

## Life/AD&D & Voluntary Life & AD&D

VOLUNTARY LIFE/AD&D	Unum			
Eligibility	Full time employee working 30+ hours per week			
Benefit Amount	Employee – You may elect coverage up to 5 times your annual			
	earnings in increments of \$10,000. <i>Not to exceed \$500,000</i> . Spouse - Up to 100% of employee amount in increments of \$5,000. <i>Not to exceed \$500,000</i> .			
	<u>Child(ren)</u> - Up to 100% of employee coverage amount in			
	increments of \$2,000. Not to exceed \$10,000.			
Guarantee Issue	<u>Employee</u> - \$50,000 <u>Spouse</u> - \$15,000			
	You may apply for any amount of coverage up to \$50,000 for yourself and any amount of coverage up to \$15,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. The employee must elect coverage for the			
	dependent to have coverage, and the dependent coverage cannot			
	exceed the amount the employee elected			
	*If you do not enroll at this time, the open enrollment period but			
	wish to enroll in the future, you will have to complete an evidence			
	of insurability form (medical questions)			
	**It makes good sense to at least enroll in the minimum amount, so			
	next year during re-enrollment you can increase coverage without			
D (131) 0 C	medical questions, as long as you are actively at work			
Portability & Conversion	Included			
Accelerated Death Benefit	100% - \$250,000			
Survivor Support Counseling	Included for employees and dependents			

Employee:			Spouse:		Children:
Life Monthly Rate per \$10,000		Life Monthly Rate per \$5,000		Life Monthly Rate:	
Employee's age during calendar year	Non - tobacco	Tobacco	Spouse's age during calendar year		
less than age 25	\$0.45	\$0.67	less than age 25	\$0.31	
25 - 29	\$0.52	\$0.77	25- 29	\$0.35	
30 - 34	\$0.64	\$0.96	30- 34	\$0.44	
35 - 39	\$0.89	\$1.43	35- 39	\$0.64	
40 - 44	\$1.22	\$2.15	40- 44	\$0.92	
45 - 49	\$1.95	\$3.41	45- 49	\$1.43	\$0.81 per \$2,000
50 - 54	\$2.98	\$5.74	50- 54	\$2.23	ψο.στ ρει ψ2,000
55 - 59	\$4.87	\$8.09	55- 59	\$3.42	
60 - 64	\$7.77	\$12.10	60- 64	\$5.85	
65 - 69	\$13.64	\$20.24	65- 69	\$9.99	
70 - 74	\$24.62	\$35.57	70- 74	\$17.80	
75 and over	\$49.87	\$64.34	75 and over	\$35.64	
AD&D Monthly Rate of:	\$0.49 pe	er \$10,000	\$0.26 per	\$5,000	\$0.07 per \$2,000

This plan highlight is a summary provided to help you understand your insurance coverage from UnumProvident. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.