

Supplemental Life Insurance Employee Benefit Highlights

BENEFIT AMOUNTS	<p>Your Supplemental Life coverage options are:</p> <p>Employee: Up to 5 times salary in increments of \$10,000. <i>Not to exceed \$500,000.</i></p> <p>Spouse: Up to 50% of employee amount in increments of \$5,000. <i>Not to exceed \$250,000.</i> Benefits will be paid to the employee.</p> <p>Child(ren): Benefit amount of \$10,000 for dependent children. Benefits will be paid to the employee.</p> <p><i>In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.</i></p>
ELIGIBILITY	All employees actively at work and scheduled to work 40 hours per pay period, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).
GUARANTEE ISSUE	If you and your eligible dependents enroll within 30 days of employment, you may apply for any amount of Life insurance coverage up to \$150,000 for yourself and any amount of coverage up to \$50,000 for your spouse without the requirement of health questions.
EFFECTIVE DATE OF COVERAGE	Coverage will be effective the 1st of the month following 30 days of employment.
CHANGES TO COVERAGE	Each year you and your spouse will be given the opportunity to change your Life coverage. You and your spouse may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum's Medical Underwriters. The suicide exclusion will apply to any increase in coverage.
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 may be waived during the period of disability.
SUICIDE EXCLUSION	<p>Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.</p> <p>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.</p>

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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.

TERM LIFE COVERAGE RATES

Rates shown are your Monthly deduction per \$1000 of coverage:

NOTE: Your rate will increase as you age and move to the next age band.

Age Band	Employee	Spouse	Child(ren)
>24	\$.040	\$.040	\$1.82
25-29	\$.050	\$.050	
30-34	\$.070	\$.070	
35-39	\$.080	\$.080	
40-44	\$.090	\$.090	
45-49	\$.150	\$.150	
50-54	\$.230	\$.230	
55-59	\$.430	\$.430	
60-64	\$.660	\$.660	
65-69	\$1.120	\$1.120	
70-74	\$2.060	\$2.060	
75+	\$2.060	\$2.060	

TERM LIFE CALCULATION WORKSHEET

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

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.

Underwritten by:
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