



## Voluntary Term Life Insurance and AD&D Coverage Highlights

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### Point32Health

#### Your Plan

##### **Eligibility**

All full-time and part-time employees in active employment in the United States working at least 20 hours per week. Coverage is effective upon date of hire.

##### **Coverage Amounts**

Your Voluntary Term Life coverage options are:

Employee: 1,2,3,4 or 5 times annual earnings to a maximum of the lesser of 5 times annual compensation or \$1,500,000.

*All amounts are rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof.*

Spouse/DP: \$10,000 increments to an overall maximum of \$600,000.

*All amounts are rounded to the next higher multiple of \$10,000, if not already an exact multiple thereof.*

Child: Live Birth to 26 (coverage will end at the end of the month in which the child turns 26) \$5,000 or \$10,000 option.

*All amounts are rounded to the next higher multiple of \$5,000, if not already an exact multiple thereof.*

Your Voluntary AD&D coverage options are:

Employee: Increments of \$10,000. *Not to exceed the lesser of 10 times annual earnings or \$1,000,000.*

*All amounts are rounded to the next higher multiple of \$10,000, if not already an exact multiple thereof.*

Family Coverage Schedule (Benefits will be paid to the employee)

Spouse Only : 60% of employee amount to a maximum of \$300,000

Spouse with Child(ren): 50% of employee amount to a maximum of \$300,000

Child with Spouse: 15% of employee amount to a maximum of \$25,000

Child Only: 20% of employee amount to a maximum of \$25,000

*In order to purchase AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.*

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

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

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- Speech and Hearing

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

### ***EVIDENCE OF INSURABILITY***

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 3 times annual compensation or \$750,000 for yourself and any amount of coverage up to \$30,000 for your spouse without Evidence of Insurability. Any Life insurance coverage over these Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage at anytime and you and your spouse will be required to furnish evidence of insurability for the entire amount of coverage. All child coverage and all AD&D coverage do not require evidence of insurability.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you must wait until the next annual enrollment or within 31 days of a change in status and any increase in Life insurance coverage will be subject to evidence of insurability. All child coverage and all AD&D coverage do not require evidence of insurability.

Please see your Plan Administrator for your eligibility date.

### ***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 BASIC and VOLUNTARY life insurance amount up to \$250,000, 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 and are approved for waiver of premium, your premium payments will be waived during the period of disability.

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

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### ***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.

**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;
  - 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;
  - Attempt to commit or commission of a crime;
  - 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.)
  - Travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while it is being used for test or experimental purposes; you or you dependent is operating, learning to operate, or serving as a member of the crew; it is being operated by, or for, or under the direction of any military authority. (This exclusion does not apply to transport type aircraft operated by the Military Airlift Command of the United States; or similar air transport service of any other country.)
  - Travel or flight in any aircraft or device for aerial navigation, including boarding or alighting from it, owned or leased by, or on behalf of your employer.
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## ***Voluntary Term Life Insurance and AD&D Coverage Highlights (Continued)***

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- Service on full-time active duty in the Armed Forces of any country or international authority.
- Treatment rendered by a Physician, Nurse or any other person who is:
  - Employed or retained by the Subscriber;
  - Providing homeopathic, aromatherapeutic or herbal therapeutic services;
  - Living in the Covered person's household;
  - A parent, sibling, spouse or child of the Covered Person
- Participation in hazardous sports; auto racing, boat racing, scuba diving, bungee jumping, skydiving, parachuting, hang gliding, ballooning, flying ultra lights, mountain climbing, or any similar sport or avocation.

### ***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 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.

### ***Delayed Effective Date of Coverage***

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: 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 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.

### ***Changes to Coverage***

Each year you and your spouse will be given the opportunity to change your Life coverage and AD&D coverage. Any increase in Life coverage will require evidence

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

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of insurability. The suicide exclusion will apply to any increase in coverage. AD&D coverage does not require evidence of insurability for increase amounts.

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 your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

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