



# Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

# How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

# Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

# Consider your monthly expenses

	Food	\$
	<b>Transportation</b> (gas, car payments, repairs)	
6-9	Child care/elder care	
	Mortgage/rent	
	<b>Utilities</b> (electric, water, cable, phone)	
	Medical costs (co-pays, medications)	
Ō	<b>Insurance</b> (health, life, car, home)	
	Total monthly expenses	\$



1 Unum internal data, 2018. Note: Causes are listed in ranked order.

# What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

# What else is included?

## Work-life balance EAP

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

## Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

## Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

# Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

# Long Term Disability Insurance

# How much coverage can I get?

You*	* You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.	
	<b>Coverage amounts</b> Cover 0% of your monthly income, up to a maximum	
	payment of \$15,000.	

\*See the Legal Disclosures for more information.

### Coverage amounts (correction)

Cover 60% of you monthly income, up to a maximum payment of \$15,000.

- Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply
- later, you may have to answer medical questions.

## Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

## Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

# **Calculate your cost**

- Use \$0 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age.

(Choose the age you will be when your coverage becomes effective effective on 10/01/2020.)

Di	sability worksheet				
1	1 Enter your annual earnings and calculate your maximum monthly benefit available.				
	\$ ÷ 12 = \$ x Your annual earnings	0% = (Max % of income cov	ered)	\$ Max monthly benefit avail	able
2	Calculate your cost per paycheck				
	\$÷ 100 = \$ x	\$= \$	÷ ÷	12 =	\$
	Your annual earnings	Rate		Number of paychecks per year	Total cost per paycheck

Age	Rates
15-24	\$0.100
25-29	\$0.150
30-34	\$0.290
35-39	\$0.480
40-44	\$0.780
45-49	\$1.100
50-54	\$1.510
55-59	\$1.800
60-64	\$1.660
65-69	\$0.830
70+	\$0.580

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

# Long Term Disability Insurance

### **Exclusions and limitations**

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Wollmuth Maher & Deutsch for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### 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.

#### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

#### Definition of disability

You are considered disabled when Unum determines that:

You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and

You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.

You must be under the regular care of a physican in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### **Recovery Income Benefit**

Unum will send you the monthly payment if you have been disabled and you satisfy each of the following:

· You have satisfied the elimination period for that disability;

- You return to your regular occupation full time with the Employer on the earlier of the date your disability ends or the date your benefits cease;
- $\cdot$  you have a 20% or more loss in your indexed monthly earnings due to the same disability; and
- You have received at 3 months of disability payments for that disability under the plan. Recovery income protection benefit payments will end on the earliest of the following:

• The date months recovery income protection benefits have been paid; or

• The date your current earnings exceed 80% of your indexed monthly earnings.

#### Pre-existing conditions

#### You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### **Continuity of Coverage**

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier's liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier's plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum monthly benefit.

#### **Exclusions and limitations**

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from: • Intentionally self-inflicted injuries;

- Internionally self-inflicted injul
- $\boldsymbol{\cdot}$  Active participation in a riot;
- $\cdot$  War, declared or undeclared or any act of war;
- $\cdot$  Commission of a crime for which you have been convicted;
- $\cdot$  Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability. Unum will not pay a benefit for any period of disability during which you are incarcerated. The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 12 months. Only 12 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 12 months only if you are confined to a hospital or institution as a result of the disability.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- $\cdot$  The date the policy or plan is cancelled
- $\cdot$  The date you no longer are in an eligible group
- $\cdot$  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 except as provided under the covered layoff or leave of absence provision.

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

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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.

#### Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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### **Disability Insurance Enrollment Form**

Unum Insurance Company

2211 Congress Street Portland, Maine 04122 THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.



Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Wollmuth Maher and Deutsch LLP

Complete your personal information and choose your coverage amount				
First name (please print)	M. initial Last name			
Social Security Number Gender (M/F)	Date of birth (mm-dd-yyyy) Original hir	e date (mm-dd-yyyy)		
Annual salary Hours worked pe	r week Occupation			
\$				
Did you recently become eligible for benefits? H	ave you been rehired by your company? If so	o, please provide a date (mm-dd-yyyy)		
(Y/N) (	Y/N)			
Long Term Disability Insurance				
<b>Choose a coverage amount</b> If you were previously eligible and				
You can purchase \$100 – Up to 60% of your monthly income Use the disability worksheet to calculate the maximum monthly benefit available	To calculate your cost per paycheck, refer to the disability worksheet under 'Calculate your costs'.	didn't purchase coverage, please complete Evidence of Insurability. Ask your plan administrator for details.		
Enter the monthly benefit coverage amount you would like to purchase:				
\$,00				
L Your actual billed amount may vary slightly.		1		

Long Term Disability Insurance — SIGN AND CERTIFY		
YES — I want Long Term Disability Coverage	NO — I do not want <b>Long Term Disability Coverage</b>	
YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. 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.	I DO NOT want <b>Long Term Disability Insurance.</b> I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.	
	Signature /	

Caution: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This does not apply to life insurance.

### Return forms to: plan administrator

#### 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.

Underwritten by: First Unum Life Insurance Company of America, New York, New York

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