



Underwritten by: 6/8/09  
 Unum Life Insurance Company of America  
 2211 Congress Street, Portland, ME 04122

**FOR EMPLOYEE TO COMPLETE**

GROUP PLAN #: 215783 DIVISION: 911

EMPLOYEE NAME (last name, first, middle initial)		EMPLOYER NAME BENEMAX, INC.	
EMPLOYEE ADDRESS (street, city, state, zip code)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF EMPLOYMENT	HOURS WORKED PER WEEK	OCCUPATION
ANNUAL EARNINGS			

**(Employer Paid) Basic Life/AD&D Insurance:**

1 x annual earnings to a maximum of \$600,000 with a minimum benefit of \$50,000

**Beneficiary Information**

NAME (last name, first, middle initial):	RELATION TO YOU:	BENEFIT %:
IF THE BENEFICIARY(IES) NAMED ABOVE ARE NOT LIVING, THEN PAY:		

**(Employee Paid) Additional Supplemental Life and Dependent Life Coverage:**

Employee: 1x, 2x or 3x annual earnings to a maximum of \$1,500,000\* (Base and Supplemental Combined)

Annual salary x benefit option then rounded to the next higher \$1,000 if not already a multiple thereof.

Spouse: Option 1: \$5,000                      Option 2: \$15,000                      Option 3: \$30,000\*\*

Child: \$10,000

\*Employee: Any amounts over \$300,000 of total base and supplemental Life coverage combined, require Medical Evidence of Insurability.

\*\*Spouse: Any amounts over \$15,000 require Medical Evidence of Insurability.

**SUPPLEMENTAL INSURANCE RATES:**

Age Band	Employee Per \$1,000	Spouse Per \$1,000	Child \$3.35 per \$10,000
Less than 25	0.046	0.048	
25-29	0.054	0.054	
30-34	0.074	0.063	
35-39	0.113	0.084	
40-44	0.166	0.117	
45-49	0.264	0.184	
50-54	0.413	0.292	
55-59	0.623	0.455	
60-64	0.931	0.804	
65-69	1.569	1.411	
70-74	2.790	2.522	
75+	5.693	4.86	



# 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 totally disabled. This delay does not apply to newborn children while dependent insurance is in effect. "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.

## 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 of insurance; 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.

## 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.)