



Term Life and Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness.

All Full Time Permanent Employees

How does it work?

You choose the amount of coverage that’s right for you, and you keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$200,000 to meet your growing needs — with no health questions or exams.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$750,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$200,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$750,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$30,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$750,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$750,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

How much coverage can I get?

Calculate your costs

1. Enter the Term Life coverage amount you want.[†]
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (To get your age, subtract your birth year from 2021. To determine your spouse rate, subtract the employee birth year from 2021 and use the rate for the appropriate age band.)
4. Enter your cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Term Life 10thly rate for employee		Spouse 10thly rate	Child 10thly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.480 per \$2,000 of coverage
	Cost	Cost	
15-24	\$0.480	\$0.240	
25-29	\$0.480	\$0.240	
30-34	\$0.600	\$0.300	
35-39	\$0.960	\$0.480	
40-44	\$1.440	\$0.720	
45-49	\$2.300	\$1.150	
50-54	\$3.650	\$1.825	
55-59	\$5.560	\$2.780	
60-64	\$7.800	\$3.900	
65-69	\$14.040	\$7.020	
70-74	\$26.160	\$13.080	
75+	\$52.010	\$26.005	

1. Enter the AD&D coverage amount you want.[†]
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.300	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.150	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.060	= \$ _____
Total cost				

AD&D 10thly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.300
Spouse	per \$5,000 of coverage	\$0.150
Child	per \$2,000 of coverage	\$0.060

Billed amount may vary slightly.

[†] If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum

representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Long Beach Community College District
Term Life and AD&D Insurance Enrollment Form **Policy #414970/Div 0001**

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Application Type:

- Initial Enrollment:** To make initial elections; OR
 Annual Enrollment: To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum. **Note: If you do not wish to make any changes, do not complete this form. Please contact your plan administrator with any questions.**

Employee Social Security Number **Gender** **Date of Birth (mm/dd/yyyy)** **Hours Worked Per Week**

- - M F / /

Employee First Name **M.I.** **Last Name**

Employee Street Address **City** **State** **Zip Code**

Original Date of Hire **Annual Salary** **Occupation**

/ / , ,

Exempt Non-Exempt

If date below unknown, consult with your Plan Administrator to complete:

Date entered into an eligible class (ex: part time to full time) or
 Rehire Date or
 Date of promotion to an eligible class **Spouse First Name (if coverage is selected)** **Spouse Date of Birth (mm/dd/yyyy)**

/ / / /

Have any tobacco products been used in the last 12 months? You: Yes No Your Spouse: Yes No

COVERAGE ELECTIONS: Please indicate below the coverage amounts you would like to select for you and your spouse/registered domestic partner and/or child, if applicable. Dependent life and/or AD&D coverage amounts cannot exceed 100% of your life and/or AD&D coverage amounts. Any coverage amounts left blank will result in a coverage amount of \$0.

Amount of coverage selected for:

Life You: \$, , **Your Spouse:** \$, **Your Child:** \$,

AD&D You: \$, , or Registered Domestic Partner **Your Spouse:** \$, **Your Child:** \$,

Note: If you have chosen Life coverage over the Guarantee Issue amount of \$200,000 for you or \$30,000 for your spouse / registered domestic partner, you will also need to complete an Evidence of Insurability form. The amount of Life coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective in accordance with the terms of the policy. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your initial enrollment period, and instead apply during Open Enrollment, you will need to complete an Evidence of Insurability form for all amounts of coverage. This applies to Life coverage only. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator.

Beneficiary Information: Please complete the beneficiary information on the reverse side of this form.

Request for Signature and Certification: *I have read and understand the "Limitations and Exclusions" on the reverse side of this enrollment form. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.*

_____ / ____ / ____ _____ _____

*Employee Signature**Date**Work Phone**Home Phone*

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER

Beneficiary Information

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the beneficiary(ies) named above are not living, then pay:		

Please be aware that your coverage may be impacted by certain limitations and exclusions including, but not limited to, the following:

Limitations and Exclusions

Delayed Effective Date:

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents: Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition. Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.

Exclusion for Suicide:

Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

This Suicide Exclusion does not apply to Washington residents.

AD&D Benefit Exclusions

AD&D Benefits would not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, or self-inflicted injury;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume or any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

Please see your Plan Administrator [or your Policy] for a complete listing of applicable limitations and exclusions.

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RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER



**Long Beach Community College District
Policy # 414970**

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

Your Plan

Eligibility

All permanent employees working at least 20 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children up to age 26.

**Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.*

Coverage Amounts

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.
Not to exceed \$750,000.

Spouse: Up to 100% of employee amount in increments of \$5,000.
Not to exceed \$750,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.
Not to exceed \$10,000.
The maximum death benefit for a child between the ages of live birth and 6 months is \$1000. Benefits will be paid to the employee.

In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

Your AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.
Not to exceed \$750,000.

You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.

Spouse: Up to 100% of employee amount in increments of \$5,000.
Not to exceed \$750,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.
Not to exceed \$10,000.
The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.

In order to purchase AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

Term Life Insurance and AD&D Coverage Highlights (Continued)

Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
70	65% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

Guarantee Issue

- **New Hire**

- If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$200,000 for yourself and any amount of coverage up to \$30,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.
- If you and your eligible dependents enroll more than 31 days after your eligibility date, all amounts of Life insurance coverage elected will be subject to evidence of insurability.

- **Open Enrollment**

- If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage during Open Enrollment. You will be required to furnish evidence of insurability for the entire amount of Life coverage elected. AD&D coverage does not require evidence of insurability.
- If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage to the Guarantee Issue amounts, you may do so **WITHOUT** having to provide evidence of insurability. Only Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Please see your Plan Administrator for your eligibility date.

Term Life Insurance and AD&D Coverage Highlights (Continued)

Term Life Coverage Rates

Rates shown are your Tenthly deduction:

Age Band	Employee per \$10,000	Spouse per \$5000	Child per \$2,000
- 24	\$0.480	\$0.240	\$0.480
25-29	\$0.480	\$0.240	
30-34	\$0.600	\$0.300	
35-39	\$0.960	\$0.480	
40-44	\$1.440	\$0.720	
45-49	\$2.300	\$1.150	
50-54	\$3.650	\$1.825	
55-59	\$5.560	\$2.780	
60-64	\$7.800	\$3.900	
65-69	\$14.040	\$7.020	
70-74	\$26.160	\$13.080	
75+	\$52.010	\$26.005	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

NOTE: Your rate will increase as you age and move to the next age band.

AD&D Coverage Rates

	AD&D Cost Per:	Tenthly Rate
Employee:	\$10,000	\$.30
Spouse:	\$5,000	\$.15
Child:	\$2,000	\$.060

Insurance Age

To calculate the per-paycheck cost for this coverage, complete the calculations below. Calculation is just an estimate of premium amount and may be subject to change.

Aging takes place on the anniversary date calculated as follows:

The Plan Year subtract the Birth Year = the age they will be on the plan anniversary.

Example 1: The policy anniversary date is 1/1/12. EE turns 30 on 2/14/12. On the 1/1/12 anniversary date, the EE will begin billing as age 30 even though the birthday has not happened yet.

Example 2: The policy anniversary date is 10/1/12. EE turns 30 on 2/14/12. The EE wouldn't begin billing as age 30 until the anniversary date of 10/1/12.

Term Life Calculation Worksheet

	Coverage Amount	Increment	Rate	=	Tenthly Cost
Employee	\$ _____	<input type="checkbox"/> \$10,000	\$ _____	=	\$ _____
		x			
Spouse	\$ _____	<input type="checkbox"/> \$5,000 x	\$ _____	=	\$ _____
Children	\$ _____	<input type="checkbox"/> \$2,000 x	\$ _____	=	\$ _____
Total Tenthly Cost				=	\$ _____

Term Life Insurance and AD&D Coverage Highlights (Continued)

AD&D Calculation Worksheet

	Coverage Amount	Increment	Rate	=	Tenthly Cost
Employee	\$ _____	<input type="checkbox"/> \$10,000	\$ _____	=	\$ _____
		x			
Spouse	\$ _____	<input type="checkbox"/> \$5,000 x	\$ _____	=	\$ _____
Children	\$ _____	<input type="checkbox"/> \$2,000 x	\$ _____	=	\$ _____
Total Tenthly Cost				=	\$ _____

Additional Benefits

Life Planning Financial & Legal Resources

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Portability/Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 100% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Waiver of Premium

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

Additional AD&D Benefits

Education Benefit: If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. (Not available in Illinois or New York.)

Seat Belt/Air Bag Benefit: If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

Limitations/Exclusions/ Termination of Coverage

Suicide Exclusion

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

Term Life Insurance and AD&D Coverage Highlights (Continued)

AD&D Benefit Exclusions

AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

Termination of Coverage

Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The date your dependent ceases to be an eligible dependent;
- For a spouse, the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Next Steps

How to Apply

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. If you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan

Term Life Insurance and AD&D Coverage Highlights (Continued)

Administrator. You may also be required to take certain medical tests at Unum's expense. Should you miss your initial 31 day period to enroll, you may apply during Open Enrollment. However, you will need to complete a medical questionnaire for any amount of Life coverage elected. This may result in a declination of coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

"Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition.

Changes to Coverage

Each year you and your spouse will be given the opportunity to change your Life coverage and AD&D coverage. You and your spouse may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum's Medical Underwriters. The suicide exclusion will apply to any increase in coverage. AD&D coverage does not require evidence of insurability for increase amounts.

Questions

If you should have any questions about your coverage or how to enroll, please contact Unum at 1-800-421-0344 or see your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

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