cost of your insurance; and
- you return to being Actively at Work.

Any Accident occurring between your termination date and your reinstatement effective date will not be considered a Covered Accident.

A new Eligibility Waiting Period will not apply.

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

When are you eligible for Spouse Insurance?

If you are in an Eligible Class shown in the Benefit Highlights, you are initially eligible for Spouse Insurance on the latest of:

- March 1, 2018;
- the date you are insured for Employee Voluntary Insurance; or
- the date you acquire a Spouse.

You are also eligible for Spouse Insurance during any Enrollment Period, provided you are in an Eligible Class and have a Spouse.

When must you enroll for Spouse Insurance?

You must enroll within 60 days of the date you are initially eligible for Spouse Insurance or during any Enrollment Period.

If you refuse your insurance and do not enroll when you are eligible, then you will not be allowed to enroll for at least 6 months.

When does Spouse Insurance start?

Spouse Voluntary Insurance starts on the latest of the date:

- you are eligible for Spouse Insurance;
 - you are insured under the Policy;
 - you enroll for Spouse Insurance; and
 - you agree to make any required contribution toward the cost of insurance;
- if your Spouse is not Confined on that date.

What if my Spouse is Confined?

If your Spouse is Confined on the date your Spouse Insurance would normally start, your Spouse Insurance will not start until your Spouse is no longer Confined.

How can you make changes in Spouse Insurance?

If your Spouse is covered under the Policy and not Confined, and you are Actively at Work, you may request a change in your Spouse Insurance.

When does a change in Spouse Insurance start?

If you are Actively at Work, any increase in insurance or benefits will start on the date you apply for a change in your coverage.

If you are not Actively at Work on that date, any increase in Spouse Insurance will not start until you resume being Actively at Work.

Whether or not you are Actively at Work, any reduction in insurance will start on the date you apply for a different coverage option.

Any change in Spouse Insurance will only affect benefits for a Covered Accident that occurs after the effective date of the change.

When does Spouse Insurance end?

Spouse Insurance will end on the earliest of the following to occur:

- the date the 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 or your Spouse Insurance;
- the date you are no longer insured under the Policy;
- the date you request in writing to end your Spouse Insurance;

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

- the last day you are Actively at Work, subject to any applicable Insurance Continuation provisions provided;
- the date your Spouse enters active duty in any armed service during time of war, declared or undeclared;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate;
- the date you retire; or
- the date your Spouse dies.

5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN INSURANCE

When are you eligible for Dependent Children Insurance?

If you are in an Eligible Class shown in the Benefits Highlights, then you are initially eligible for Dependent Children Insurance on the latest of:

- March 1, 2018;
- the date you are insured for Employee Voluntary Insurance; or
- the date you acquire your Dependent Children.

You are also eligible for Dependent Children Insurance during any Enrollment Period, provided you are in an Eligible Class and have one or more Dependent Children.

When must you enroll for Dependent Children Insurance?

You must enroll within 60 days of the date you are initially eligible for Dependent Children Insurance or during any Enrollment Period.

If you refuse your insurance and do not enroll when you are eligible, then you will not be allowed to enroll for at least 6 months.

When does Dependent Children Insurance start?

Dependent Children Voluntary Insurance starts on the latest of the date:

- you are eligible for Dependent Children Insurance;
 - you are first insured under the Policy;
 - you enroll for Dependent Children Insurance; and
 - you agree to make any required contribution toward the cost of insurance;
- if your Dependent Child is not Confined on that date.

What if my Dependent Child is Confined?

If your Dependent Child is Confined on the date your Dependent Children Insurance would normally start, your Dependent Children Insurance will not start until your Dependent Child is no longer Confined. Confinement does not apply to a newborn child.

How can you make changes in Dependent Children Insurance?

If your Dependent Children are covered under the Policy and not Confined, and you are Actively at Work, you may request a change in your Dependent Children Insurance.

When does a change in Dependent Children Insurance start?

If you are Actively at Work, any increase in insurance or benefits will start on the date you apply for a change in your coverage.

If you are not Actively at Work on that date, any increase in Dependent Children Insurance will not start until you resume being Actively at Work.

Whether or not you are Actively at Work, any reduction in insurance will start on the date you apply for a change in your coverage.

Any change in insurance for your Dependent Child will only affect benefits for a Covered Accident that occurs after the effective date of the change.

How can you add a child or children to your Dependent Children Insurance?

After you and a Dependent Child are covered under the Policy, and you are Actively at Work, any child who becomes one of your Dependent Children will automatically be covered.

5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN INSURANCE

How does Dependent Children Insurance apply to newborn children, newly placed foster children or newly adopted children?

If you are insured under the Policy but do not have Dependent Children Insurance when a newborn child, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered for 60 days from the date they become your Dependent Child. To continue coverage beyond 60 days, then you must:

- enroll for Dependent Children Insurance within 60 days from the date the newborn child, newly placed foster child or newly adopted child becomes your Dependent Child; and
- pay the required premium to continue your Dependent Children Insurance.

If you are covered under the Policy and have Dependent Children Insurance when a newborn, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered.

When does Dependent Children Insurance end?

Dependent Children Insurance will end on the earliest of the following to occur:

- the date the 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 or your Dependent Children Insurance;
- the date you are no longer insured under the Policy;
- the date you request in writing to end your Dependent Children Insurance;
- the last day you are Actively at Work, subject to any applicable Insurance Continuation provisions provided;
- the date your Dependent Child enters active duty in any armed service during time of war, declared or undeclared;
- the date your Dependent Child no longer meets the definition of Dependent Child as described in this Certificate, but only with respect to that person;
- the date you retire; or
- the date your Dependent Child dies.

6. COVERED ACCIDENT BENEFITS

VOLUNTARY ACCIDENTAL DEATH BENEFIT

What is the Voluntary Accidental Death Benefit?

We will pay a Voluntary Accidental Death Benefit when an Insured dies within 365 days of the date of the Covered Accident as a result of Injuries received from that Accident. The amount payable is 100% of the amount of insurance in force for your class shown in the Benefit Highlights on the Insured's date of death.

What happens if you disappear or your Spouse disappears or your Dependent Child disappears?

We will presume, subject to no objective evidence to the contrary, that the Insured is dead and death is a result of an Accidental Injury if:

- the Insured disappears as a result of an accidental wrecking, sinking or disappearance of a public conveyance in which the Insured was known to be a fare-paying passenger; and
- the Insured's body is not found within 365 days after the date of the conveyance's disappearance.

VOLUNTARY ACCIDENTAL DISMEMBERMENT BENEFIT

What is the Voluntary Accidental Dismemberment Benefit?

We will pay a Voluntary Accidental Dismemberment Benefit if an Insured sustains any of the losses shown below due to Injuries received in a Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident, and the loss occurs within 365 days after the date of the Covered Accident. The amount payable is a percentage of the amount of insurance in force for your class shown in the Benefit Highlights on the date of the Accidental Injury. The following is a list of the losses and applicable percentages:

Life	100%
Sight of one eye	50%
One limb	50%
Speech and hearing	100%
Speech or hearing	50%
Thumb and index finger of the same hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%

The maximum amount of Voluntary Accidental Death and Dismemberment Benefit payable for losses resulting from any one accident is 100%.

7. ADDITIONAL BENEFITS

You are insured for the additional benefits shown below provided you are eligible for those benefits.

These additional benefits are subject to all the terms and conditions of the Policy. In addition to the termination provisions shown in the Eligibility, Effective Dates and Terminations section, termination provisions specific to an additional benefit are shown in this section.

BEREAVEMENT COUNSELING BENEFIT

What is the Bereavement Counseling Benefit?

If you die and a Voluntary Accidental Death Benefit is payable under the Policy, we will pay a Bereavement Counseling Benefit during an Immediate Family Member's period of bereavement for up to 12 months after you die.

Immediate Family Member means you, your Spouse or your Dependent Child.

What expenses are reimbursed under the Bereavement Counseling Benefit?

The Bereavement Counseling Benefit equals the Immediate Family Member's incurred expenses for counseling reduced by any reimbursement the Immediate Family Member receives for counseling from other sources.

The Maximum Bereavement Counseling Benefit payable is \$250 per Immediate Family Member, to a maximum of \$1,000 per Insured's death.

Written Proof of the actual out of pocket counseling expenses incurred must be submitted to us prior to payment.

CHILD CARE BENEFIT

What is the Child Care Benefit?

If you die and a Voluntary Accidental Death Benefit is payable under the Policy, a Child Care Benefit is payable if:

- your Dependent Child is enrolled in a legally licensed Child Care Center on the date of the accident; or
- your Dependent Child enrolls in a legally licensed Child Care Center within 365 days after your death; and
- your Dependent Child is under age 13.

What is the amount of the Child Care Benefit?

The Child Care Benefit is the lesser of:

- the actual cost charged by the Child Care Center per year; or
- 5% of your Voluntary Accidental Death Benefit payable; or
- \$3,000.

The Child Care Benefit is payable each year for a maximum of 4 years per Dependent Child or until the child attains age 13, whichever is less. The Child Care Benefit is payable upon receipt of satisfactory proof of paid expenses and that your Dependent Child is enrolled in a legally licensed Child Care Center.

Child Care expenses do not include:

- expenses incurred prior to your death; or
- charges for room and board; or
- charges for ordinary living, traveling or clothing expenses.

Child Care Center means a provider which is duly licensed, certified or accredited by the jurisdiction in which it is located, is run according to the laws and regulations applicable to child care facilities and which provides child care and supervision for children in a group setting on a regular basis. Child Care Center does not include a hospital, the child's home or care provided during the child's normal school hours.

7. ADDITIONAL BENEFITS

COMA BENEFIT

What is the Coma Benefit?

If, while insured, you suffer an Accidental Injury that results in you being in a Coma for at least 31 days, a Coma Benefit will be payable. The Coma Benefit is payable for 100 months in equal monthly installments based on your amount of Voluntary Accidental Death and Dismemberment insurance shown in the Benefit Highlights at the time of the accident reduced by any amount previously payable as a result of the same accident.

When does the Coma Benefit cease?

The Coma Benefit will cease to be payable when:

- you regain consciousness;
- you die; or
- 100 monthly installments have been paid.

What happens if I die while in a Coma?

If you die without regaining consciousness, your remaining Voluntary Accidental Death and Dismemberment Benefit (if any) will be payable. We will require monthly proof of the continuance of your Coma, but after one year we will not ask for proof more often than twice a year.

COMMON CARRIER BENEFIT

What is the Common Carrier Benefit?

If an Insured's loss of life occurs while traveling as a fare-paying passenger on a public conveyance operated by a common carrier, an additional Common Carrier benefit will be payable.

The Common Carrier Benefit is 100% the amount of Voluntary Accidental Death Benefit payable.

DEPENDENT CHILD EDUCATION BENEFIT

What is the Dependent Child Education Benefit?

If you die and a Voluntary Accidental Death Benefit is payable under the Policy, your Dependent Child may be eligible for a Dependent Education Benefit.

What is the Education Benefit for your Dependent Child?

A Dependent Child is eligible for an Education Benefit if the Dependent Child enrolls as a full-time student at a post-secondary school before reaching age 26 and within 1 year after your date of death.

The annual Dependent Child's Education Benefit is the lesser of:

- 5% of your Voluntary Accidental Death Benefit payable; or
- Incurred Expenses; or
- \$2,500.

The Dependent Child Education Benefit is payable at the end of each semester per Dependent Child, for a maximum of four consecutive years per child. Proof of the child's enrollment and Incurred Expenses are required each semester prior to payment of the benefit.

Incurred Expenses include tuition, fees, cost of books, room and board, transportation and any other costs paid directly to the school.

What is the Education Benefit for your Spouse?

A Spouse is eligible for an Education Benefit if the Spouse enrolls in any school for the purpose of retraining or developing skills needed for employment within 1 year after your date of death.

The Spouse Education Benefit is equal to the expenses paid directly to such school or \$3,000, whichever is less.

7. ADDITIONAL BENEFITS

Proof of enrollment and expenses are required prior to payment of the benefit.

EXTENDED CARE FACILITY BENEFIT

What is the Extended Care Facility Benefit?

We will pay an Extended Care Facility Benefit for each month you are confined in an Extended Care Facility due to a Permanent Total Disability that was:

- caused by an Accidental Injury which occurred while you were insured; and
- begins within 90 days of the date of the same Accidental Injury; and
- is reasonably expected to continue without interruption for the rest of your life.

The monthly Extended Care Facility Benefit is the lesser of:

- 2% of the amount of Voluntary Accidental Death and Dismemberment Benefit in force; or
- \$2,000.

The Extended Care Facility Benefit will be paid at the end of each consecutive month, following an Extended Care Facility Stay of 12 or more consecutive months during the uninterrupted continuance of your Extended Care Facility Stay. If a benefit is payable for a period of Extended Care Facility Stay of less than one month, a pro-rata amount will be payable equal to 1/30th of the monthly benefit payable for each day of Extended Care Facility Stay.

The Extended Care Facility Benefit will cease on the earliest of:

- the date you cease to be confined to the Extended Care Facility;
- the date you cease to be Permanently Totally Disabled; or
- the date we paid you the Extended Care Facility Benefit for a total of 12 consecutive months.

For the purpose of this benefit, Permanent Total Disability or Permanently Totally Disabled means because of your Accidental Injury you are unable to perform, and presumably will continue to be unable to perform for the duration of your life, the material and substantial duties of any occupation for which you are or become reasonably qualified for by education, training or experience.

FAMILY TRAVEL BENEFIT

What is the Family Travel Benefit?

If you receive an Accidental Injury and as a result you die or are hospitalized for 3 or more consecutive days, a Family Travel Benefit will be payable. Death or hospitalization must occur at least 100 miles from your place of residence.

The Family Travel Benefit will pay for one member of your family to travel to:

- your bedside within 72 hours of the date of the accident; or
- make funeral arrangements.

Your family member means a Spouse, child, parent, brother or sister.

No Family Travel Benefit is payable if a Voluntary Accidental Death or Accidental Dismemberment Benefit is not payable.

What types of expenses are reimbursed under the Family Travel Benefit?

The Family Travel Benefit reimburses the family member for the family member's hotel expenses, meals, and method of transportation expenses.

The Family Travel Benefit payable is the lesser of:

- the usual and reasonable expenses for the hotel room, meals, and method of transportation; or

7. ADDITIONAL BENEFITS

- the actual expenses for the hotel room, meals, and method of transportation; or
- \$1,000.

Method of transportation must be the most direct route to and from the hospital or where funeral arrangements need to be made. If the family member travels by automobile, we will reimburse at the current mileage reimbursement rate allowed by the Internal Revenue Service.

We must receive receipts for the family member's expenses prior to payment of a Family Travel Benefit.

Expenses for air transportation will be limited to the lesser of the normal coach fare or the medical emergency ticket fare.

REHABILITATIVE TRAINING BENEFIT

What is the Rehabilitative Training Benefit?

If you receive a Voluntary Accidental Dismemberment Benefit under the Policy, you are eligible to receive a Rehabilitative Training Benefit.

Rehabilitative Training means any occupational training which is required due to your Accidental Injury payable under the Policy.

What is the amount payable for the Rehabilitative Training?

The Rehabilitative Training Benefit is the lesser of:

- \$5,000; or
- 25% of the amount of Voluntary Accidental Dismemberment Benefit payable; or
- your actual Expense Incurred for Rehabilitative Training reduced by any amount you receive from other sources.

Expense Incurred means your actual out-of-pocket cost for:

- the Rehabilitative Training; and
- the materials necessary for the Rehabilitative Training.

The Rehabilitative Training expenses must be incurred within 2 years following the date of the accident that caused your Accidental Injury. We must receive written proof of Expenses Incurred prior to payment of the Rehabilitative Training Benefit.

REPATRIATION BENEFIT

What is the Repatriation Benefit?

If a Voluntary Accidental Death Benefit is payable and your death occurs at least 100 miles from your permanent place of residence, we will reimburse the Executor or Administrator of your estate for the reasonable and customary expenses incurred for the preparation of the body and its transportation to the place of burial or cremation up to a maximum benefit of \$2,000. Written Proof of the expenses incurred must be submitted to us prior to payment.

What is the Seat Belt Benefit?

We will pay a Seat Belt Benefit if your loss of life occurs as a result of an automobile accident and you were wearing a seat belt at the time of the accident.

The Seat Belt Benefit is 25% of the amount of Voluntary Accidental Death Benefit payable or \$25,000, whichever is less.

We must receive satisfactory written proof that your death resulted from an automobile accident and that you were wearing a seat belt at the time of the accident. A copy of the police report is required.

7. ADDITIONAL BENEFITS

What is the Air Bag Benefit?

We will pay an Air Bag Benefit if the Seat Belt Benefit is payable and you were positioned in a seat protected by a Supplemental Restraint system which inflated on impact.

The Air Bag Benefit is 10% of the amount of Voluntary Accidental Death Benefit payable or \$5,000, whichever is less.

We must receive satisfactory written proof that your death resulted from an automobile accident and that the Supplemental Restraint System properly inflated. A copy of the police report is required.

Seat Belt means a properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.

Supplemental Restraint System means a factory installed air bag which inflates for added protection to the head and chest areas.

Automobile means a motor vehicle licensed for use on the public highways.

8. EXCLUSIONS

What exclusions apply to the benefits payable?

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- committing or attempting to commit suicide, whether sane or insane; or
- injuring oneself intentionally; or
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- war or an act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- active Participation in a Riot, Rebellion or Insurrection;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- committing of or attempting to commit an assault, felony or other criminal act.

9. CLAIM PROVISIONS

How is a claim submitted?

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

NOTICE OF CLAIM

When does written notice of claim have to be submitted?

For the Accidental Death Benefit written notice of claim must be given to us no later than 30 days after date of death.

For the Accidental Dismemberment Benefit written notice of claim must be given to us no later than 12 months after the Insured's date of loss.

For all other claims, written notice of claim must be given to us no later than 12 months after the Insured's date of loss, or within 12 months after the date the expense is incurred.

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

When we receive written notice of claim, we 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 us without waiting to receive the Proof of claim forms.

PROOF OF CLAIM

When does written Proof of claim have to be submitted?

For the Accidental Death Benefit written proof of claim must be given to us no later than 90 days after date of death.

For the Accidental Dismemberment Benefit written proof of claim must be given to us no later than 15 months after the Insured's date of loss.

For all other claims, proof of claim must be given to us no later than 15 months after the Insured's date of loss or within 15 months after the date the expense was incurred.

If Proof cannot be given within the time limit, 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 you are legally incompetent.

What is considered Proof of claim?

Proof of claim must consist of at least the following information:

- a description of the loss or expense;
- the date the loss or expense occurred; and
- the cause of the loss.
- hospital records, physician records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as appropriate for the Treatment of the Injury;
- police accident reports.

We may require as part of the Proof, authorizations to obtain medical and non-medical information. Proof must be satisfactory to us.

PAYMENT OF BENEFITS

When are benefits payable?

9. CLAIM PROVISIONS

Benefits are payable upon our receipt of satisfactory Proof of claim that establishes benefit eligibility according to the provisions of the Policy.

When will a decision on your claim be made?

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

- the standards on which entitlement to benefits is based;
- the unresolved issues that prevent a decision on the claim; and
- 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 we send notice of the extension to you until the date on which you respond to the request for additional information. You will have 45 days to provide the specified information.

What if your claim is denied?

If we deny all or any part of your claim, you will receive a written notice of denial setting forth: the specific reason(s) for the denial;

- the specific Policy provision(s) on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- 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;
- a description of the appeal procedures and time limits;
- your right to bring a civil action under ERISA, §502(a) following an adverse determination on review.
- 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
- 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 you 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.

We will review the claim on receipt of the written request for review, and will notify you of our 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, we will notify you in writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial 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 we send 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.

9. CLAIM PROVISIONS

What if your claim is denied on review?

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

- the specific reasons for the denial;
- the specific Policy provisions on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- your right to bring a civil action under ERISA, §502(a);
- 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;
- 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
- 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?

Benefits payable for loss of life will be payable in accordance with the beneficiary designation (other than your Employer). Unless you otherwise specify, if more than one beneficiary survives you, all surviving beneficiaries will share equally. The beneficiary designation must be in writing, signed by you and in a form acceptable to us.

If no beneficiary is alive on the date of your death or you do not elect a beneficiary, we, at our option, may make payments as follows:

- to your Spouse, if living; or
- if there is no surviving Spouse, to your surviving children in equal shares; or
- if there is no surviving Spouse or children, to your surviving parents in equal shares; or
- if none of the above, to your estate.

For other benefits, we will pay you if your Proof of claim is satisfactory to us, except in the following situations:

1. You are a minor. In such case, claim may be made by your duly appointed guardian, conservator or committee and we will pay to such person or persons;
2. Due to physical or mental incapacity, you cannot, in our judgment, give us a valid receipt for payments. In such case, claim may be made as described in item 1; or
3. You die before we pay you. In such case, claim may be made by your executor or the administrator of your estate and we will pay to such person or persons.

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

If your beneficiary is a minor or is not competent, we have 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 we pay benefits in good faith to a person or institution, we will not have to pay those benefits again.

10. INSURANCE CONTINUATION

Are there any conditions under which your Employer can continue your insurance?

While the Policy is in force and subject to the conditions stated in the Policy, your Employer may continue your insurance by paying the required premium to us for any of the following reasons and durations:

- Layoff - up to 60 days
- Leave of Absence - up to 12 weeks including Family and Medical Leave of Absence
- School Recess - up to 3 months

You should contact your Employer for more details.

While the Policy is in force, you may be eligible to continue your insurance 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.

While the Policy is in force, 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.

11. CONTINUITY OF COVERAGE

What happens if your Employer replaces other insurance with this Certificate and the Policy?

If your Employer replaces insurance provided by another insurance company ("Previous Plan") with the insurance provided by this Certificate and the Policy ("This Plan"), Continuity of Coverage benefits as stated in this Section may be available to you. These benefits will be available as long as the insurance and level of benefits under the Previous Plan were substantially similar to the insurance provided by this Plan.

What if you are not Actively at Work when your Employer replaces your Previous Plan with This Plan?

You will be covered under This Plan if you are not Actively at Work on March 1, 2018 if:

- you were insured under the Previous Plan on the day before March 1, 2018;
- you are a member of an Eligible Class;
- premiums for you are paid up to date; and
- you are not receiving or eligible to receive benefits under the Previous Plan.

If you sustain Injuries that result from a Covered Accident Benefit as defined in the Covered Accident Benefit section of This Plan, and were never Actively at Work while covered under This Plan, any benefit payable will be the lesser of:

- the benefit payable under This Plan; or
- the benefit payable under the Previous Plan.

Does the Eligibility Waiting Period apply when your Employer replaces your Previous Plan with This Plan?

We will apply any period of time satisfied under the Previous Plan to meet the requirements of the Eligibility Waiting Period toward the satisfaction of the period of time required by This Plan's Eligibility Waiting Period.

12. GENERAL PROVISIONS

ALTERATION

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.

BENEFICIARY

How can you change your Beneficiary?

You can change your beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in this Certificate, unless the designation of the beneficiary is irrevocable.

CLERICAL ERROR

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

Clerical errors in connection with the Policy or delays in keeping records for the 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 subject to the "Limit of Premium Refunds" section.

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; or
- failing to exercise any available continuation options.

CONFORMITY WITH STATUTES

What is the effect of Conformity with Statutes?

If any provision of the Policy conflicts with any applicable law, the provisions of Policy will be automatically amended to meet the minimum requirements of the law and to reflect updated statutory references.

DISCHARGE OF OUR RESPONSIBILITY

What is the effect of payments under the Policy?

Payment made under the terms of the Policy will, to the extent of such payment, release us from all further obligations under the Policy. We will not be obligated to see to the application of such payment.

EXAMINATION AND AUTOPSY

What are our examination and autopsy rights?

We, at our own expense, have the right to have any person whose claim is pending or ongoing be:

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

This right may be used as often as reasonably required.

We, at our own expense, may have an autopsy made unless prohibited by law.

12. GENERAL PROVISIONS

INCONTESTABILITY

What is the Incontestability Provision?

Except for non-payment of premium or any claims incurred within two years of the effective date of an Insured's initial, increased, additional or reinstated insurance, no statement made by any Insured relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during that individual's lifetime. The statement must be contained in a form signed by that individual.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

LEGAL PROCEEDINGS

What are the time limits for legal proceedings?

No legal action may start:

- until 60 days after Proof has been given; nor
- more than 3 years after the time Proof of Claim is required.

LIMIT OF PREMIUM REFUNDS

Is there a limit on premium refunds?

Whether premiums were paid in error or otherwise, we will refund only that part of the excess premium that was paid during the 12-month period that preceded the date we learned of such overpayment.

MISSTATEMENT OF FACTS

What happens if there is a misstatement of facts in the administration of the Policy?

If relevant facts about the Employee relating to this insurance are not accurate:

- a fair adjustment of premium will be made, subject to the "Limit of Premium Refunds" section; and
- the true facts will decide whether, and in what amount, and for what duration insurance is valid under the Policy.

NON-PARTICIPATING

Does the Policy participate in dividends?

The Policy is non-participating and will not share in any profits or surplus earnings of Sun Life Assurance Company of Canada, and, therefore, no dividends are payable.

NOTICE

How are required notices provided?

Any obligation we may have to give written notice will be satisfied by sending such notice to the last known address of the person or institution entitled to such notice.

PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE

Does the payment of premiums guarantee coverage under the Policy?

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission and all Policy requirements must be satisfied.

12. GENERAL PROVISIONS

REIMBURSEMENT

What if a benefit is underpaid or overpaid?

Reimbursement will be made to us for any overpayments that we may make due to any reason. You must repay us within 60 days unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law.

STATEMENTS

Are statements warranties?

In the absence of fraud, all statements made in any application are considered representations and not warranties. No representation by you in enrolling for insurance under the Policy will be used to reduce or deny a claim unless it is contained in your written application, signed by you, and a copy of your written application for insurance is or has been given to you, your beneficiary, if any, or to your estate representative.

SUN LIFE ASSURANCE COMPANY OF CANADA

This is a Limited Certificate - Read it Carefully

Group Accident Insurance Certificate

Non-Participating



SUN LIFE ASSURANCE COMPANY OF CANADA

Executive Office:

**One Sun Life Executive Park
Wellesley Hills, MA 02481**

(800) 247-6875

www.sunlife.com/us

Policyholder:	Nevada Public Employee Voluntary Life Plan
Policy Number:	903812-001
Policy Effective Date:	March 1, 2018
Issue State:	Nevada

READ YOUR POLICY CAREFULLY.

We agree to provide the rights and benefits of this Policy according to its conditions and provisions. This Policy provides benefits for the following:

Voluntary Accidental Death & Dismemberment Insurance

This Policy is issued to the Policyholder shown above in consideration of the Policyholder's application and payment of premiums. The Policyholder must pay premiums to Sun Life Assurance Company of Canada at its U.S. Headquarters or at another location chosen by us. The first premium is due on the effective date. Subsequent premiums are due on the first day of each month ("Premium Due Date").

This Policy is delivered in and governed by the laws of the Issue State shown above.

Signed at Wellesley Hills, Massachusetts.



Dean A. Connor
President and Chief Executive Officer



Brigitte K. Catellier
Vice-President, Associate General Counsel
and Corporate Secretary

GROUP INSURANCE POLICY

Non-Participating



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1. INCORPORATION PROVISIONS

The following are incorporated in and made part of this Policy:

- any Policy amendments, endorsements or riders;
- the application of the Policyholder;
- the certificate(s); and
- any certificate amendments, endorsements or riders.

This Policy is the entire contract.

The certificate(s) and/or any certificate amendments, endorsements or riders include but are not limited to the following provisions that apply to the Employees of the Policyholder:

- benefit amounts and maximum limits;
- eligibility and effective date provisions;
- benefit plan provisions;
- termination provisions;
- exclusions and limitations; and
- other certificate provisions pertaining to state insurance requirements or that are related to the benefits provided under the certificate(s).

2. PREMIUMS

Payment of Premiums

The premiums due under this Policy on each Premium Due Date are based upon the premium rates in effect for the benefits provided. The premiums due are the sum of the monthly premiums for all persons insured for all benefits.

Premiums payable to us will be paid in United States dollars on the Premium Due Date.

The premium for additional or increased insurance becoming effective during a 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 Policy month in which such insurance terminates.

Premium Rates

We determine initial or any subsequent monthly premium rates on the basis of the insurance being provided. After the initial monthly premium rates have been in effect for 48 months from the Policy Effective Date, we have the right to recalculate any premium rate. However, we have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- the terms of this Policy are changed;
- a new division or subsidiary or affiliated Company is added to or deleted from this Policy;
- the number of Employees covered under this Policy changes by more than 25% from the number on the Policy Effective Date or any anniversary of the Policy Effective Date thereafter; or
- one or more classes are added to or deleted from this Policy.

We will provide written notification of any increases in the premium rates to the Policyholder at least 273 days prior to the effective date of the increase. Premium rate increases may take effect on an earlier date when both the Policyholder and us agree.

Grace Period

The grace period means the 60 day period of time following the Premium Due Date during which premium payment may be made. If the Policyholder does not pay the required premium before the end of the grace period, this Policy will automatically cease at the end of the grace period. If the Policyholder gives us advance written notice that this Policy will cease on an earlier date, then this Policy will cease on that date; but no such termination will take effect during any period for which the required premium has been paid to us.

The Policyholder is responsible for the premium that is due during that part of the grace period that the insurance remains in force or the entire grace period if written notice is not received prior to the end of the grace period.

3. TERMINATION

Termination

This Policy will end on the earliest of:

- the last day of the grace period if premiums remain unpaid;
- the termination date requested by the Policyholder in writing but no earlier than the last date for which premium has been paid;
- the date that we specify in advance written notice to the Policyholder. We may give this notice at any time, but not less than 60 days in advance of such date. Occasions on which we may give this notice include but are not limited to:
 - a) at any time when less than 20% of all Eligible Employees are insured under this Policy. The term Eligible Employees in this item does not include any Employee who is not insured solely because he or she could not submit Evidence of Insurability;
 - b) at any time when the Policyholder fails:
 - i) to furnish promptly any information that we may reasonably require; or
 - ii) to perform any other obligations pertaining to this Policy;
 - c) at any time when the Policyholder ceases to qualify for insurance coverage under this Policy in accordance with our then current standard underwriting rules and practices.
- any date the Policyholder does not have at least 10 Employees insured under this Policy; or
- any date the Policyholder is not actively engaged in the business that we agreed to insure.

We have the right to terminate this Policy on the first day of any month after we give the Policyholder at least 60 days notice of our intent to terminate.

Once this Policy terminates, the insurance it provides will end automatically.

4. GENERAL PROVISIONS

Agency

For all purposes of this Policy, the Policyholder acts on its own behalf or as an agent of the Employee. Under no circumstances will the Policyholder be deemed an agent of Sun Life Assurance Company of Canada.

Certificate of Insurance

We will provide the Policyholder with a certificate of insurance to be given to each Employee. The certificate will explain the important features of this Policy and to whom we will pay benefits.

Incontestability

The validity of this Policy shall not be contested, except for nonpayment of premium, after it has been in force for two years from the Policy Effective Date.

Information We May Need

The Policyholder must give us, on our forms, any information that we may need to compute premiums, provide insurance coverage and keep records. Such information as to any individual will be binding upon that individual, and we will rely on it as such. At all reasonable times while this Policy is in force and until we resolve all rights and duties under it, we can inspect any of the Policyholder's records that would, in our judgment, have any effect on the insurance provided under this Policy.

Policy Changes

This Policy may be changed in whole or in part. Only an officer of Sun Life Assurance Company of Canada is authorized to make a change which must be endorsed on or attached to this Policy.

Any other person, including an agent, may not change this Policy or waive any part of it.

Statements

All statements made in any Application are considered representations and not warranties. No representation by the Policyholder in applying for this Policy will render it void unless the representation is contained in the Application.

No representation by any Employee in applying for insurance under this Policy, will be used to reduce or deny a claim unless a copy of the Employee's written application for insurance is or has been given to the Employee or the Employee's beneficiary, if any.

Time Periods

For the purpose of effective dates and termination date under the Policy, all days begin at 12:00 midnight and end at 11:59:59 PM at the Policyholder's location.

Workers' Compensation

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

SUN LIFE ASSURANCE COMPANY OF CANADA

GROUP INSURANCE POLICY
Non-Participating



CERTIFICATE ENDORSEMENT

This endorsement is part of the Certificate issued under Policy Number 903812-002 and is effective on March 1, 2018. It is part of, and subject to, the other terms and conditions of the Certificate. If the terms of this endorsement and the Certificate conflict then this endorsement's provisions will control.

What is continuation insurance and when are you eligible for it?

Continuation insurance is an option in which you may elect to continue your insurance for each Insured without Evidence of Insurability if your insurance ends because you terminate employment or you retire and, and you meet the following requirements:

- the Policy is still in force; and
- you reside in the United States or Canada on the date your insurance ends.

You may not elect continuation insurance for your Spouse or Dependent Children if you have not elected continuation insurance for yourself.

If you convert your coverage under any Conversion Privilege of the Policy, you will not be eligible to apply for continuation insurance.

A former Employee who elected continuation insurance prior to March 1, 2018, will be automatically eligible to continue the same amount of continuation insurance that was in force on February 28, 2018.

When must you apply to continue insurance?

You must complete an election form for continuation insurance and send it to the plan administrator, Western Insurance Specialties, with payment of the first premium within 60 days of the date your insurance terminates. The rates for the continuation insurance are the same rates per \$1,000 of coverage under the Policy for the age to which the Insured belongs and may change at any subsequent renewal date. The election form for continuation insurance and applicable rates are available from your Employer.

What is the amount of insurance you can elect?

You may elect to continue insurance in an amount up to 100% of each Insured's amount of insurance in force under the Policy on the date your insurance terminates to a maximum of \$750,000 per Insured.

All amounts of insurance elected under this continuation insurance endorsement are subject to the same age reductions as shown in the Benefit Highlights. However, if you elect an amount of Employee or Spouse Voluntary Life Insurance that is less than the full amount in force immediately prior to your termination of employment or retirement date, then age reductions will only apply if the amount in force exceeds the original amount reduced by age reductions. If you elect 50% or less than your full amount in force immediately prior to your termination of employment or retirement date, the amount will not be further reduced due to age.

Continuation insurance also includes Accelerated Benefit for you and your Spouse.

When does your continuation insurance start?

After your insurance terminates, your continuation insurance will start on the later of:

- the date your election for continuation insurance is approved; or
- the date your first premium payment for continuation insurance is received.

When does your continuation insurance end?

Your continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance;
- the date you request in Writing to end your continuation insurance;
- the date you die; or
- the date you become insured in an Eligible Class under the Policy.

When does your Spouse continuation insurance end?

Your Spouse continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance or your Spouse continuation insurance;
- the date you are no longer insured for continuation insurance under the Policy;
- the date you request in Writing to end your Spouse continuation insurance;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate; or
- the date your Spouse dies.

When does your Dependent Children continuation insurance end?

Your Dependent Children continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance or your Dependent Children continuation insurance;
- the date you are no longer insured for continuation insurance under the Policy;
- the date you request in Writing to end your Dependent Children continuation insurance;
- the date your Dependent Child no longer meets the definition of a Dependent Child as described in this Certificate, but only with respect to that person; or
- the date your Dependent Child dies.

After your continuation insurance ends, you (or any Insured) may be eligible for the Conversion Privilege.

CONTINUATION INSURANCE CERTIFICATE ENDORSEMENT

This endorsement is part of the Certificate issued under Policy Number 903812-002 and is effective on March 1, 2018. It is part of, and subject to, the other terms and conditions of the Certificate. If the terms of this endorsement and the Certificate conflict then this endorsement's provisions will control.

What is continuation insurance and when are you eligible for it?

Continuation insurance is an option in which you may elect to continue your insurance for each Insured without Evidence of Insurability if your insurance ends because you terminate employment or you retire and, and you meet the following requirements:

- the Policy is still in force; and
- you reside in the United States or Canada on the date your insurance ends.

You may not elect continuation insurance for your Spouse or Dependent Children if you have not elected continuation insurance for yourself.

If you convert your coverage under any Conversion Privilege of the Policy, you will not be eligible to apply for continuation insurance.

A former Employee who elected continuation insurance prior to March 1, 2018, will be automatically eligible to continue the same amount of continuation insurance that was in force on February 28, 2018.

When must you apply to continue insurance?

You must complete an election form for continuation insurance and send it to the plan administrator, Western Insurance Specialties, with payment of the first premium within 60 days of the date your insurance terminates. The premium will be determined by the amount of continuation insurance you elect and the rate charged for the age of each Insured. The premium rate for continuation insurance may be different per \$1,000 of coverage than what was paid as an active employee under the Policy and may change as each Insured enters a new 5 year age band. The election form for continuation insurance and applicable rates are available from your Employer. Sun Life has the right to change the rates at any subsequent renewal date.

What is the amount of insurance you can elect?

You may elect to continue insurance in an amount up to 100% of each Insured's amount of insurance in force under the Policy on the date your insurance terminates to a maximum of \$750,000 per Insured.

All amounts of insurance elected under this continuation insurance endorsement are subject to the same age reductions as shown in the Benefit Highlights. However, if you elect an amount of Employee or Spouse Voluntary Life Insurance that is less than the full amount in force immediately prior to your termination of employment or retirement date, then age reductions will only apply if the amount in force exceeds the original amount reduced by age reductions. If you elect 50% or less than your full amount in force immediately prior to your termination of employment or retirement date, the amount will not be further reduced due to age.

Continuation insurance also includes Accelerated Benefit for you and your Spouse.

When does your continuation insurance start?

After your insurance terminates, your continuation insurance will start on the later of:

- the date your election for continuation insurance is approved; or
- the date your first premium payment for continuation insurance is received.

When does your continuation insurance end?

Your continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance;
- the date you request in Writing to end your continuation insurance;
- the date you die; or
- the date you become insured in an Eligible Class under the Policy.

When does your Spouse continuation insurance end?

Your Spouse continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance or your Spouse continuation insurance;
- the date you are no longer insured for continuation insurance under the Policy;
- the date you request in Writing to end your Spouse continuation insurance;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate; or
- the date your Spouse dies.

When does your Dependent Children continuation insurance end?

Your Dependent Children continuation insurance will end on the earliest of:

- the date the Policy terminates;
- the last day for which any required premium has been paid for your continuation insurance or your Dependent Children continuation insurance;
- the date you are no longer insured for continuation insurance under the Policy;
- the date you request in Writing to end your Dependent Children continuation insurance;
- the date your Dependent Child no longer meets the definition of a Dependent Child as described in this Certificate, but only with respect to that person; or
- the date your Dependent Child dies.

After your continuation insurance ends, you (or any Insured) may be eligible for the Conversion Privilege.



Dean A. Connor
President and Chief Executive Officer

SUN LIFE ASSURANCE COMPANY OF CANADA

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

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

Sun Life Assurance Company of Canada certifies that it has issued and delivered a Group Insurance Policy to the Policyholder shown below.

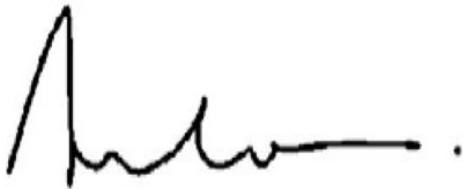
Policy Number:	903812-002
Policy Effective Date:	March 1, 2018
Policyholder:	Nevada Public Employee Voluntary Life Plan
Employer:	Nevada Public Employee Voluntary Life Plan
Issue State:	Nevada

The benefits paid under the Accelerated Benefit option may be taxable and may affect eligibility for public programs such as Medicaid. You should consult with an appropriate social services agency as well as your personal tax advisor prior to applying for such benefits.

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 unless otherwise preempted by the federal Employee Retirement Income Security Act ("ERISA").

Signed at Wellesley Hills, Massachusetts



Dean A. Connor
President and Chief Executive Officer



Brigitte K. Catellier
Vice-President, Associate General Counsel and
Corporate Secretary

Group Term Voluntary Life Insurance Certificate
Non-Participating



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1. BENEFIT HIGHLIGHTS

Eligible Classes:

Employee Voluntary Life Insurance

All Full-Time United States Employees working in the United States scheduled to work at least 15 hours per week as specified by each participating Employer for an Employer that participates under the Nevada Public Employee Voluntary Life Plan.

Spouse Voluntary Life Insurance

All Full-Time United States Employees working in the United States scheduled to work at least 15 hours per week as specified by each participating Employer for an Employer that participates under the Nevada Public Employee Voluntary Life Plan.

Dependent Children Voluntary Life Insurance

All Full-Time United States Employees working in the United States scheduled to work at least 15 hours per week as specified by each participating Employer for an Employer that participates under the Nevada Public Employee Voluntary Life Plan.

Eligibility Waiting Period:

The Waiting Period as specified by each participating Employer as confirmed by the plan administrator and verified by Western Insurance Specialties, Inc.

1. BENEFIT HIGHLIGHTS

EMPLOYEE VOLUNTARY LIFE INSURANCE

Amount of Insurance

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

The maximum amount you may elect is the lesser of:

- \$750,000; or
- 10 times your Basic Annual Earnings, rounded to the next higher \$10,000, if not already a multiple of \$10,000.

Guaranteed Issue Amount

If you were insured under the Prior Policy for Employee Voluntary Life Insurance on February 28, 2018, your Guaranteed Issue Amount is the amount of Employee Voluntary Life Insurance you had in force on February 28, 2018.

If you were hired on or after March 1, 2018, your Guaranteed Issue Amount is the lesser of:

- 4 times your Basic Annual Earnings, or
- \$300,000.

However, if 4 times your Basic Annual Earnings is less than \$150,000, your Guaranteed Issue Amount is \$150,000.

Evidence of Insurability

You must submit Evidence of Insurability each time you do any of the following or any of the following occur:

- you enroll for Employee Voluntary Life Insurance as a Late Entrant;
- you apply for an increase in your amount of Employee Voluntary Life Insurance; or
- your amount of Employee Voluntary Life Insurance is in excess of the Guaranteed Issue Amount.

Any amount of insurance that requires Evidence of Insurability will NOT go into effect unless it is approved by us in writing. To submit Evidence of Insurability, you must complete an Evidence of Insurability application and send it to us. Once we receive it, we will determine whether to approve the additional insurance.

Evidence of Insurability will not be required if you elect or elect to increase your amount of Employee Voluntary Life Insurance within 60 days following a Family Status Change.

Age Reductions

Your amount of Employee Voluntary Life Insurance shown above reduces to:

- 65% when you reach age 65; and
- 50% when you reach age 70.

Included in this Certificate for this Class

Accelerated Benefit – for you and your Spouse

Contributions

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

1. BENEFIT HIGHLIGHTS

SPOUSE VOLUNTARY LIFE INSURANCE

Amount of Insurance

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

The maximum amount you may elect is the lesser of:

- \$380,000; or
- 10 times your Basic Annual Earnings.

Guaranteed Issue Amount

If you were insured under the Prior Policy for Spouse Voluntary Life Insurance on February 28, 2018, your Guaranteed Issue Amount is the amount of Spouse Voluntary Life Insurance you had in force on February 28, 2018.

If you were hired on or after March 1, 2018, your Guaranteed Issue Amount is the lesser of:

- 50% of your amount of Voluntary Life Insurance in force; or
- \$50,000.

Evidence of Insurability

You must submit Evidence of Insurability for your Spouse each time you do any of the following or any of the following occur:

- you enroll for Spouse Voluntary Life Insurance as a Late Entrant;
- you apply for an increase in your amount of Spouse Voluntary Life Insurance; or
- your amount of Spouse Voluntary Life Insurance is in excess of the Guaranteed Issue Amount.

Any amount of insurance requested for your Spouse that requires Evidence of Insurability will NOT go into effect unless it is approved by us in writing. To submit Evidence of Insurability, you must complete an Evidence of Insurability application for your Spouse and send it to us. Once we receive it, we will determine whether to approve the additional insurance.

Evidence of Insurability will not be required if you elect or elect to increase your amount of Spouse Voluntary Life Insurance within 60 days following a Family Status Change.

Age Reductions

Your amount of Spouse Voluntary Life Insurance shown above reduces to:

- 65% when your Spouse reaches age 65; and
- 50% when your Spouse reaches age 70.

Contributions

The cost of your Spouse Voluntary Life Insurance is paid for entirely by you. This is your contributory insurance.

1. BENEFIT HIGHLIGHTS

DEPENDENT CHILDREN VOLUNTARY LIFE INSURANCE

Amount of Insurance

Dependent Child

You may elect one of the following Options:

6 months of age or older

Option I
\$10,000

Option II
\$20,000

14 days but less than 6 months

\$500

Under 14 days of age

None

Contributions

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

2. DEFINITIONS

Actively at Work means that you perform all the regular duties of your job for a full work day at your Employer's normal place of business, a site approved by your Employer or a site where your Employer's business requires you to travel.

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.

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 neither Confined nor disabled due to an Injury or Sickness.

Beneficiary means the person, persons or entity other than the Employer entitled to receive death benefit proceeds as they become due under the Policy. A Beneficiary must be named by you in Writing in a manner acceptable to us, dated and Signed by you and on file with your Employer.

Confined or Confinement means confined to a Hospital or similar facility.

Contributory Insurance means insurance for which you pay all or part of the premium.

Dependent Child (Dependent Children) means your unmarried:

- child from live birth to under age 19; or
- child under age 26 who is enrolled as a Full-time Student and who chiefly depends on you for his or her financial support.

Dependent Child includes:

- your step-child;
- a foster child placed with you by a licensed agency; or
- your adopted child, including any child placed with you for adoption.

If an unmarried child is age 19 or older and is:

- incapable of self-sustaining employment because of an intellectual disability, developmental disability or physical handicap; and
- chiefly dependent on you for support;

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

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

Dependent Child does not include:

- any person who is insured as an Employee;
- any person residing outside the United States or Canada. This exclusion does not apply to a Dependent Child who:
 - resides with you while you are on a temporary work assignment outside the United States; or
 - is a Full-time Student attending school outside of the United States.

Eligibility Waiting Period means the length of time you must be a member in an Eligible Class before you can apply for insurance. The Eligibility Waiting Period is shown in the Benefit Highlights. Any period of time you were Actively at Work for the Employer as a full-time Employee will count towards completion of the Eligibility Waiting Period.

Employee means a person who is employed by the Employer within the United States, who is a U.S. citizen or a U.S. resident, scheduled to work at least the minimum hours shown in the Benefit Highlights, and paid regular earnings, and has a legitimate federal tax identification number. Employee does not include a seasonal or temporary employee.

If you are an Employee and you are working on a temporary assignment outside of the United States for 24 months or less, you will be deemed to be working within the United States. If you are an Employee and you are working on a temporary assignment outside of the United States for more than 24 months, you will not be considered an Employee under the Policy unless we agree in Writing.

2. DEFINITIONS

Employer means the Employer named on the cover page of this Certificate and includes any subsidiary or affiliated company named in the application.

Evidence of Insurability means proof that you or your Spouse are insurable, as determined by us, for the insurance you requested under this Certificate which requires such Evidence of Insurability. You must submit to us an Evidence of Insurability application that provides information concerning your or your Spouse's medical history. You and your Spouse must agree to submit to a paramedical or other physical examination or tests and/or provide copies of medical records upon our request. We will pay the cost of such examination or test.

Family Member means: (a) your spouse, civil union partner or domestic partner and (b) the following relatives of you or your spouse, civil union partner or domestic partner: (1) parent; (2) grandparent; (3) child; (4) grandchild; (5) brother or sister; (6) aunt or uncle; (7) first cousin; (8) nephew or niece. This includes adopted, in-law and step-relatives.

Family Status Change means one of the following events:

- your marriage;
- the birth of your child; or
- the adoption of a child by you.

Full-time Student means a Dependent Child who:

- is attending on a full-time basis a post-secondary school licensed as such by the jurisdiction in which it is located; and
- is enrolled for at least the minimum number of course credits required by such school to maintain standing as a full-time student.

Guaranteed Issue Amount means the maximum amount of insurance available to you and your Spouse under the Policy without having to provide Evidence of Insurability. The Guaranteed Issue Amount is shown in the Benefit Highlights.

Hospital means a facility licensed in the applicable jurisdiction that provides medical care and treatment to sick and injured persons on an inpatient basis with 24 hour nursing service by or under the supervision of a Physician.

Injury means bodily impairment.

Insured means any person covered under the Policy.

Late Entrant means you enroll for any insurance more than 60 days after you first become eligible to enroll in it.

Layoff means that you are temporarily not Actively at Work for a period of time your Employer agreed to in Writing. Your normal vacation time is not considered a temporary Layoff.

Leave of Absence means that you are temporarily not Actively at Work for a period of time your Employer agreed to in Writing. Your normal vacation time is not considered a temporary Leave of Absence.

Physician means a person who is operating within the scope of his or her license and is either:

- licensed in the United States or Canada as a medical doctor and authorized to practice medicine and prescribe and administer drugs; or
- any other duly licensed medical practitioner who is deemed by applicable state or provincial law to have the same authority as a legally qualified medical doctor.

The Physician cannot be you, a business associate or any Family Member.

Policy means the group insurance policy under which this Certificate is issued.

Policyholder means the entity to which the Policy is issued.

Proof means medical, occupational, financial, or other information that we require in connection with underwriting a request for insurance or making a claim determination.

2. DEFINITIONS

Qualifying Event means a Sickness or physical condition that is certified by a Physician to reasonably be expected to result in your or your Spouse's death within 12 months or less.

Retirement means the first of the following to occur:

- the effective date of your Retirement benefits under:
 - any plan of a federal, state, county, municipal, association retirement system or public retirement system for which you are eligible as a result of your employment with the Employer;
 - any Retirement plan the Employer sponsors; or
 - any Retirement plan to which the Employer:
 - makes contributions; or
 - has made contributions.
- 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 Employee and are receiving Retirement benefits under the Social Security Act, Public Employees' Retirement System (PERS), State Teachers' Retirement System (STRS) or similar plan or act, you will not be considered retired.

Retirement benefits do not include:

- a 401(k) or 403(b) plan;
- a profit-sharing plan;
- a thrift plan;
- a non-qualified plan of deferred compensation;
- an Individual Retirement Account (IRA);
- a Tax Sheltered Annuity (TSA);
- an Employee Stock Ownership Plan (ESOP).

Sickness means disease or illness, mental illness, drug illness, abuse or addiction, and alcohol illness, abuse or addiction, or pregnancy.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

Spouse means any person who:

- is a party to a marriage and under state, federal or provincial law is recognized as a spouse or civil union partner; or
- is a domestic partner as defined by the Policyholder.

Spouse does not include:

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

We, Us, Our (we, us, our) means Sun Life Assurance Company of Canada.

Written or Writing means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

You, Your (you, your) means an Employee who is eligible for insurance under the Policy.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

When are you eligible for Employee Voluntary Life Insurance?

You are initially eligible for insurance on the latest of:

- March 1, 2018;
- the date your Eligibility Waiting Period ends as specified by each participating Employer under the Nevada Public Employee Voluntary Life Plan; or
- the date you first are Actively at Work in an Eligible Class.

When must you enroll for Employee Voluntary Life Insurance?

You must enroll within 60 days of the date you are initially eligible, otherwise you will be considered a Late Entrant.

If you decide later you want to enroll for Employee Voluntary Life Insurance, Evidence of Insurability will be required.

When does Employee Voluntary Life Insurance start?

If you are not a Late Entrant, your Employee Voluntary Life Insurance up to your applicable Guaranteed Issue Amount starts on the later of the date:

- you are eligible; or
- you enroll and agree to make any required contribution toward the cost of the insurance; and you are Actively at Work on that date.

If Evidence of Insurability is required for any amount of Employee Voluntary Life Insurance in excess of the Guaranteed Issue Amount or you enroll as a Late Entrant, that amount will not start until we approve it in writing, provided you are Actively at Work on that date.

If you are not Actively at Work, your Employee Voluntary Life Insurance will not start until you resume being Actively at Work.

When can you make changes in Employee Voluntary Life Insurance?

You may request a change in your Employee Voluntary Life Insurance benefit elections at any time if you are covered under the Policy and Actively at Work.

Evidence of Insurability may be required for any change in Employee Voluntary Life Insurance as specified in the Benefit Highlights.

When does a change in your Employee Voluntary Life Insurance start?

If you are Actively at Work, any increase in insurance or benefits will start:

- on the date of change, when you apply for a different incremental amount; or
- on the date we approve any required Evidence of Insurability.

If Evidence of Insurability is required for any increase in your amount of Employee Voluntary Life Insurance, the increase in your insurance will not start until we approve the increase in writing, provided you are Actively at Work on that date.

If you are not Actively at Work, any increase in insurance or benefits will not start until you resume being Actively at Work.

Any reduction in insurance due to your age will start on the March 1st following the date of change, whether or not you are Actively at Work.

Whether or not you are Actively at Work, any other reduction in Employee Voluntary Life Insurance for reasons other than an age reduction will start on the date of change, when you reduce coverage.

3. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF EMPLOYEE INSURANCE

When does Employee Voluntary Life Insurance end?

Your Employee Voluntary Life Insurance under the Policy will end upon the earliest of the following:

- the date the Policy terminates;
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for Employee Voluntary Life Insurance;
- the last day for which any required premium has been paid for your Employee Voluntary Life Insurance;
- the date you request in Writing to end your Employee Voluntary Life Insurance;
- the last day you are Actively at Work, subject to the Insurance Continuation provision;
- the date you enter active duty in any armed service, subject to the Insurance Continuation provision;
- the date you retire; or
- the date you die.

If your Employee Voluntary Life Insurance has ended, can it be reinstated?

If your insurance ends for any reason other than you have voluntarily terminated it, then you may apply to reinstate your insurance within 12 months from the date it ended. To reinstate, you must apply within 60 days after you return to being Actively at Work in an Eligible Class. Reinstatement will be effective on the later of the date:

- you agree to make any required contribution toward the cost of your insurance; and
- you are Actively at Work.

Your reinstated insurance will be:

- the same insurance you had prior to the termination of your insurance; and
- subject to all the terms and provisions of the Policy.

Evidence of Insurability will be required if you apply for an increase in your amount of insurance in excess of your reinstated insurance.

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.

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

When are you eligible for Spouse Voluntary Life Insurance?

If you are in an Eligible Class, you are initially eligible for Spouse Voluntary Life Insurance on the latest of:

- March 1, 2018;
- the date you are eligible for Employee Voluntary Life Insurance; or
- the date you acquire a Spouse.

When must you enroll for Spouse Voluntary Life Insurance?

You must enroll within 60 days of the date you are initially eligible for Spouse Voluntary Life Insurance, otherwise you will be considered a Late Entrant for Spouse Voluntary Life Insurance.

If you decide later you want to enroll for Spouse Voluntary Life Insurance, Evidence of Insurability for your Spouse will be required.

You may not enroll for Spouse Voluntary Life Insurance unless you are enrolled in Employee Voluntary Life Insurance.

When does Spouse Voluntary Life Insurance start?

If you are not a Late Entrant, your Spouse Voluntary Life Insurance up to your Spouse's applicable Guaranteed Issue Amount starts on the latest of the date:

- you are eligible for Spouse Voluntary Life Insurance;
- you are insured for Employee Voluntary Life Insurance;
- you enroll for Spouse Voluntary Life Insurance and you agree to make any required contribution toward the cost of insurance; and

you are Actively at Work on that date and your Spouse is not Confined on that date.

If Evidence of Insurability is required for any amount of Spouse Voluntary Life Insurance in excess of the Guaranteed Issue Amount or you enroll as a Late Entrant, that amount will not start until we approve it in writing, provided you are Actively at Work on that date and your Spouse is not Confined on that date.

If you are not Actively at Work, your Spouse Voluntary Life Insurance will not start until you resume being Actively at Work.

If your Spouse is Confined, your Spouse Voluntary Life Insurance will not start until your Spouse is no longer Confined.

When can you make changes in Spouse Voluntary Life Insurance?

You may request a change in your Spouse Voluntary Life Insurance benefit elections at any time if you are covered under the Policy and Actively at Work.

Evidence of Insurability may be required for any change in Spouse Voluntary Life Insurance as specified in the Benefit Highlights.

When does a change in Spouse Voluntary Life Insurance start?

If you are Actively at Work, any increase in Spouse Voluntary Life Insurance or benefits will start:

- on the date of change, when you apply for a different incremental amount; or
- on the date we approve any required Evidence of Insurability for your Spouse.

If Evidence of Insurability is required for any increase in your amount of Spouse Voluntary Life Insurance, the increase in your Spouse Voluntary Life Insurance will not start until we approve the increase in writing, provided you are Actively at Work on that date.

Your Spouse must not be Confined on the date of the increase in benefits.

If you are not Actively at Work, any increase in Spouse Voluntary Life Insurance will not start until you resume being Actively at Work.

If your Spouse is Confined, your increase in Spouse Voluntary Life Insurance will not start until your Spouse is no longer Confined.

4. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF SPOUSE INSURANCE

Any reduction in Spouse Voluntary Life Insurance or benefits due to your Spouse's age will start on the March 1st following the date of change, whether or not you are Actively at Work or your Spouse is Confined.

Whether or not you are Actively at Work, any other reduction in Spouse Voluntary Life Insurance for reasons other than an age reduction will start on the date of change, when you reduce coverage.

When does Spouse Voluntary Life Insurance end?

Spouse Voluntary Life Insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for Spouse Voluntary Life Insurance;
- the last day for which any required premium has been paid for your Employee Voluntary Life Insurance or your Spouse Voluntary Life Insurance;
- the date you are no longer insured for Employee Voluntary Life Insurance under the Policy;
- the date you request in Writing to end your Spouse Voluntary Life Insurance;
- the last day you are Actively at Work, subject to the Insurance Continuation provision;
- the date your Spouse enters active duty in any armed service;
- the date your Spouse no longer meets the definition of Spouse as described in this Certificate;
- the date you retire;
- the date you die; or
- the date your Spouse dies.

5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN INSURANCE

When are you eligible for Dependent Children Voluntary Life Insurance?

If you are in an Eligible Class, you are initially eligible for Dependent Children Voluntary Life Insurance on the latest of:

- March 1, 2018;
- the date you are eligible for Employee Voluntary Life Insurance; or
- the date you acquire a Dependent Child.

When must you enroll for Dependent Children Voluntary Life Insurance?

You must enroll within 60 days of the date you are initially eligible for Dependent Children Voluntary Life Insurance.

You may not enroll for Dependent Children Voluntary Life Insurance unless you are enrolled in Employee Voluntary Life Insurance.

When does Dependent Children Voluntary Life Insurance start?

Your Dependent Children Voluntary Life Insurance starts on the latest of the date:

- you are eligible for Dependent Children Voluntary Life Insurance;
- you are insured for Employee Voluntary Life Insurance; or
- you enroll for Dependent Children Voluntary Life Insurance and you agree to make any required contribution toward the cost of insurance; and

you are Actively at Work on that date and your Dependent Child is not Confined on that date.

If you are not Actively at Work, your Dependent Children Voluntary Life Insurance will not start until you resume being Actively at Work.

If your Dependent Child is Confined, Dependent Children Voluntary Life Insurance for that Child will not start until that Child is no longer Confined. Confinement does not apply to a newborn child.

When can you make changes in Dependent Children Voluntary Life Insurance?

You may request a change in your Dependent Children Voluntary Life Insurance benefit elections at any time if you are covered under the Policy and Actively at Work.

When does a change in Dependent Children Voluntary Life Insurance start?

If you are Actively at Work, any increase in Dependent Children Voluntary Life Insurance or benefits will start on the date of change, when you apply for a different coverage option.

Your Dependent Child must not be Confined on the date of the increase in benefits.

If you are not Actively at Work, any increase in Dependent Children Voluntary Life Insurance will not start until you resume being Actively at Work.

If your Dependent Child is Confined, the increase will not start for that Dependent Child until the Dependent Child is no longer Confined. Confinement does not apply to a newborn child.

Whether or not you are Actively at Work, any reduction in Dependent Children Voluntary Life Insurance will start on the date of change, when you reduce coverage.

How can you add a child or children to your Dependent Children Voluntary Life Insurance?

After you and a Dependent Child are covered under the Policy, and you are Actively at Work, any child who becomes one of your Dependent Children will automatically be covered without Evidence of Insurability.

How does Dependent Children Voluntary Life Insurance apply to newborn children, newly placed foster children or newly adopted children?

If you are insured under the Policy but do not have Dependent Children Voluntary Life Insurance when a newborn child, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered for 60 days from the date that child becomes your Dependent Child. To continue coverage beyond 60 days, you must:

5. ELIGIBILITY, EFFECTIVE DATES AND TERMINATION OF DEPENDENT CHILDREN INSURANCE

- enroll for Dependent Children Voluntary Life Insurance within 60 days from the date the newborn child, newly placed foster child or newly adopted child becomes your Dependent Child; and
- pay the required premium to continue your Dependent Children Voluntary Life Insurance.

If you are covered under the Policy and have Dependent Children Voluntary Life Insurance when a newborn child, newly placed foster child or newly adopted child becomes one of your Dependent Children, then such child will automatically be covered.

When does Dependent Children Voluntary Life Insurance end?

Dependent Children Voluntary Life Insurance will end on the earliest of the following to occur:

- the date the Policy terminates;
- the date you are no longer in an Eligible Class;
- the date your class is no longer included for Dependent Children Voluntary Life Insurance;
- the last day for which any required premium has been paid for your Employee Voluntary Life Insurance or your Dependent Children Voluntary Life Insurance;
- the date you are no longer insured for Employee Voluntary Life Insurance under the Policy;
- the date you request in Writing to end your Dependent Children Voluntary Life Insurance;
- the last day you are Actively at Work, subject to the Insurance Continuation provision;
- the date your Dependent Child enters active duty in any armed service;
- the date your Dependent Child no longer meets the definition of Dependent Child as described in this Certificate, but only with respect to that person;
- the date you retire;
- the date you die; or
- the date your Dependent Child dies.

6. COVERED EMPLOYEE VOLUNTARY LIFE INSURANCE BENEFITS

EMPLOYEE VOLUNTARY LIFE INSURANCE BENEFIT

What is the Employee Voluntary Life Insurance benefit?

If you die while insured under the Policy and we approve the claim, we will pay your Beneficiary your Employee Voluntary Life Insurance benefit according to the provisions of the Policy.

What is the amount of the Employee Voluntary Life Insurance benefit?

If you die while insured under the Policy, we will pay an Employee Voluntary Life Insurance benefit equal to the lesser of:

- your elected Employee Voluntary Life Insurance amount as shown in the Benefit Highlights; or
- the Employee Guaranteed Issue Amount as shown in the Benefit Highlights, plus any amount of insurance over your Guaranteed Issue Amount for which we have approved your Evidence of Insurability.

Your Employee Voluntary Life Insurance benefit cannot exceed the maximum benefit for Voluntary Life Insurance as shown in the Benefit Highlights.

Your amount of Employee Voluntary Life Insurance is subject to the Exclusions and any Evidence of Insurability requirements, age reductions or terminations according to the provisions of the Policy.

If you had previously exercised the Policy's Conversion Privilege, your amount of Employee Voluntary Life Insurance will be reduced by the amount of any insurance under any coverage issued to you as a result of the exercise of those provisions unless you cancel such coverage.

ACCELERATED BENEFIT

What is the Accelerated Benefit?

If you experience a Qualifying Event, you may apply for an Accelerated Benefit. The Accelerated Benefit is an advance payment made on your Employee Voluntary Life Insurance coverage while you are still living. Any Accelerated Benefit payment made reduces your Employee Voluntary Life Insurance coverage by the amount of the Accelerated Benefit payment.

When are you eligible for an Accelerated Benefit?

You are eligible for an Accelerated Benefit if:

- you are Actively at Work under the Policy; and
- you have been insured under the Policy for Employee Voluntary Life Insurance for at least 60 days. (This includes any period of time you were insured under the prior insurer's group life policy); and
- you have experienced a Qualifying Event; and
- you are insured for at least \$20,000 of Employee Voluntary Life Insurance.

How do you receive an Accelerated Benefit?

You need to submit a written request and Proof that you have experienced a Qualifying Event while your insurance is still in force. Your request must be approved by us. If you have assigned your Employee 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 them that permits the Accelerated Benefit to be paid.

The Accelerated Benefit is paid in a single lump sum amount to you only one time under the Policy.

Are there any charges if the Accelerated Benefit is requested?

No.

What is the amount of the Accelerated Benefit?

You can request up to 75% of the amount of your Employee Voluntary Life Insurance currently in force. The maximum amount you can request is \$562,500. The minimum amount you may request is \$10,000.

If you have received an Accelerated Benefit under the prior insurer's group life policy, you can request up to 75% of your Employee Voluntary Life Insurance currently in force reduced by the amount of the Accelerated Benefit you received under the prior policy.

6. COVERED EMPLOYEE VOLUNTARY LIFE INSURANCE BENEFITS

What happens to the amount of Employee Voluntary Life Insurance if you receive an Accelerated Benefit?

If you have received an Accelerated Benefit from us or the prior insurer's group life policy, your Employee Voluntary Life Insurance benefit under the Policy will be reduced by an amount equal to the Accelerated Benefit paid by us, and an amount equal to the Accelerated Benefit paid by the prior insurer's group life policy. The reduced amount remains subject to the Policy's terms and conditions.

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your Employee Voluntary Life Insurance ceases or reduces, you may be able to convert the amount that ceased or reduced to an individual life insurance policy. You need to apply for the Conversion Privilege within 31 days of the date the coverage ceased or reduced (the "31 Day Conversion Period"), or during any extension of the period permitted by the Policy.

When can Employee Voluntary Life Insurance coverage be converted and how much can be converted?

If your Employee Voluntary Life Insurance amount ceases or is reduced due to:

- termination of your employment;
- termination of your membership in an Eligible Class;
- your changing to a different Eligible Class;
- your Retirement;
- your attainment of a specified age; or
- termination of coverage under the Insurance Continuation provision.

then you may apply for an individual life insurance policy up to the amount of life insurance that ceased or reduced.

If you have been continuously insured under the Policy for at least five years, and all or part of your life insurance ceases or is reduced due to:

- a revision to the Policy to reduce the amount of Employee Voluntary Life Insurance in your Eligible Class;
- a revision to the Policy to terminate your Eligible Class; or
- termination of the Employee Voluntary Life Insurance benefit provision.

then you may apply for an individual life insurance policy. The maximum amount of the policy will be the lesser of:

- \$10,000; or
- the amount that ceased or reduced, reduced by any amount of life insurance that you become eligible for under any group policy within 31 days after your insurance ceased or reduced.

You will be issued an individual life insurance policy without providing Evidence of Insurability.

How can you exercise the Conversion Privilege?

To exercise the Conversion Privilege, you must apply for it in writing and pay the first premium within 31 days following the date your insurance ceases or reduces. This is your 31 Day Conversion Period.

May the time to exercise the Conversion Privilege be extended beyond the 31 Day Conversion Period?

If you are not provided notice by your Employer of your right to exercise the Conversion Privilege within 15 days following the date your Employee Voluntary Life Insurance ceases or reduces, you will have an additional 30 days from the end of the 31 Day Conversion Period to exercise it. Otherwise, you must exercise the Conversion Privilege within the 31 Day Conversion Period.

What type of individual life insurance policy is available?

The individual life insurance policy may be any plan of life insurance offered by us for the purposes of conversion, at the attained age and the amount requested up to the amount that ceased or reduced. The individual life insurance policy will not include any additional benefits such as a waiver of premium benefit or an accelerated benefit.

The premium for the individual life insurance policy will be determined by the policy type and amount of the individual life insurance policy and the rate we charge for the standard class of risk and age to which you belong on the effective date of the individual life insurance policy.

6. COVERED EMPLOYEE VOLUNTARY LIFE INSURANCE BENEFITS

When does the individual life insurance policy start?

If your application for the individual life insurance policy is received and the first premium is paid when due, the effective date of the individual life insurance policy will be the day after the 31 Day Conversion Period.

What happens if you die within 31 days of the date your Employee Voluntary Life Insurance ceases or reduces?

If you die within 31 days of the date your Employee Voluntary Life Insurance ceases or reduces, and we receive notice of claim and Proof of claim, a death benefit will be paid to your Beneficiary whether or not you had applied for an individual life insurance policy or had paid the first premium. The death benefit will be the amount of Employee Voluntary Life Insurance that you would have been eligible to convert. If you die more than 31 days after the date your Employee Voluntary Life Insurance ceases or reduces, no death benefit is payable. Thus, even if you die during a period of time in which you may still exercise the Conversion Privilege, but that period of time is more than 31 days after the date your Employee Voluntary Life Insurance ceases or reduces, no benefit is payable.

7. COVERED SPOUSE VOLUNTARY LIFE INSURANCE BENEFITS

SPOUSE VOLUNTARY LIFE INSURANCE BENEFIT

What is the Spouse Voluntary Life Insurance benefit?

If your Spouse dies while insured under the Policy and we approve the claim, we will pay a Spouse Voluntary Life Insurance benefit to you according to the provisions of the Policy.

What is the amount of the Spouse Voluntary Life Insurance benefit?

If your Spouse dies while insured under the Policy, we will pay a Spouse Voluntary Life Insurance benefit equal to the lesser of:

- your elected Spouse Voluntary Life Insurance amount as shown in the Benefit Highlights; or
- the Guaranteed Issue Amount for Spouse Voluntary Life Insurance as shown in the Benefit Highlights, plus any amount of insurance over the Guaranteed Issue Amount for Spouse Voluntary Life Insurance for which we have approved your Spouse's Evidence of Insurability.

Your Spouse Voluntary Life Insurance benefit cannot exceed the maximum benefit for Spouse Voluntary Life Insurance as shown in the Benefit Highlights.

Your amount of Spouse Voluntary Life Insurance is subject to the Exclusions and any Evidence of Insurability requirements, age reductions or terminations according to the provisions of the Policy.

If you or your Spouse had previously exercised the Policy's Conversion Privilege, your amount of Spouse Voluntary Life Insurance will be reduced by the amount of any insurance under any coverage issued as a result of the exercise of those provisions unless you cancel such coverage.

SPOUSE ACCELERATED BENEFIT

What is the Spouse Accelerated Benefit?

If your Spouse experienced a Qualifying Event, you may apply for the Spouse Accelerated Benefit. The Spouse Accelerated Benefit is an advance payment made on your Spouse Voluntary Life Insurance coverage while your Spouse is still living. Any Spouse Accelerated Benefit payment made reduces your Spouse Voluntary Life Insurance coverage by the amount of the Spouse Accelerated Benefit payment.

When is your Spouse eligible for an Accelerated Benefit?

Your Spouse is eligible for a Spouse Accelerated Benefit if:

- you are Actively at Work under the Policy; and
- your Spouse has been insured under the Policy for Voluntary Life Insurance for at least 60 days. (This includes any period of time your Spouse was insured under the prior insurer's group life policy); and
- your Spouse has experienced a Qualifying Event; and
- your Spouse is insured for at least \$20,000 of Voluntary Life Insurance.

How do you receive a Spouse Accelerated Benefit?

You need to submit a written request and Proof that your Spouse has experienced a Qualifying Event while your Spouse's insurance is still in force. Your request must be approved by us.

The Spouse Accelerated Benefit is paid in a single lump sum amount to your Spouse. You may request a Spouse Accelerated Benefit only one time under the Policy.

What is the amount of the Spouse Accelerated Benefit?

You can request up to 75% of the amount of your Spouse Voluntary Life Insurance currently in force. The maximum amount you can request is \$285,000. The minimum amount you may request is \$10,000.

Are there any charges if the Spouse Accelerated Benefit is requested?

No.

What happens to the amount of Spouse Voluntary Life Insurance if a Spouse Accelerated Benefit is paid?

Once a Spouse Accelerated Benefit is paid, your amount of Spouse Voluntary Life Insurance will be reduced by an amount equal to the Accelerated Benefit paid by us. The reduced amount remains subject to the Policy's terms and conditions.

7. COVERED SPOUSE VOLUNTARY LIFE INSURANCE BENEFITS

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your Spouse Voluntary Life Insurance ceases or reduces, you or your Spouse may be able to convert the amount that ceased or reduced to an individual life insurance policy. You or your Spouse need to apply for the Conversion Privilege within 31 days of the date the coverage ceased or reduced (the "31 Day Conversion Period"), or during any extension of the period permitted by the Policy.

When can Spouse Voluntary Life Insurance coverage be converted and how much can be converted?

If your Spouse Voluntary Life Insurance ceases or is reduced due to:

- termination of your employment;
- termination of your membership in an Eligible Class;
- your changing to a different Eligible Class;
- your Retirement;
- your attainment of a specified age;
- your Spouse's attainment of a specified age;
- termination of coverage under the Insurance Continuation provision;
- termination of the Spouse Voluntary Life Insurance;
- your Spouse no longer meeting the definition of Spouse; or
- your death;

then you or your Spouse may apply for an individual life insurance policy on the Spouse's life up to the amount of life insurance that ceased or reduced.

If your Spouse has been continuously insured under the policy for at least five years, and all or part of your Spouse Voluntary Life Insurance ceases or is reduced due to:

- a revision to the Policy to reduce the amount Spouse Voluntary Life Insurance in your Eligible Class; or
- a revision to the Policy to terminate your Eligible Class; or
- termination of the Spouse Voluntary Life Insurance benefit provision;

then you or your Spouse may apply for an individual life insurance policy on the Spouse's life. The maximum amount of the policy will be the lesser of:

- \$10,000; or
- the amount that ceased or reduced, reduced by any amount of life insurance that your Spouse becomes eligible for under any group policy within 31 days after your Spouse Voluntary Life Insurance ceased or reduced.

You or your Spouse will be issued an individual life insurance policy without providing Evidence of Insurability.

How can you or your Spouse exercise the Conversion Privilege?

To exercise the Conversion Privilege, you or your Spouse must apply for it in writing and pay the first premium within 31 days following the date your Spouse Voluntary Life Insurance ceases or reduces. This is your Spouse's 31 Day Conversion Period.

May the time to exercise the Conversion Privilege be extended beyond the 31 Day Conversion Period?

If you or your Spouse are not provided notice by your Employer of your or your Spouse's right to exercise the Conversion Privilege within 15 days following the date your Spouse Voluntary Life Insurance ceases or reduces, you or your Spouse will have an additional 30 days from the end of the 31 Day Conversion Period to exercise it. Otherwise, you or your Spouse must exercise the Conversion Privilege within the 31 Day Conversion Period.

What type of individual life insurance policy is available?

The individual life policy may be any plan of life insurance offered by us for the purposes of conversion, at the attained age and the amount requested up to the amount that ceased or reduced. The individual life policy will not include any additional benefits such as waiver of premium benefit or an accelerated benefit.

The premium for the individual life insurance policy will be determined by the policy type and amount of the individual life insurance policy and the rate we charge for the standard class of risk and age to which your Spouse belongs on the effective date of the individual life insurance policy.

7. COVERED SPOUSE VOLUNTARY LIFE INSURANCE BENEFITS

When does the individual life insurance policy start?

If your or your Spouse's application for the individual life insurance policy is received and the first premium is paid when due, the effective date of the individual life insurance policy will be the day after the 31 Day Conversion Period.

What happens if your Spouse dies within 31 days of the date your Spouse Voluntary Life Insurance ceases or reduces?

If your Spouse dies within 31 days of the date your Spouse Voluntary Life Insurance ceases or reduces, and we receive notice of claim and Proof of claim, a death benefit will be paid to you whether or not application for the individual life insurance policy or payment of the first premium has been made. The death benefit will be the amount of Spouse Voluntary Life Insurance that you would have been eligible to convert on the life of your Spouse. If your Spouse dies more than 31 days after the date your Spouse Voluntary Life Insurance ceases or reduces, no death benefit is payable for that person. Thus, even if your Spouse dies during a period of time in which you or your Spouse may still exercise the Conversion Privilege, but that period of time is more than 31 days after the date your Spouse Voluntary Life Insurance ceases or reduces, no death benefit is payable for that person.

8. COVERED DEPENDENT CHILDREN VOLUNTARY LIFE INSURANCE BENEFITS

DEPENDENT CHILDREN VOLUNTARY LIFE INSURANCE BENEFIT

What is the Dependent Children Voluntary Life Insurance benefit?

If your Dependent Child dies while insured under the Policy and we approve the claim, we will pay a Dependent Children Voluntary Life Insurance benefit to you according to the provisions of the Policy.

What is the amount of the Dependent Children Voluntary Life Insurance benefit?

If your Dependent Child dies while insured under the Policy, we will pay a Dependent Children Voluntary Life Insurance benefit equal to your elected Dependent Children Voluntary Life Insurance amount as shown in the Benefit Highlights.

Your amount of Dependent Children Voluntary Life Insurance is subject to any terminations according to the provisions of the Policy.

If you or your Dependent Child had previously exercised the Policy's Conversion Privilege, your amount of Dependent Children Voluntary Life Insurance will be reduced by the amount of any insurance under any coverage issued as a result of the exercise of those provisions unless you cancel such coverage.

CONVERSION PRIVILEGE

What is the Conversion Privilege?

If your Dependent Children Voluntary Life Insurance ceases or reduces, you or your Dependent Child may be able to convert the amount that ceased or reduced to an individual life insurance policy. You or your Dependent Child need to apply for the Conversion Privilege within 31 days of the date the coverage ceased or reduced (the "31 Day Conversion Period"), or during any extension of the period permitted by the Policy.

When can Dependent Children Voluntary Life Insurance coverage be converted and how much can be converted?

If your Dependent Children Voluntary Life Insurance ceases or is reduced due to:

- termination of your employment;
- termination of your membership in an Eligible Class;
- your changing to a different Eligible Class;
- your Retirement;
- your attainment of a specified age; or
- termination of coverage under the Insurance Continuation provision; or
- termination of the Dependent Children Voluntary Life Insurance; or
- your Dependent Child no longer meeting the definition of Dependent Child; or
- your death;

then you or your Dependent Child may apply for an individual life insurance policy on the Dependent Child's life up to the amount of life insurance that ceased or reduced.

If your Dependent Child has been continuously insured under the policy for at least five years, and all or part of your Dependent Children Voluntary Life Insurance ceases or is reduced due to:

- a revision to the Policy to reduce the amount Dependent Children Voluntary Life Insurance in your Eligible Class; or
- a revision to the Policy to terminate your Eligible Class; or
- termination of the Dependent Children Voluntary Life Insurance benefit provision;

then you or your Dependent Child may apply for an individual life insurance policy on the Dependent Child's life.

The maximum amount of the policy will be the lesser of:

- \$10,000; or
- the amount that ceased or reduced, reduced by any amount of life insurance that your Dependent Child becomes eligible for under any group policy within 31 days after your Dependent Children Voluntary Life Insurance ceased or reduced.

You or your Dependent Child will be issued an individual life insurance policy without providing Evidence of Insurability.

8. COVERED DEPENDENT CHILDREN VOLUNTARY LIFE INSURANCE BENEFITS

How can you or your Dependent Child exercise the Conversion Privilege?

To exercise the Conversion Privilege, you or your Dependent Child must apply for it in writing and pay the first premium within 31 days following the date your Dependent Children Voluntary Life Insurance ceases or reduces. This is your Dependent Child's 31 Day Conversion Period.

May the time to exercise the Conversion Privilege be extended beyond the 31 Day Conversion Period?

If you or your Dependent Child are not provided notice by your Employer of your or your Dependent Child's right to exercise the Conversion Privilege within 15 days following the date your Dependent Children Voluntary Life Insurance ceases or reduces, you or your Dependent Child will have an additional 30 days from the end of the 31 Day Conversion Period to exercise it. Otherwise, you or your Dependent Child must exercise the Conversion Privilege within the 31 Day Conversion Period.

What type of individual life insurance policy is available?

The individual life policy may be any plan of life insurance offered by us for the purposes of conversion, at the attained age and the amount requested up to the amount that ceased or reduced. The individual life policy will not include any additional benefits such as waiver of premium benefit or an accelerated benefit.

The premium for the individual life insurance policy will be determined by the policy type and amount of the individual life insurance policy and the rate we charge for the standard class of risk and age to which your Dependent Child belongs on the effective date of the individual life insurance policy.

When does the individual life insurance policy start?

If your or your Dependent Child's application for the individual life insurance policy is received and the first premium is paid when due, the effective date of the individual life insurance policy will be the day after the 31 Day Conversion Period.

What happens if your Dependent Child dies within 31 days of the date your Dependent Children Voluntary Life Insurance ceases or reduces?

If your Dependent Child dies within 31 days of the date your Dependent Children Voluntary Life Insurance ceases or reduces, and we receive notice of claim and Proof of claim, a death benefit will be paid to you whether or not application for the individual life insurance policy or payment of the first premium has been made. The death benefit will be the amount of Dependent Children Voluntary Life Insurance that you would have been eligible to convert on the life of your Dependent Child. If your Dependent Child dies more than 31 days after the date your Dependent Children Voluntary Life Insurance ceases or reduces, no death benefit is payable for that person. Thus, even if your Dependent Child dies during a period of time in which you or your Dependent Child may still exercise the Conversion Privilege, but that period of time is more than 31 days after the date your Dependent Children Voluntary Life Insurance ceases or reduces, no death benefit is payable for that person.

9. EXCLUSION

What is the Policy exclusion that prevents an Employee Voluntary Life Insurance benefit from being paid?

If your cause of death is suicide:

- No death benefit amount of Employee Voluntary Life Insurance is payable if your suicide occurs within 24 months from the date your Employee Voluntary Life Insurance starts. Any period of time you were insured for the same amount of Employee Voluntary 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 Employee Voluntary Life Insurance you request is payable if the suicide occurs within 24 months from the date your requested increased or additional amount of Employee Voluntary Life Insurance starts.
- No requested amount of Employee Voluntary Life Insurance over your Guaranteed Issue Amount is payable if the suicide occurs within 24 months from the date your requested amount over your Guaranteed Issue Amount starts.

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

What is the Policy exclusion that prevents a Spouse Voluntary Life Insurance benefit from being paid?

If your Spouse's cause of death is suicide:

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

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

10. CLAIM PROVISIONS

How is a claim for Life Insurance benefits submitted?

You or someone on your behalf or a Beneficiary must send us written notice of claim and Proof of claim within the time limits specified below. Your Employer has the notice of claim and Proof of claim forms.

NOTICE OF CLAIM

When does written notice of claim have to be submitted?

For a Life Insurance benefit, written notice of claim must be given to us no later than 30 days after the date of death.

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

When we receive written notice of claim, we 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 us without waiting to receive the Proof of claim forms.

PROOF OF CLAIM

When does written Proof of claim have to be submitted?

For a Life Insurance benefit, written Proof of claim must be given to us no later than 90 days after date of death.

If Proof cannot be given within the time limit, 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 you are legally incompetent.

What is considered Proof of claim?

Proof of claim must consist of at least the following information:

- a description of the loss;
- the date the loss occurred;
- the cause of the loss;
- hospital records, physician records, x-rays, narrative reports, or lab, toxicology or other diagnostic testing materials as needed to determine the claim;
- police accident reports;
- the Death Certificate; and
- any other information we may require to make a claim determination.

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

PAYMENT OF BENEFITS

When are benefits payable?

Benefits are payable within 30 days after we receive Proof of claim that establishes benefit eligibility according to the provisions of the Policy and we approve the claim.

When will a decision on your claim be made?

We will send you a written notice of our decision on your claim within a reasonable time after we receive the claim but not later than 30 days after receipt of the claim. If we cannot make a decision within 30 days after receiving your claim, we will request a 30 day extension. If we cannot render a decision within the extension period, we will request an additional 30 day extension. Any request for extension will specifically explain:

- the standards on which entitlement to benefits is based;
- the unresolved issues that prevent a decision on the claim; and
- the additional information needed to resolve those issues.

10. CLAIM PROVISIONS

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 we send notice of the extension to you until the date on which you respond to the request for additional information. You will have 45 days to provide the specified information.

What if your claim is denied?

If we deny all or any part of your claim, you will receive a written notice of denial setting forth:

- the specific reason(s) for the denial;
- the specific Policy provision(s) on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- 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;
- a description of the appeal procedures and time limits;
- your right to bring a civil action under ERISA, §502(a) following an adverse determination on review, if ERISA applies;
- 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
- 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 you 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.

We will review the claim on receipt of the written request for review, and will notify you of our 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, we will notify you in Writing of the special circumstances requiring the extension and the date by which we expect to make a determination on review. The extension cannot exceed a period of 45 days from the end of the initial 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 we send 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.

10. CLAIM PROVISIONS

What if your claim is denied on review?

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

- the specific reasons for the denial;
- the specific Policy provisions on which the denial is based;
- your right to receive, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits;
- your right to bring a civil action under ERISA, §502(a), if ERISA applies;
- 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;
- 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
- 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?

Spouse or Dependent Child death benefits are payable to you.

Employee death benefits are payable in accordance with the Beneficiary designation made by you. Unless you specify otherwise, if more than one beneficiary survives you, all surviving beneficiaries will receive an equal share of the Employee Voluntary Life Insurance benefit. The Beneficiary designation must be in Writing, in a manner acceptable to us, dated and Signed by you and on file with your Employer. If no Beneficiary is alive on the date of your death or you do not elect a Beneficiary, we, at our option, may make payments as follows:

- to your Spouse, if living; or
- if there is no surviving Spouse, to your surviving children in equal shares; or
- if there is no surviving Spouse or children, to your surviving parents in equal shares; or
- if there is no surviving Spouse, children or parents, to your surviving brothers and sisters in equal shares; or
- if none of the above, to your estate.

If we determine that a claim is payable, we will pay the benefit pursuant to the Beneficiary designation or the terms of the Policy, except in the following situations:

1. the Beneficiary is a minor. If the Beneficiary is a minor, we may pay the benefit: (a) into a retained asset account in the minor's name that can be accessed by the minor when he or she reaches the age of majority; or (b) to the minor's court appointed guardian or conservator or other party appointed by a court to be responsible for the minor's property or estate;
2. the person to receive the benefit is not competent. If the person to receive the benefit is not competent, we will pay the claim to the person's court appointed guardian or conservator or other party appointed by a court to be responsible for the person's property or estate; or
3. You die before we pay you. In such case, claim may be made by your executor or the administrator of your estate and we will pay the benefit to your estate.

If we do not pay you and claim is not made by the appropriate person designated above, we may at our option make payments under either Method A or B below. Any decision to pay a benefit, prior to the appointment of the appropriate person designated in items 1, 2, or 3 above is solely at our discretion, and we may choose to pay no amount under any circumstances until such appropriate person is formally appointed.

Method A: We may pay up to \$500 to any individual or entity we determine has incurred or paid expenses as a result of funeral services provided to or on your behalf. If we pay such a benefit, we will not have to pay that benefit amount again and the total benefit due under the Policy shall be reduced by the amount paid under this provision.

Method B: We may pay the whole or any part of such benefit:

10. CLAIM PROVISIONS

- to your Spouse, up to a cumulative amount of \$5,000; or
- if you have no Spouse, up to a cumulative amount of \$5,000 to any one or more of the following relatives in the following order of priority:
 1. your child or children; or
 2. your mother or father.

The death benefit may be paid by a method other than a lump sum and may include any method of payment available to us. The available methods of payment will be based on the benefit options offered by us at the time of election, and will include making payment through a retained asset account as permitted by applicable state law.

11. INSURANCE CONTINUATION

Are there any conditions under which your Employer can continue your insurance?

While the Policy is in force and subject to the conditions stated in the Policy, your Employer may continue your insurance that was in force on the date immediately before the date you ceased to be Actively at Work by paying the required premium to us for any of the following reasons and durations:

- Layoff – up to 60 days
- Leave of Absence (including Family and Medical Leave of Absences) – up to 12 weeks
- School Recess - up to 3 months
- Vacation – based on your Employer’s policy, not to exceed 3 months.

You should contact your Employer for more details.

While the Policy is in force, you may be eligible to continue your insurance 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.

While the Policy is in force, 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.

After your continued insurance ends, you or your Spouse or your Dependent Child may be eligible for the Conversion Privilege.

12. CONTINUITY OF COVERAGE

What happens if your Employer replaces other insurance with this Certificate and the Policy?

If your Employer replaces insurance provided by another insurance company ("Prior Policy") with the insurance provided by this Certificate and the Policy ("This Policy"), the Continuity of Coverage benefits in this Section may be available to you. These benefits will be available if the insurance and level of benefits under the Prior Policy were substantially similar to the insurance provided by This Policy.

What if you are not Actively at Work when your Employer's Prior Policy is replaced with This Policy?

You will be insured under This Policy if you are not Actively at Work on March 1, 2018 and:

- you were insured under your Employer's Prior Policy on the day before March 1, 2018;
- you are a member of an Eligible Class;
- your Employer continues to remit premiums for your coverage; and
- you are not receiving or eligible to receive benefits under the Employer's Prior Policy.

Any benefit payable will be the lesser of:

- the benefit payable under This Policy; or
- the benefit payable under your Employer's Prior Policy.

What if your Spouse or Dependent Child is Confined when your Employer's Prior Policy is replaced with This Policy and you are Actively at Work?

Your Spouse or Dependent Child will be insured under This Policy on March 1, 2018 and:

- your Spouse or Dependent Child was insured under your Employer's Prior Policy on the day before March 1, 2018;
- you are a member of an Eligible Class for Spouse or Dependent Child coverage;
- your Employer continues to remit premiums for your Spouse or Dependent Child coverage; and
- you are not receiving or eligible to receive Spouse or Dependent Child benefits under your Employer's Prior Policy.

Any benefit payable will be the lesser of:

- the benefit payable under This Policy; or
- the benefit payable under your Employer's Prior Policy.

Does the Eligibility Waiting Period apply when your Employer's Prior Policy is replaced with This Policy?

We will apply any period of time satisfied under the Prior Policy to meet the requirements of the Eligibility Waiting Period toward the satisfaction of the period of time required under This Policy's Eligibility Waiting Period.

13. GENERAL PROVISIONS

AGENCY

Can the Policyholder, Employer or third party administrator act as our agent?

For all purposes of the Policy, the Policyholder, Employer or third party administrator acts on its own behalf or as your agent. Under no circumstances will the Policyholder, Employer or third party administrator be deemed an agent of Sun Life Assurance Company of Canada.

ALTERATION

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.

ASSIGNMENT

Can benefits be assigned?

You can transfer ownership of your Employee Voluntary Life Insurance under the Policy by means of an assignment. All your rights and duties as an eligible employee are transferred to the assignee. The assignee can make any change the Policy allows, consistent with the assignment, such as a change of Beneficiary.

Any assignment must be in Writing and on file with your Employer and will take effect as of the date Signed. We will honor your prior assignment of rights and benefits under the Employer's plan whether or not this policy is specified in the assignment. If we have taken any action or made payment prior to receiving notice of the assignment, the assignment will not affect any action or payment by us. We will not be responsible for the legal, tax or other effects of any assignment.

BENEFICIARY

How can you change your Beneficiary?

You can change your Beneficiary at any time, unless you have made an irrevocable Beneficiary designation or you have assigned your interest in your Employee Voluntary Life Insurance to another person. Any request for change in Beneficiary must be in Writing, in a manner acceptable to us, dated and Signed by you and on file with your Employer. It will take effect as of the date Signed. If we have taken any action or make payment before receiving notice of a change in Beneficiary, the change will not affect any action or payment made by us. The Beneficiary's consent is not required to change the beneficiary, unless the current beneficiary designation is irrevocable.

CLERICAL ERROR

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

Clerical errors in with the administration of the Policy or delays in keeping records for the 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 subject to the "Limit of Premium Refunds" section.

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;
- not providing required Evidence of Insurability;

13. GENERAL PROVISIONS

- failing to request increased amounts of insurance within required time limits; or
- failing to exercise any available Conversion Privilege or Insurance Continuation options.

CONFORMITY WITH STATUTES

What is the effect of Conformity with Statutes?

If any provision of the Policy conflicts with any applicable law, the provision will be automatically amended to meet the minimum requirements of the law, except as otherwise pre-empted by federal law.

DISCHARGE OF OUR RESPONSIBILITY

What is the effect of payments under the Policy?

Payment made under the terms of the Policy will, to the extent of such payment, release us from all further obligations under the Policy. We will not be obligated to see to the application of such payment.

EXAMINATION AND AUTOPSY

What are our examination and autopsy rights?

We, at our expense, have the right to have any insured with respect to whom a claim has been filed:

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

We, at our expense, may have an autopsy conducted unless prohibited by law.

INCONTESTABILITY

What is the Incontestability Provision?

Except for non-payment of premium or claims incurred within two years of the effective date of an Insured's initial, increased, additional or reinstated insurance, no statement made by an Insured relating to insurability for such insurance will be used to contest the validity of that insurance after the insurance has been in force for a period of two years during that individual's lifetime. The statement must be contained in a form signed by that individual and provided to the Policyholder or to us.

This provision shall not preclude the assertion at any time of a defense to a claim based upon the Insured's eligibility for insurance.

LEGAL PROCEEDINGS

What are the time limits for legal proceedings?

No legal action may start:

- until 60 days after Proof has been given; or
- more than 3 years after the time Proof of claim is required.

LIMIT OF PREMIUM REFUNDS

Is there a limit on premium refunds?

Whether premiums were paid in error or otherwise, we will refund only that part of the excess premium that was paid during the 12-month period that preceded the date we learned of such overpayment.

13. GENERAL PROVISIONS

MISSTATEMENT OF FACTS

What happens if there is a misstatement of facts in the administration of the Policy?

If relevant facts about the Employer or Employee relating to this insurance are determined not to be accurate:

- a fair adjustment of premium will be made, subject to the "Limit of Premium Refunds" section; and
- the actual facts will decide whether, and in what amount, and for what duration insurance is valid under the Policy.

NON-PARTICIPATING

Does the Policy participate in dividends?

The Policy is non-participating and will not share in any profits or surplus earnings of Sun Life Assurance Company of Canada and, therefore, no dividends are payable.

PREMIUM PAYMENTS AS EVIDENCE OF INSURANCE

Does the payment of premiums guarantee coverage under the Policy?

The receipt of premiums by us is not a guarantee of insurance. Eligibility for benefits will be determined at the time of claim submission and in order to receive a benefit under the Policy, all Policy requirements must be satisfied. If we determine that you or your Spouse or your Dependent Child are not eligible for coverage, you should contact your Employer regarding the refund of premiums due, if any.

REIMBURSEMENT

What if a benefit is underpaid or overpaid?

Reimbursement will be made to us for any overpayments that we may make due to any reason.

You must repay us within 60 days unless we agree to a longer time period. Deductions may be made from future benefit payments to recover any such overpayments.

If we have underpaid a benefit for any reason, we will make a lump sum payment for that amount.

Interest does not accrue on any underpaid or overpaid benefit unless required under the applicable law.

STATEMENTS

Are statements warranties?

All statements made in any application are considered representations and not warranties. No representation by you in enrolling for insurance under the Policy will be used to reduce or deny a claim unless it is contained in your written application, signed by you, and a copy of your written application for insurance is or has been given to you, your Beneficiary, if any, or to your estate representative.

TIME PERIODS

What time periods apply to this Certificate?

For the purpose of effective dates and termination dates under this Certificate, all days begin at 12:00 midnight and end at 11:59:59 PM at the Policyholder's location.

SUN LIFE ASSURANCE COMPANY OF CANADA

Group Term Voluntary Life Insurance Certificate

Non-Participating



SUN LIFE ASSURANCE COMPANY OF CANADA

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

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

Policyholder: Nevada Public Employee Voluntary Life Plan
Policy Number: 903812-002
Policy Effective Date: March 1, 2018
Issue State: Nevada

READ YOUR POLICY CAREFULLY.

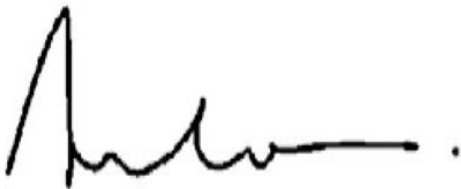
We agree to provide the rights and benefits of this Policy according to its conditions and provisions. This Policy provides benefits for the following:

Employee Voluntary Life Insurance
Spouse Voluntary Life Insurance
Dependent Child Voluntary Life Insurance

This Policy is issued to the Policyholder shown above in consideration of the Policyholder's application and payment of premiums. The Policyholder must pay premiums to Sun Life Assurance Company of Canada at its U.S. Headquarters or at another location chosen by us. The first premium is due on the effective date. Subsequent premiums are due on the first day of each month ("Premium Due Date").

This Policy is delivered in and governed by the laws of the Issue State shown above, unless otherwise preempted by the federal Employee Retirement Income Security Act ("ERISA"), where applicable.

Signed at Wellesley Hills, Massachusetts.



Dean A. Connor
President and Chief Executive Officer



Brigitte K. Catellier
Vice-President, Associate General Counsel and
Corporate Secretary

GROUP INSURANCE POLICY
Non-Participating



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1. INCORPORATION PROVISIONS

The following are incorporated in and made part of this Policy:

- any Policy amendments, endorsements or riders;
- the application of the Policyholder;
- the certificate(s); and
- any certificate amendments, endorsements or riders.

This Policy is the entire contract.

The certificate(s) and/or any certificate amendments, endorsements or riders include but are not limited to the following provisions that apply to the Employees of the Policyholder:

- benefit amounts and maximum limits;
- eligibility and effective date provisions;
- benefit plan provisions;
- termination provisions;
- exclusions and limitations; and
- other certificate provisions pertaining to state insurance requirements or that are related to the benefits provided under the certificate(s).

2. PREMIUMS

Payment of Premiums

The premiums due under this Policy on each Premium Due Date are based upon the premium rates in effect for the benefits provided. The premiums due are the sum of the monthly premiums for all persons insured for all benefits.

Premiums payable to us will be paid in United States dollars on the Premium Due Date.

The premium for additional or increased insurance becoming effective during a 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 Policy month in which such insurance terminates.

Premium Rates

We determine initial or any subsequent monthly premium rates on the basis of the insurance being provided. After the initial monthly premium rates have been in effect for 48 months from March 1, 2018, we have the right to recalculate any premium rate. However, we have the right to recalculate the initial or any subsequent monthly premium rate when any of the following occurs:

- the terms or benefits of this Policy are changed;
- a new division or subsidiary or affiliated Company is added to or deleted from this Policy;
- the number of Employees covered under this Policy or a benefit changes by more than 25% from the number on the Policy Effective Date or any anniversary of the Policy Effective Date thereafter; or
- one or more classes are added to or deleted from this Policy.

We will provide written notification of any increases in the premium rates to the Policyholder at least 273 days prior to the effective date of the increase. Premium rate increases may take effect on an earlier date when both the Policyholder and we agree.

Grace Period

The grace period means the 60 day period of time following the Premium Due Date during which premium payment may be made. If the Policyholder does not pay the required premium before the end of the grace period, this Policy will automatically cease at the end of the grace period. If the Policyholder gives us advance written notice that this Policy will cease on an earlier date, then this Policy will cease on that date; but no such termination will take effect during any period for which the required premium has been paid to us.

The Policyholder is responsible for the premium that is due during that part of the grace period that the insurance remains in force or the entire grace period if written notice is not received prior to the end of the grace period.

3. TERMINATION

Termination of Benefit Provision

A benefit provision made part of this Policy will terminate for any of the following reasons:

The Policyholder may terminate a benefit provision by advance written notice delivered to us 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 us for all premiums due and unpaid for the full period that the benefit provision is in force.

We may terminate a benefit provision on any Premium Due Date by giving written notice to the Policyholder at least 60 days in advance if the Policyholder fails to promptly furnish any information we may reasonably require.

We may terminate any benefit provision on any policy anniversary by giving written notice to the Policyholder at least 60 days in advance if:

- less than 20% of all Eligible Employees are insured for Employee Voluntary Life Insurance; or
- the number of insured Employees for that benefit is less than 10.

Termination of a benefit provision may take effect on an earlier date when both the Policyholder and we agree.

Termination of Policy

This Policy will terminate on the earliest of:

- the last day of the grace period if premiums remain unpaid;
- the termination date requested by the Policyholder in writing but no earlier than the last date for which premium has been paid;
- the date that we specify in advance written notice to the Policyholder. We may give this notice at any time, but not less than 60 days in advance of such date. Occasions on which we may give this notice include but are not limited to:
 - at any time when the Policyholder fails:
 - to furnish promptly any information that we may reasonably require; or
 - to perform any other obligations pertaining to this Policy;
 - at any time when the Policyholder ceases to qualify for insurance coverage under this Policy in accordance with our then current standard underwriting rules and practices.
- any date the Policyholder does not have at least 10 Employees insured under this Policy; or
- any date the Policyholder is not actively engaged in the business that we agreed to insure.

We have the right to terminate this Policy on the policy anniversary after we give the Policyholder at least 60 days notice of our intent to terminate.

Once this Policy terminates, the insurance it provides will end automatically.

4. GENERAL PROVISIONS

Agency

For all purposes of this Policy, the Policyholder, Employer or third party administrator acts on its own behalf or as an agent of the Employee. Under no circumstances will the Policyholder, Employer or third party administrator be deemed an agent of Sun Life Assurance Company of Canada.

Certificate of Insurance

We will provide the Policyholder with a certificate of insurance to be given to each Employee. The certificate will explain the important features of this Policy and to whom we will pay benefits.

Incontestability

The validity of this Policy shall not be contested, except for nonpayment of premium or fraud, after it has been in force for two years from the Policy Effective Date.

Information We May Need

The Policyholder and the Employer must give us, on our forms, any information that we may need to compute premiums, provide insurance coverage and keep records. Such information as to any individual will be binding upon that individual, and we will rely on it as such. At all reasonable times while this Policy is in force and until we resolve all rights and duties under it, we can inspect any of the Policyholder's or Employer's records that would, in our judgment, have any effect on the insurance provided under this Policy.

Policy Changes

This Policy may be changed in whole or in part. Only an officer of Sun Life Assurance Company of Canada is authorized to make a change which must be endorsed on or attached to this Policy.

Any other person, including an agent, may not change this Policy or waive any part of it.

Statements

All statements made in any Application are considered representations and not warranties. No representation by the Policyholder in applying for this Policy will render it void unless the representation is contained in the Application.

No representation by any Employee in applying for insurance under this Policy, will be used to reduce or deny a claim unless a copy of the Employee's written application for insurance is or has been given to the Employee or the Employee's beneficiary, if any.

Time Periods

For the purpose of effective dates and termination date under the Policy, all days begin at 12:00 midnight and end at 11:59:59 PM at the Policyholder's location.

Workers' Compensation

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

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