



Group Life and AD&D Insurance Sparta Area Schools, Policy #413688

Coverage Highlights	
Eligibility	All eligible employees in active employment in the United States with the employer working a minimum of 20 hours per week .
Funding	Your employer pays for the cost of your insurance.
Waiting Period	Please see Human Resources for your benefit waiting period.
Life Benefit Amount	Flat Benefit Amount: \$10,000 .
AD&D Covered Losses and Benefits	<p>The Full Benefit Amount is Paid For Loss of:</p> <ul style="list-style-type: none"> • Life • Both hands, or both feet, or sight of both eyes • One hand & one foot • One hand or one foot & sight of one eye • Speech and hearing <p>Other losses may be covered as well. Please see Human Resources</p>
AD&D Benefit Amount	Amount equal to your Life benefit.
Additional Features	<p>Your policy also includes the below features:</p> <ul style="list-style-type: none"> • Accelerated Death Benefit • AD&D Repatriation Benefit • AD&D Education Benefit • AD&D Seatbelt Benefit • AD&D Airbag Benefit
Portability	If your employment ends with or you retire from your Employer or you are working less than the minimum number of hours as described under Eligible Groups in this plan, you may be eligible to elect portable coverage and continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.
Benefit Reduction Schedule	<p>Your insurance will reduce to:</p> <ul style="list-style-type: none"> • 65% of the original amount at age 70, and • 50% of the original amount at age 75.
Coverage Exclusions – AD&D Insurance	<p>AD&D benefits are excluded (not paid) for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • suicide, self destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane; • active participation in a riot; • an attempt to commit or commission of a crime; • the 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 physician. This exclusion will not apply to you or your dependent if the chemical substance is ethanol; • 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; • being intoxicated; • war, declared or undeclared, or any act of war.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for a complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

Coverage Highlights - Standard Features																									
Eligibility	All eligible employees in active employment in the United States with the employer working a minimum of 20 hours per week .																								
Funding	Your employer pays for the cost of your insurance.																								
Monthly Benefit Amount	Maximum Benefit: 66.6667% of monthly earnings; or a maximum monthly benefit of \$2,000 . Benefit may be reduced by deductible sources and any earnings you have while disabled.																								
Elimination Period	You must be continuously disabled through your elimination period. The days that you are not disabled will not count toward your elimination period. Your elimination period is 90 days .																								
Duration of Benefit	Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability and in accordance with the schedule below. <table border="1" data-bbox="389 619 1193 955"> <thead> <tr> <th><u>Age at Disability</u></th> <th><u>Maximum Period of Payment</u></th> </tr> </thead> <tbody> <tr> <td>Less than Age 60</td> <td>To age 65</td> </tr> <tr> <td>Age 60</td> <td>60 months</td> </tr> <tr> <td>Age 61</td> <td>48 months</td> </tr> <tr> <td>Age 62</td> <td>42 months</td> </tr> <tr> <td>Age 63</td> <td>36 months</td> </tr> <tr> <td>Age 64</td> <td>30 months</td> </tr> <tr> <td>Age 65</td> <td>24 months</td> </tr> <tr> <td>Age 66</td> <td>21 months</td> </tr> <tr> <td>Age 67</td> <td>18 months</td> </tr> <tr> <td>Age 68</td> <td>15 months</td> </tr> <tr> <td>Age 69 or older</td> <td>12 months</td> </tr> </tbody> </table>	<u>Age at Disability</u>	<u>Maximum Period of Payment</u>	Less than Age 60	To age 65	Age 60	60 months	Age 61	48 months	Age 62	42 months	Age 63	36 months	Age 64	30 months	Age 65	24 months	Age 66	21 months	Age 67	18 months	Age 68	15 months	Age 69 or older	12 months
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Definition of Disability	You are disabled when Unum determines that: <ul style="list-style-type: none"> • you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and • you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury. <p>After 24 months of payments, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. You must be under the regular care of a physician in order to be considered disabled.</p>																								
Exclusions and Limitations																									
Pre-existing Condition	You have a pre-existing condition if: <ul style="list-style-type: none"> • received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 30 days just prior to his/her effective date of coverage; and • the employee has performed the material and substantial duties of his/her regular occupation for less than 5 consecutive days after his/her effective date of coverage. 																								
Mental Nervous and Self Reported Symptoms Limitation	No limitations.																								
Coverage Exclusions	Your plan does not cover any disabilities caused by, contributed to by, or resulting from your: Intentionally self-inflicted injuries; active participation in a riot; loss of a professional license, occupational license or certification; commission of a crime for which you have been convicted; pre-existing condition.																								
Offsets	Your Long Term Disability plan offsets for other deductible sources of income. Please see contract for full listing of offsets.																								

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