



## Voluntary Life Insurance and AD&D Coverage Highlights

### WBBA – Voluntary Life/AD&D Policy # 562833

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

#### **Your Plan**

##### ***Eligibility***

All active full-time employees working at least 20 hours each week and their eligible spouses and children (up to age 19, or 26 if they are full-time students).

**Note:** Please see your Plan Administrator for the minimum number of hours you are required to work to be eligible for this plan.

##### ***Effective Date of Coverage***

Please see your Plan Administrator for your effective date

##### ***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

##### ***Coverage Amounts***

Your Term Life and AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

Spouse: Up to 50% of employee amount in increments of \$5,000.  
*Not to exceed \$250,000*

Child: Attained age at death:  
Live birth to 14 days: \$1,000  
14 days to 6 months: \$1,000  
6 months to age 19 or to age 26 if a full-time student.

Up to 50% of employee coverage amount in increments of \$2,000.  
*Not to exceed \$10,000.*

**Note:** In order to purchase Life and AD&D coverage for your dependents, you must buy coverage for yourself.

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.

## Voluntary Life Insurance and AD&D Coverage Highlights (Continued)

### Guarantee Issue

If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of coverage up to \$100,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

**Please note: For groups of less than 10 employees, you and your dependants must furnish evidence of insurability for any amounts of coverage applied for at anytime.**

Please see your Plan Administrator for your eligibility date and the size of your group.

### Term Life Coverage Rates

Rates shown are your Monthly deduction:

Age Band	Employee per \$10,000		Spouse per \$5,000	Child per \$2,000
	Non- Tobacco	Tobacco		
- 24	\$ .760	\$1.120	\$.540	\$.540
25-29	\$ .760	\$1.120	\$.540	
30-34	\$ .790	\$1.180	\$.570	
35-39	\$1.040	\$1.670	\$.780	
40-44	\$1.440	\$2.550	\$1.120	
45-49	\$2.280	\$3.990	\$1.740	
50-54	\$3.520	\$6.770	\$2.740	
55-59	\$5.790	\$9.620	\$4.180	
60-64	\$8.740	\$13.600	\$7.250	
65-69	\$15.180	\$22.520	\$12.270	
70-74	\$27.080	\$39.100	\$21.610	
75+	\$54.480	\$70.300	\$42.880	

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:	Monthly Rate
Employee:	\$10,000	\$.285
Spouse:	\$ 5,000	\$.150
Child:	\$ 2,000	\$.070

### Insurance Age

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

## Voluntary Life Insurance and AD&D Coverage Highlights (Continued)

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To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### Term Life Calculation Worksheet

	Coverage Amount	Increment	Rate	Monthly Cost
Employee	\$_____	÷ \$10,000 x	\$_____ =	\$
Spouse	\$_____	÷ \$ 5,000 x	\$_____ =	\$
Children	\$_____	÷ \$ 2,000 x	\$_____ =	\$
<b>Total Monthly Cost</b>				= \$

### AD&D Calculation Worksheet

	Coverage Amount	Increment	Rate	Monthly Cost
Employee	\$_____	÷ \$10,000 x	\$_____ =	\$
Spouse	\$_____	÷ \$ 5,000 x	\$_____ =	\$
Children	\$_____	÷ \$ 2,000 x	\$_____ =	\$
<b>Total Monthly Cost</b>				= \$

### Additional Benefits

#### **SurvivorSupport<sup>®</sup> Service**

*SurvivorSupport<sup>®</sup>* is a personalized financial counseling service offered through Ayco that provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The *SurvivorSupport<sup>®</sup>* Service develops strategies needed to protect resources, preserve current lifestyles and build future security. At no time will the Ayco counselor offer or sell any product or service.

#### **Portability**

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.

#### **Accelerated Benefit**

If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$500,000, 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.

#### **assist america<sup>®</sup>**

A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)

### 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.

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## ***Voluntary Life Insurance and AD&D Coverage Highlights (Continued)***

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### ***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 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;
- Operating any motorized vehicle while intoxicated. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state 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 apply for coverage after your enrollment deadline, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

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## **Voluntary Life Insurance and AD&D Coverage Highlights (Continued)**

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### **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; 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. 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.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. 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.

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