your group benefits

Contract Number: 103733 Effective: January 1, 2018 Issued: June 20, 2019



Sysco Canada Ltd.

Sysco National Plan - Non Union Associates and Executives



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How to Connect with Sun Life Financial



Questions?

We're here to help. Talk to a Sun Life Financial Customer Care representative for assistance with your coverage by calling toll-free at 1-866-896-6976.

For faster service, have your **group contract number** and **member ID** ready to enter into our automated telephone system.

All other inquiries

Call 1-877-SUN-LIFE (1-877-786-5433).

Benefit Summary



Contract Number 103733

This is a summary of the coverage your plan provides. You should read it together with the information in the rest of this booklet. Please see the related sections of this booklet for more information, including exclusions, limitations and other conditions that apply to your plan.

General Information

We, our and us	Throughout this booklet, we, our and us mean Sun Life Assurance Company of Canada
Waiting period	3 months of continuous employment
	Any period during which you do not meet the eligibility requirements cannot be counted as part of the waiting period
Termination	Termination of coverage may vary from benefit to benefit as indicated in this Benefit Summary. Coverage may also end on an earlier date, as specified in the <i>General Information</i> section of this booklet.

Long-Term Disability

You can choose one of the following options at time of enrolment

	Option 1	Option 2
Maximum amount	50% of your monthly basic earnings up to a maximum of \$15,000	60% of the first \$2,500 of your monthly basic earnings, plus 40% of the balance of your monthly earnings, up to a maximum benefit of \$15,000
	The maximum amount may be reduced by benefits and payments provided from other sources as described in the Long-Term Disability section of this booklet	
Cost of living adjustment	Not applicable	Your Long-Term Disability payment will be increased on January of each year to reflect the average increase, if any, in the Canadian Consumer Price Index over the 12 month period ending 3 months before such date. In no event will any increase exceed 3%.
Elimination period	26 v	veeks

	Option 1	Option 2
Maximum benefit period	5 years or the period ending on the last day of the month in which you reach age 65, whichever is less Benefits may also end on an earlier date as specified in the <i>Long-Term Disability</i> section of this booklet	The period ending on the last day of the month in which you reach age 65 Benefits may also end on an earlier date as specified in the <i>Long-Term Disability</i> section of this booklet
Termination	The day you reach age 65 less the elimination period or the day you retire, whichever is earlier	
Tax status	The employer has indicated that this disability plan is an employee-pay-all plan which means all required premium is paid by the employees covered under the plan. Therefore, the benefit payments are not taxable income.	
Changes in options	Change in options are not allowed	

Life

Employee Basic Life

Amount	Class A - 1 times your annual basic earnings rounded to the next higher \$1,000 Maximum – \$900,000 Minimum – \$30,000 Class A1 - 1 times your annual basic earnings rounded to the next higher \$1,000 Maximum – \$900,000
Proof of good health	Approval required for coverage in excess of \$500,000, and any increase in that coverage of 25% or more or \$25,000, whichever is greater
Reduction	Coverage is reduced to 50% of the above amount when you reach age 65 If you continue, or begin, to work after having reached age 65, we calculate the amount for which you would have been eligible if you had not already reached age 65, and it is that amount that will be used to determine if you have to submit proof of good health; then, we apply the above reduction clause to calculate the amount for which you are eligible.
Termination	When you retire or reach age 70, whichever is earlier
At retirement	Coverage is reduced to an amount determined by your employer when you retire

Employee Optional Life

Amount	You can choose coverage in units of \$10,000 Maximum – \$500,000
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Overall maximum	\$530,000 combined for your basic and optional benefits together with your spouse's optional benefit
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by the employee
Termination	When you retire or reach age 65, whichever is earlier

Spouse Optional Life

Amount	You can choose coverage in units of \$10,000 Maximum – \$500,000, subject to the overall maximum
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by the employee
Termination	When you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier

Child Optional Life

Amount	You can choose coverage in units of \$5,000 per child Maximum – \$15,000
Proof of good health	Approval required on the initial optional amount of coverage, unless enrolment is made within 31 days of the eligibility date, and any increase in that coverage requested by the employee
Termination	When you retire or reach age 65, whichever is earlier

Making Claims



There are time limits for making claims. You can find more on these time limits in the following chart. If you fail to meet these time limits, you may not be entitled to some or all benefit payments.

To assess a claim, we may ask you to send us the following documents:

- medical records or reports
- proof of payment
- itemized bills
- prescriptions
- other information we need.

Proof of claim is at your expense.

Instructions and Time Limits for Sending Us Your Claims

Use this handy reminder to help you meet the time limits for sending in your claim.

Type of claim	Starting the claims process	Limits and special instructions
Long-Term Disability	Ask your employer for the claim forms and ensure that the following people complete them: you, your attending doctor, and your employer. The submission of these forms is your proof of claim.	You should submit your proof of claim at least 8 weeks prior to the completion of your elimination period, but in no event later than 90 days after the end of your elimination period. If your Long-Term Disability coverage terminates, you must advise us of the claim within 30 days of the date the coverage terminates. We will assess the claim and send you or your employer a letter outlining our decision. From time to time, we can require that you provide us with proof of your continued total disability. We must be provided with this information within 90 days of the request.

Type of claim	Starting the claims process	Limits and special instructions
Life coverage	Ask your employer to provide the claim forms.	If the claim is a result of a death: We must receive the claim form as soon as possible after the death occurred.
		For coverage during total disability: We must receive the proof of total disability within 12 months of the date the disability begins. After that, we can require that you provide us with ongoing proof that you are still totally disabled.

General Information



The information in this employee benefits booklet is important to you. It provides the information you need about the group benefits available through your employer's group contract with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

This booklet is only a summary of your employer's group contract. If there are any discrepancies between the group contract and the information in this booklet, the group contract will take priority, to the extent permitted by law.

Your group benefits may be modified after the effective date of this booklet. We will notify you in writing of any changes to your group plan. Any such notices will become part of this group benefits booklet and you should keep them in a safe place together with this booklet.

Have questions? Need more information about your group benefits? Talk to your employer.

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Classes	This booklet describes the coverage for the following classes of employees: Class A – Sysco National Plan – Non Union Employees Class A1 – Sysco Canada Inc. – Executives
Who is eligible to receive benefits?	 To be eligible for group benefits, you must reside in Canada and meet all the following conditions: you are a permanent employee working in Canada. you are actively working for your employer at least 30 hours a week for full-time employees and 20 hours a week for part-time employees. you have completed the waiting period indicated in the Benefit Summary. Your dependents become eligible for coverage on the later of the following dates: on the date you become eligible for coverage, or on the date they become your dependent. You must apply for coverage for yourself in order for your dependents to be eligible.
Who qualifies as your dependent	Your dependent must be: your spouse or your child, and residing in Canada or the United States. Your spouse qualifies as your dependent if they are your spouse in one of the following ways: by marriage. under any other formal union recognized by law. as your partner of the opposite sex or of the same sex who is living with you and has been living with you in a conjugal relationship for at least 12 months. For employees residing in Québec, there is no minimum cohabitation period if a child is born out of the relationship. You can only cover one spouse at a time. Your children and your spouse's children (other than foster children) are eligible dependents if they are under age 21 and do not have a spouse. A child who is a full-time student under age 25 is also considered an eligible dependent as long as the child is dependent on you for financial support and does not have a spouse.

If a child becomes disabled before the maximum age and remains continuously disabled, we will continue coverage if they are not able to support themselves financially because of a disability and must rely on you financially. The exception is if they have a spouse.

In these cases, you must inform Sun Life within 6 months of the date the child attains the maximum age for this plan. **Ask your employer for more on this.**

How to enrol

For you – You must provide the proper enrolment information to Sun Life through your employer.

For a dependent – You must ask for dependent coverage.

You will need to provide proof of good health for the benefits listed below, as outlined in the Benefit Summary section at the beginning of this booklet. This coverage will not start before Sun Life has approved this proof of good health.

- Employee Basic Life
- Employee Optional Life
- Spouse Optional Life
- Child Optional Life

When coverage begins

Your coverage begins on the later of the following dates:

- the date you become eligible for coverage.
- the date Sun Life approves your proof of good health, if required.

If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work.

A dependent's coverage begins **on the later of** the following dates:

- the date your coverage begins.
- the date you first have a dependent.

If you are not actively working on the date Optional Life coverage for your spouse or children would normally begin, then that coverage will not begin until you return to active work with your employer.

Changes affecting your coverage

If proof of good health is required, the change cannot take effect before Sun Life approves the proof of good health.

If you are not actively working when an increase in coverage occurs or when Sun Life approves proof of good health, the change cannot take effect before you return to active work.

Updating your records

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to your employer:

- change of dependents.
- change of name.
- change of beneficiary.

Accessing your records

You may request copies of your records, including:

- your enrolment form or application for insurance.
- any written statements or other record about your health that you provided to Sun Life in applying for coverage.
- one copy of the insured contract.

We will not charge you for the first copy but we may charge a fee for further copies.

Need a copy of a document? Contact one of the following:

- our website at www.mysunlife.ca.
- our Customer Care centre, toll-free at 1-866-896-6976.

When coverage ends

As an employee, your coverage will end on the earlier of the following dates:

- the date your employment ends or you retire.
- the date you are no longer actively working.
- the end of the period for which premiums have been paid to Sun Life for your coverage.
- the date the group contract or the benefit provision ends.

A dependent's coverage terminates on the earlier of the following dates:

- the date your coverage ends.
- the date the dependent is no longer an eligible dependent.
- the end of the period for which premiums have been paid for dependent coverage.

The end of coverage may vary from benefit to benefit. For information about a specific benefit, please refer to the Benefit Summary section at the beginning of this booklet.

Legal actions

Limitation period for Ontario:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Limitations Act*, 2002.

Limitation period for any other province:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation of your province or territory.

Proof of disability

From time to time, Sun Life can require that you provide us with proof of your continued total disability. If you do not provide this information within 90 days of the request, you may not be entitled to some or all benefit payments.

Medical examination

We may require that you or your dependent have a medical examination if you make a claim. We will pay for the examination. If the person fails or refuses to have an examination, we will not pay any benefits.

Recovering overpayments

If we have overpaid any amount of benefit, we have the right to recover this money. We will:

- ask you to reimburse us,
- deduct that amount from other benefit payments, or
- recover that amount by any other legal means available.

Assignments

Assignments are not allowed under this plan.

Definitions

Here are the definitions of some terms that appear in this employee booklet. Other definitions that describe specific benefits appear in the benefit sections.

Appropriate treatment	Appropriate treatment is defined as any treatment that is performed and prescribed by a doctor or, when Sun Life believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by the condition. It must not be limited solely to examinations or testing.
Basic earnings	Basic earnings are the salary you receive from your employer including any overtime, incentive pay and additional remuneration earned on a regular basis, but excluding any bonus, dividends, incentive, gratuities and other irregular gains that are not on a regular basis.
	If you are a commissioned salesperson, basic earnings are your average commissions or production bonuses from your employer over the past 2 calendar years shown on your T4 and T4A income tax slips. If employed less than 2 calendar years, basic earnings are your average commissions from your employer since your date of hire. If employed less than 1 calendar year, the salary will be your regular rate of pay as reported by your employer.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
Illness	An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.
Retirement date	If you are totally disabled, your retirement date is your 65th birthday, unless you have actually retired before then.

Long-Term Disability



General description of the coverage

Long-Term Disability coverage provides a benefit if you become totally disabled. You qualify for this benefit if you provide proof of claim acceptable to Sun Life that confirms both of the following:

- · you became totally disabled while covered, and
- you have been following appropriate treatment for the disability since it started.

For the purposes of your Long-Term Disability coverage:

- during the elimination period and the following 24 months, (this period is known as the own occupation period),
 we consider you to be totally disabled while you are continuously unable due to an illness to perform the essential
 duties of your own occupation, and
- afterwards, we will consider you to be totally disabled while you are continuously unable due to an illness to
 perform any occupation, for any employer, for which you are or may become reasonably qualified by education,
 training or experience.

The availability of work with any employer does not affect the determination of total disability.

We pay these benefits at the end of each month. We base them on your coverage on the date you became totally disabled.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

When disability
payments begin

Your Long-Term Disability payments begin **on the later of** the following dates:

- after you have been totally disabled for the uninterrupted period indicated in the Benefit Summary.
- after the last day benefits are payable under any short-term disability, loss of income or other salary continuation plan.

This period, which must be completed before disability benefits become payable is called the **elimination period**.

What we will pay

Here is how we calculate your Long-Term Disability payments. All references to benefits and payments in this disability provision are to the gross amounts before any deductions.

Step 1: We take the maximum amount indicated in the Benefit Summary.

Step 2: We subtract any disability benefits or payments provided under:

- any government-sponsored plan such as the Canada Pension Plan and the Québec Pension Plan, excluding any benefits or payments on behalf of a dependent, for the same or a subsequent disability.
- any Workers' Compensation Act or similar law for the same or a subsequent disability.
- a motor vehicle insurance plan.
- a group plan, including any coverage you have because you are a member of an association but excluding any benefits or payments provided under a Critical Illness plan.
- a retirement or pension plan funded in whole or in part by your employer, due to your disability or a medical condition.
- the Québec Parental Insurance Plan.

The result from Step 2 is the amount you will normally receive.

Take the result you got in Step 2, add the above sources of benefits and payments plus the other sources of benefits and payments listed below and check the total you get. If it's more than 80% of your basic earnings when your disability began, we will reduce your Long-Term Disability payment by the excess. If the benefit is non-taxable, your income after income tax is the one we use.

Other sources of disability benefits and payments:

- any Workers' Compensation Act or similar law for another disability.
- any Criminal Injuries Compensation Act or similar law.

Important to remember:

- If you are eligible for any of the benefits or payments described above and do not apply for them, we will still consider them. We can estimate those benefits and payments and use them when we calculate your Long-Term Disability payments.
- If any of the benefits or payments described above are provided in a lump sum, we
 will determine the equivalent compensation this represents on a monthly basis using
 generally accepted accounting principles.
- We will not take into account any benefits or payments that began before your disability began. However, increases in those benefits or payments as a result of your disability will be taken into account.
- We have the right to adjust your Long-Term Disability benefit payments when appropriate under the above provision.

Interrupted periods of disability after payments begin

If you had a total disability for which we paid Long-Term Disability benefits and total disability reoccurs due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 6 months of the end of your previous disability.

We will base these benefits on your coverage as it existed on the original date you become totally disabled and will pay benefits for no more than the rest of the maximum benefit period.

Rehabilitation / Partial disability program

Sun Life may require you to participate in a partial disability or rehabilitation program that we have approved in writing.

This may include one or more of the following:

- consulting our rehabilitation specialist,
- part-time work,
- working in another occupation or vocational training to help you become capable of full-time employment.

During your rehabilitation program, you may receive Long-Term Disability payments plus income, benefits and payments from other sources.

However, the Long-Term Disability payments will be reduced by 50% of the income you receive under the rehabilitation program. If during any month the total of any income, benefits and payments provided is more than 100% of your basic earnings when your disability began, indexed for inflation, your Long-Term Disability payment will be reduced by the excess. If the benefit is non-taxable, your income after income tax is the one we use.

You should consider participating in a partial disability or rehabilitation program as soon as possible after becoming disabled. If you enter a partial disability or rehabilitation program during the elimination period, it will not be considered an interruption of the elimination period.

Your participation in a partial disability program will be limited to the own occupation period.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

For disability benefits paid or payable prior to the date of judgment or settlement, if you recover money, you must pay us 75% of your net recovery or the total disability benefits paid or payable to you under this plan, whichever is less. For disability benefits payable after a judgment or settlement, where 75% of your net recovery exceeds the amount that we recover for past disability benefits, we have the right to deduct that excess from ongoing disability benefits. Refer to your group contract for more information.

What you are responsible to do

During your total disability, you must make reasonable efforts to do all of the following. If you do not, Sun Life may hold back or discontinue benefits.

- recover from your disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from your employer.
- return to your own occupation during the first 24 months that benefits are payable.
- receive training to qualify for another occupation if it becomes apparent that you will not be able to return to your own occupation within the first 24 months that benefits are payable.
- try to get work in another occupation after the first 24 months that benefits are payable.
- obtain benefits that may be available from other sources.

When payments end

Your Long-Term Disability payments end **on the earlier of** the following dates:

- the date you are no longer totally disabled.
- the end of the maximum benefit period indicated in the Benefit Summary.
- the last day of the month in which you retire with a pension or are eligible to retire with a full pension or a full pension equivalent.
- the last day of the month in which you die.

Survivor benefit

If you die while you are receiving Long-Term Disability payments, we will pay 6 times your last monthly payment to your spouse, dependent children or your estate.

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

What is not covered

We will not pay benefits for any period where one or more of the following is true:

- you are not receiving appropriate treatment.
- you do any work for wage or profit except where Sun Life has approved it in advance.
- you are not participating in an approved partial disability or rehabilitation program, if required by Sun Life.
- you are on a leave of absence, strike or lay-off.
- you are absent from Canada longer than 4 months due to any reason.
- you are serving a prison sentence or are confined in a similar institution.

We will not pay benefits if you become totally disabled within 12 months after your coverage begins and your disability resulted directly or indirectly from a pre-existing condition. A "pre-existing condition" means an illness or injury for which you received medical treatment, consultation, care or services including diagnostic measures, or had taken prescribed drugs or medicines, in the 3 month period immediately prior to the date your coverage began.

If your coverage ends but you are covered again under this plan, we will use the latest date your coverage began when applying the above limitation.

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries.
- participation in a criminal offence.

Waiver of premium

Long-Term Disability premiums will be waived while you are receiving Long-Term Disability benefits.

Life Coverage



General description of the coverage

Your Life coverage provides a benefit for your beneficiary if you die while covered. Your dependents' Life coverage provides a benefit if one of your dependents dies while covered.

See the Benefit Summary at the beginning of this booklet to see the amount of coverage and the date coverage ends.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

Who we will pay	If you die while covered, we will pay the full amount of your benefit to your last named beneficiary on file.
	If you have not named a beneficiary, we will pay the benefit amount to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed.
	If a dependent dies, we will pay you the benefit for that dependent.
	For your spouse's optional coverage, we will pay the full amount of the benefit to the last named beneficiary on file with us. If you have not named a beneficiary, we will pay the benefit amount to you.
	Fact If you designated a beneficiary under a previous group plan of the employer, we will apply and carry it forward to your coverage under this plan until you change it.
	There are different rules for designating a minor beneficiary, please refer to your contract for specific information.
Suicide	If you or your spouse have any optional coverage that has been in effect for less than 2 years, we will not pay benefits if death is by suicide, regardless of whether you or your spouse have a mental illness or intend or understand the consequences of your actions.
Coverage during total disability	Life coverage may continue without the payment of premiums if you become totally disabled before you retire or reach age 65, whichever is earlier, as long as you are totally disabled. This continued coverage must follow the terms of the contract which were in effect on the date you became totally disabled, including reductions and terminations.
	There are a number of rules and conditions in the group contract that apply to coverage during total disability. Please contact your employer for details.

Converting Life coverage

If your Life coverage or your spouse's Life coverage ends or reduces for any reason other than your request, you or your spouse may apply to convert the group Life coverage to an individual Life policy with Sun Life without providing proof of good health.

Where necessary in order to comply with applicable legislation: If your child's Life coverage ends because your Life coverage has ended, you may apply to convert the group Life coverage for your child to an individual Life policy with Sun Life without providing proof of good health.

The request must be made within 31 days that the Life coverage reduces or ends.

Important

There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your employer for details.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).



About Sun Life Financial

A market leader in group benefits, Sun Life Financial serves more than one in six Canadians, in over 12,000 corporate, association, affinity and creditor groups across Canada.

Our Core values – integrity, service excellence, customer focus and building value – are at the heart of who we are and how we do business.

Sun Life Financial and its partners have operations in 22 key markets worldwide including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.



