



Voluntary Term Life Insurance and AD&D Coverage Highlights

Southwestern Ohio Educational Purchasing Council Policy # 612770

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

Your Plan

Eligibility

All employees working at least 10 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children up to age 26.

**Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.*

Coverage Amounts

Your Voluntary Term Life coverage options are:

Employee: Amounts in increments of \$10,000 to a maximum of \$250,000.
Not to exceed \$250,000.

Spouse: Up to 100% of employee amount in increments of \$5,000.
Not to exceed \$50,000. Benefits will be paid to the employee.

Child: Option 1: \$1,000
Option 2: \$5,000
Option 3: \$10,000

Benefits will be paid to the employee.

In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.

Your Voluntary AD&D coverage options are:

Employee: Amounts in increments of \$10,000 to a maximum of \$250,000.

You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
70	67% of original amount
75	67% of original amount

Coverage may not be increased after a reduction.

Voluntary Term 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 Life insurance coverage up to **\$250,000** for yourself and any amount of coverage up to **\$50,000** for your spouse.

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.

AD&D coverage does not require evidence of insurability.

Please see your Plan Administrator for your eligibility date.

Term Life Coverage Rates

Rates shown are your Monthly deduction:

Age Band	Employee per \$1,000	Spouse per \$1,000	Child
- 24	\$.030	\$.030	Option 1: \$1,000 - \$.20
25-29	\$.038	\$.038	Option 2: \$5,000 - \$1.00
30-34	\$.078	\$.078	Option 3: \$10,000 - \$2.00
35-39	\$.087	\$.087	
40-44	\$.097	\$.097	
45-49	\$.145	\$.145	
50-54	\$.225	\$.225	
55-59	\$.420	\$.420	
60-64	\$.650	\$.650	
65-69	\$1.250	\$1.250	
70-74	\$2.050	\$2.050	
75+	\$2.050	\$2.050	

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:	\$1,000	\$.020

Insurance Age

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

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 \$ _____	÷ \$1,000 x	\$ _____	=	\$ _____	
Spouse \$ _____	÷ \$1,000 x	\$ _____	=	\$ _____	
Total Monthly Cost				=	\$ _____

AD&D Calculation Worksheet

Coverage Amount	Increment	Rate	=	Monthly Cost	
Employee \$ _____	÷ \$1,000 x	\$ _____	=	\$ _____	
Total Monthly Cost				=	\$ _____

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

Additional Benefits

***Life Planning Financial &
Legal Resources***

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Portability/Conversion

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. You may also have the option to convert your Term life coverage to an individual life insurance policy.

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 75% 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.

Waiver of Premium

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

Additional AD&D Benefits

Education Benefit: If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. (Not available in Illinois or New York.)

Seat Belt/Air Bag Benefit: If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

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.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

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;

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

- 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. ("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.)
- Service on full-time active duty in the Armed Forces of any country or international authority.

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, enroll within 31 days of your eligibility date.

All employees: If you apply for coverage after your effective date, 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.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.



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

Group Name: _____

Term Life and AD&D Insurance Enrollment Form Policy #612769 / Div: _____

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Application Type:

- Initial Enrollment:** To make initial elections; OR
- Annual Enrollment:** To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum. **Note:** If you do not wish to make any changes, do not complete this form. Please contact your plan administrator with any questions.

Employee Social Security Number Gender Date of Birth (mm/dd/yyyy) Hours Worked Per Week

____ - ____ - _____ M F ____ / ____ / _____ ____

Employee First Name M.I. Last Name

____ | ____ | _____

Employee Street Address City State Zip Code

____ | ____ | _____ | _____ | _____ | _____

Original Date of Hire Annual Salary Occupation

____ / ____ / _____ ____ , ____ , ____ _____

Exempt Non-Exempt

- If date below unknown, consult with your Plan Administrator to complete:
- Date entered into an eligible class (ex: part time to full time) or
 - Rehire Date or
 - Date of promotion to an eligible class

Spouse First Name (if coverage is selected) EE Date of Birth (mm/dd/yyyy)

____ | ____ | _____ ____ / ____ / _____

COVERAGE ELECTIONS: Please indicate below the coverage amounts you would like to select for you and your spouse and/or child, if applicable. Dependent life and/or AD&D coverage amounts cannot exceed 100% of your life and/or AD&D coverage amounts. Any coverage amounts left blank will result in a coverage amount of \$0.

Amount of coverage selected for:

Life You: \$ ____ , ____ , ____ Your Spouse: \$ ____ , ____ Your Child: \$ ____ , ____

AD&D You: \$ ____ , ____ , ____

Note: If you have chosen Life coverage over the Guarantee Issue amount of \$250,000 for you or \$50,000 for your spouse, you will also need to complete an Evidence of Insurability form. The amount of Life coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective in accordance with the terms of the policy. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage. This applies to Life coverage only.

Beneficiary Information: Please complete the beneficiary information on the reverse side of this form.

Request for Signature and Certification: I have read and understand the "Limitations and Exclusions" on the reverse side of this enrollment form. I certify that all statements are true to the best of my knowledge and belief and 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.

_____/_____/_____
Employee Signature Date Work Phone Home Phone

Beneficiary Information

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the beneficiary(ies) named above are not living, then pay:		

Please be aware that your coverage may be impacted by certain limitations and exclusions including, but not limited to, the following:

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 disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of 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; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition. Disabled children over the maximum child age may be eligible for benefits. please see your plan administrator for more details.

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, 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

This Suicide Exclusion does not apply to Washington residents.

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.)

Please see your Plan Administrator [or your Policy] for a complete listing of applicable limitations and exclusions.

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RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER



**BENEFICIARY DESIGNATION FORM
GROUP LIFE AND GROUP ACCIDENTAL DEATH
& DISMEMBERMENT INSURANCE**

Unum Life Insurance Company of America
Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information

Name (Last Name, Suffix, First Name, MI) Social Security Number

Policy Number(s) Division Number(s)

Employer Name

Check the coverages listed below to which this beneficiary designation applies:
 Basic Life Supplemental Life AD&D All

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 3: Contingent Beneficiary (ies)

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
				Total Must Equal 100%

SECTION 4: Signature

X

Employee Signature Date

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Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

EPC Benefits Plan

Employee Per Pay Life/AD&D Insurance Costs

Employee Non-Medical Maximum:	\$250,000	Insurance age =	Actual age on effective date	Payroll Frequency	12
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Employee Per Pay Life Insurance Costs (final billed costs may vary slightly due to rounding)

Monthly Rate per \$1,000 Coverage Amount	\$0.030	\$0.038	\$0.078	\$0.087	\$0.097	\$0.145	\$0.225	\$0.420	\$0.650	\$1.250	\$2.050	\$2.050	\$2.050	\$0.020
	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	AD&D	
\$10,000	\$0.30	\$0.38	\$0.78	\$0.87	\$0.97	\$1.45	\$2.25	\$4.20	\$6.50	\$12.50	\$20.50	\$20.50	\$20.50	\$0.20
\$20,000	\$0.60	\$0.76	\$1.56	\$1.74	\$1.94	\$2.90	\$4.50	\$8.40	\$13.00	\$25.00	\$41.00	\$41.00	\$41.00	\$0.40
\$30,000	\$0.90	\$1.14	\$2.34	\$2.61	\$2.91	\$4.35	\$6.75	\$12.60	\$19.50	\$37.50	\$61.50	\$61.50	\$61.50	\$0.60
\$40,000	\$1.20	\$1.52	\$3.12	\$3.48	\$3.88	\$5.80	\$9.00	\$16.80	\$26.00	\$50.00	\$82.00	\$82.00	\$82.00	\$0.80
\$50,000	\$1.50	\$1.90	\$3.90	\$4.35	\$4.85	\$7.25	\$11.25	\$21.00	\$32.50	\$62.50	\$102.50	\$102.50	\$102.50	\$1.00
\$60,000	\$1.80	\$2.28	\$4.68	\$5.22	\$5.82	\$8.70	\$13.50	\$25.20	\$39.00	\$75.00	\$123.00	\$123.00	\$123.00	\$1.20
\$70,000	\$2.10	\$2.66	\$5.46	\$6.09	\$6.79	\$10.15	\$15.75	\$29.40	\$45.50	\$87.50	\$143.50	\$143.50	\$143.50	\$1.40
\$80,000	\$2.40	\$3.04	\$6.24	\$6.96	\$7.76	\$11.60	\$18.00	\$33.60	\$52.00	\$100.00	\$164.00	\$164.00	\$164.00	\$1.60
\$90,000	\$2.70	\$3.42	\$7.02	\$7.83	\$8.73	\$13.05	\$20.25	\$37.80	\$58.50	\$112.50	\$184.50	\$184.50	\$184.50	\$1.80
\$100,000	\$3.00	\$3.80	\$7.80	\$8.70	\$9.70	\$14.50	\$22.50	\$42.00	\$65.00	\$125.00	\$205.00	\$205.00	\$205.00	\$2.00
\$110,000	\$3.30	\$4.18	\$8.58	\$9.57	\$10.67	\$15.95	\$24.75	\$46.20	\$71.50	\$137.50	\$225.50	\$225.50	\$225.50	\$2.20
\$120,000	\$3.60	\$4.56	\$9.36	\$10.44	\$11.64	\$17.40	\$27.00	\$50.40	\$78.00	\$150.00	\$246.00	\$246.00	\$246.00	\$2.40
\$130,000	\$3.90	\$4.94	\$10.14	\$11.31	\$12.61	\$18.85	\$29.25	\$54.60	\$84.50	\$162.50	\$266.50	\$266.50	\$266.50	\$2.60
\$140,000	\$4.20	\$5.32	\$10.92	\$12.18	\$13.58	\$20.30	\$31.50	\$58.80	\$91.00	\$175.00	\$287.00	\$287.00	\$287.00	\$2.80
\$150,000	\$4.50	\$5.70	\$11.70	\$13.05	\$14.55	\$21.75	\$33.75	\$63.00	\$97.50	\$187.50	\$307.50	\$307.50	\$307.50	\$3.00
\$160,000	\$4.80	\$6.08	\$12.48	\$13.92	\$15.52	\$23.20	\$36.00	\$67.20	\$104.00	\$200.00	\$328.00	\$328.00	\$328.00	\$3.20
\$170,000	\$5.10	\$6.46	\$13.26	\$14.79	\$16.49	\$24.65	\$38.25	\$71.40	\$110.50	\$212.50	\$348.50	\$348.50	\$348.50	\$3.40
\$180,000	\$5.40	\$6.84	\$14.04	\$15.66	\$17.46	\$26.10	\$40.50	\$75.60	\$117.00	\$225.00	\$369.00	\$369.00	\$369.00	\$3.60
\$190,000	\$5.70	\$7.22	\$14.82	\$16.53	\$18.43	\$27.55	\$42.75	\$79.80	\$123.50	\$237.50	\$389.50	\$389.50	\$389.50	\$3.80
\$200,000	\$6.00	\$7.60	\$15.60	\$17.40	\$19.40	\$29.00	\$45.00	\$84.00	\$130.00	\$250.00	\$410.00	\$410.00	\$410.00	\$4.00
\$210,000	\$6.30	\$7.98	\$16.38	\$18.27	\$20.37	\$30.45	\$47.25	\$88.20	\$136.50	\$262.50	\$430.50	\$430.50	\$430.50	\$4.20
\$220,000	\$6.60	\$8.36	\$17.16	\$19.14	\$21.34	\$31.90	\$49.50	\$92.40	\$143.00	\$275.00	\$451.00	\$451.00	\$451.00	\$4.40
\$230,000	\$6.90	\$8.74	\$17.94	\$20.01	\$22.31	\$33.35	\$51.75	\$96.60	\$149.50	\$287.50	\$471.50	\$471.50	\$471.50	\$4.60
\$240,000	\$7.20	\$9.12	\$18.72	\$20.88	\$23.28	\$34.80	\$54.00	\$100.80	\$156.00	\$300.00	\$492.00	\$492.00	\$492.00	\$4.80
\$250,000	\$7.50	\$9.50	\$19.50	\$21.75	\$24.25	\$36.25	\$56.25	\$105.00	\$162.50	\$312.50	\$512.50	\$512.50	\$512.50	\$5.00

