

## Long Term Care Summary - Unum January 1, 2007 - December 31, 2007

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|--|--|---|--|
| Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract. |  |   |  |
| <b>Elimination Period</b>  | 90 consecutive days  |   |  |
| <b>Newly Hired Employees</b>   | Once eligible, 30 days to sign up for Guarantee Issue coverage.  |   |  |
| <b>All Active Employees and Newly Hired Employees</b>  | If enrolling after the Guarantee Issue enrollment period or choosing benefits over the Guarantee Issue limits will be required to fill out medical questionnaire   |   |  |
| <b>Medical Underwriting Effect Date</b>  | <p>The effective date for those applicants passing medical underwriting between the 1st and 15th of the month is the first month following their date of approval. For those approved between the 16th and the end of the month, their effective date is the first of the month following their date of approval.</p> <p><i>Medical Underwriting means that you must answer all questions on a medical questionnaire. In some cases, an interview may also be necessary.</i></p>   |   |  |
| <b>Delayed Effective Date</b>  | If you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence, your coverage will not begin on your otherwise expected effective date.  |   |  |
| <b>Medical Underwriting for Employees and Family</b>   |  |   |  |
| Employees  | Your employer funded basic plan, as well as additional benefit amounts of up to and including \$6,000 and a Facility Benefit Duration of 3 or 6 years, is being offered on a Guarantee Issue basis. This does not require completion of the Long Term Care Insurance Application (medical questionnaire) if you apply during your initial eligibility period. The Long Term Care Insurance Application is required if enrolling after your initial eligibility period or if you choose to buy \$7,000, \$8,000 or the Unlimited Duration coverage. |   |  |
| Retirees and all Family Members  | Must complete the Benefit Election Form, the Long Term Care Insurance Application and must be approved for coverage in order to enroll in the Long Term Care plan. <b>All</b> Medical Questionnaires must accompany a signed return of the Authorization to request Medical Information Form #6720-03 located in the kit.  |   |  |
| <b>Benefit Duration</b>  | 3 Years<br><a href="#">Click here for Rates</a>  | 6 Years<br><a href="#">Click here for Rates</a> | Unlimited Duration<br><a href="#">Click here for Rates</a> |
| Employee Facility Benefit Amount<br><b>Per \$1,000 Increments</b>  | \$2,000 to \$8,000   | \$2,000 to \$8,000                              | \$2,000 to \$8,000   |
| Family Facility Benefit Amount<br><b>Per \$1,000 Increments</b>  | \$1,000 to \$8,000   | \$1,000 to \$8,000                              | \$1,000 to \$8,000   |
| Assisted Living Facility Percent   | 60%  | 60%   | 60%  |
| Lifetime Maximum<br><b>Per \$1,000 Increments</b>  | \$36,000   | \$72,000  | Unlimited  |
| Non Forfeiture   | Shortened Benefit Period   | Shortened Benefit Period                        | Shortened Benefit Period                                   |
| Professional Home Care   | 50%  | 50%   | 50%  |
| Total Home Care - <b>Option</b>  | 50%  | 50%   | 50%  |
| Inflation Protection - <b>Option</b>   | Compound Uncapped  | Compound Uncapped                               | Compound Uncapped  |
| <b>Lifetime Maximum</b>  | The Lifetime Maximum is the maximum benefit dollar amount UNUM will pay over the life of your coverage. This dollar amount is based on the Facility Benefit Amount and Benefit Duration. <i>For Example: If you choose \$3,000 Facility Monthly Benefit Amount and 3 Year Duration, your Lifetime Maximum is calculated as follows: \$3,000 per Month X 12 Months X 3 Years = \$108,000 Lifetime Maximum.</i>  |   |  |
| <b>Insurance Age</b>   | Insurance Age is used to determine the cost of your coverage. Insurance Age is your age on the plan effective date if you enroll for coverage prior to the plan effective date. If you enroll for coverage on or after the plan effective date, insurance age is your age on the date you sign the enrollment form.  |   |  |
| <b>Questions</b>   | Call 1-800-227-4165  |   |  |