



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.

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 buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$100,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

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. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlement, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

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 Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$250,000 in \$10,000 increments, up to 1 times your earnings. You can get up to \$100,000 with no health questions. This is your guaranteed issue amount.
Your spouse:	Get up to \$125,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$15,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
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 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

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

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 1 times your earnings.
Your spouse:	Get up to \$125,000 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.

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How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective on 10/01/2020. To determine your spouse rate, choose the age the employee will be when coverage becomes effective on 10/01/2020.)

4. Enter your cost.

	1	2	3	4
Employee	\$_____,000	÷ \$0 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$0 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$0 = \$_____	X \$_____	= \$_____
Total cost				

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	÷ \$0 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$0 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$0 = \$_____	X \$_____	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$0 of coverage	
Spouse	per \$0 of coverage	
Child	per \$0 of coverage	\$0.000

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 and Accidental Death & Dismemberment (AD&D) Insurance

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.

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 for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. 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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Group Term Life Insurance and Accidental Death and Dismemberment Enrollment Form

— Complete this form to enroll.

Unum Insurance Company

2211 Congress Street Portland, Maine 04122

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

If you already have Unum coverage: 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

Step 1: Complete your personal information

First name (please print)	M. initial	Last name	-001
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Gender	Date of birth (mm-dd-yyyy)	Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address			Apartment #
<input type="text"/>			<input type="text"/>
City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Original hire date	Annual salary	Occupation	Hours worked per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you recently become eligible for benefits? (Y/N)	Have you been rehired by your company? (Y/N)	If so, please provide a date (mm-dd-yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Spouse first name (please print)	M. initial	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth (mm/dd/yyyy)			
<input type="text"/>			

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

The amount of coverage you choose for your spouse cannot exceed the coverage amount you purchase for yourself.

The amount of coverage you choose for child(ren) cannot exceed the lesser of the amount of coverage you purchase for yourself or \$25,000.

Term Life Insurance

* If you previously purchased coverage and are now electing an amount over \$100,000 for you or \$15,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete Evidence of Insurability. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000 *	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$10,000

Want a different amount?

☐ \$ _____

☐ \$ _____

Accidental Death and Dismemberment Insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$50,000	\$1.57	<input type="checkbox"/> \$20,000	\$0.66	<input type="checkbox"/> \$4,000	\$0.00
<input type="checkbox"/> \$70,000	\$2.20	<input type="checkbox"/> \$25,000	\$0.82	<input type="checkbox"/> \$6,000	\$0.00
<input type="checkbox"/> \$100,000	\$3.14	<input type="checkbox"/> \$30,000	\$0.99	<input type="checkbox"/> \$8,000	\$0.00
<input type="checkbox"/> \$150,000	\$4.71	<input type="checkbox"/> \$50,000	\$1.65	<input type="checkbox"/> \$10,000	\$0.00

Want a different amount?

☐ \$ _____

☐ \$ _____

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. Note: The beneficiary's name, address, date of birth, social security number and telephone number must be submitted to Unum prior to certificate issuance.

The total percent of benefit must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	Phone	Street	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Signature

☐ I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. 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, or if I've made an error completing this form.

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.

Signature

____ / ____ / ____
Date

☐ No, I do not want coverage under the **Term Life Insurance**.

☐ No, I do not want coverage under **Accidental Death & Dismemberment**.

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

____ / ____ / ____
Date

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.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

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

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