



Optional Life Insurance Benefits

for Employees of DriveTime Automotive Group, Inc. - #237856

A Worldwide Presence

Our parent company's operations currently service millions of people in the United States, Canada, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

Benefits

- **For you:**

An amount between \$10,000 and \$450,000, in increments of \$10,000, not to exceed 3x Basic Annual Earnings. Guaranteed Issue Amount is the lesser of \$300,000 or 3x Basic Annual Earnings, whichever is less. Benefits cease at retirement.

- **For your spouse:**

An amount between \$5,000 and \$100,000, in increments of \$5,000. Guaranteed Issue Amount is the lesser of current amount or \$30,000. Spouse Optional Life coverage may not exceed 100% of the employee's coverage.

- **For your dependent child(ren):**

An amount of \$5,000 or \$10,000 for each eligible child who is 6 months to 26 years old (or 26 if a full-time student); \$500 for a child who is 14 days to under 6 months. Child coverage cannot exceed 50% of the employee's coverage.

You must elect Optional Life coverage for yourself in order to cover your spouse and/or children.

Features of the Plan

- The plan also includes many special features including Waiver of Premium and Accelerated Benefits.

How to Enroll

- Please go online to the ADP Employee Self-Service portal to complete your enrollment. You may also be required to submit Evidence of Insurability, depending on your election.

About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
 - You decline coverage during your initial eligibility period and then want coverage at a later date; or
 - You apply for Optional Life in excess of the Guaranteed Issue Amount.
- All late entrants and increases require Evidence of Insurability.

Your employer will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at our expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

Optional Life Rates

Employee		Spouse		Child(ren)	
Age	Monthly cost per \$1,000 of coverage	Age	Monthly cost per \$1,000 of coverage		Monthly cost per \$1,000 of coverage
Under 25	\$ 0.08	Under 25	\$ 0.08		
25 – 29	\$ 0.09	25 – 29	\$ 0.09		
30 – 34	\$ 0.13	30 – 34	\$ 0.13		
35 – 39	\$ 0.13	35 – 39	\$ 0.13	All eligible children	\$ 0.10
40 – 44	\$ 0.16	40 – 44	\$ 0.16		
45 – 49	\$ 0.22	45 – 49	\$ 0.22		
50 – 54	\$ 0.34	50 – 54	\$ 0.34		
55 – 59	\$ 0.63	55 – 59	\$ 0.63		
60 – 64	\$ 0.97	60 – 64	\$ 0.97		
65 – 69	\$ 1.86	65 – 69	\$ 1.86		
70 – 74	\$ 3.02	70 – 74	\$ 3.02		
75 +	\$ 3.02	75 +	\$3.02		

*These are the rates in effect for 01/01/2015.

Cost to You

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

Example amount of insurance	Divided by 1000	Multiplied by rate	Example cost*	
\$25,000	/ 1000 = 25	x \$0.05	\$ 1.25	
Your volume of insurance	Divided by 1000	Multiplied by rate	Your cost*	Cost per pay period
\$ []	/ 1000 = []	x \$[]	\$ []	\$ []

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

Age Reductions

- Amounts of Employee Life Insurance are reduced at the following ages:

Age	Percentage
65	65%
70	45%
75	30%
80	20%

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life booklet containing complete plan details.

Exclusions for Life

- Where allowed by law, if the Employee's cause of death is suicide:
- No amount of contributory Life or contributory Dependent Life Insurance is payable if the suicide occurs within 24 months after the Employee's Insurance is effective. If there was prior coverage in place, any period of time the Employee was insured for the same amount of Life Insurance under the previous insurer's group Life policy will count towards completion of the 24 months.
- No increased or additional amount of Life Insurance is payable if the suicide occurs within 24 months after the increased or additional amount of Basic Life Insurance is effective.
- No amount of Life Insurance in excess of the Guaranteed Issue Amount is payable if the suicide occurs within 24 months after the amount in excess of the Guaranteed Issue Amount is effective.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your Life booklet for complete information.

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

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

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