

Voluntary Accidental Death and Dismemberment Employee Benefit Highlights

BENEFIT AMOUNTS

Your AD&D coverage options are:

Employee: Up to 10 times salary in increments of \$10,000.

Not to exceed \$300,000.

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

Spouse: 50% of employee coverage amount.

Not to exceed \$150,000.

Benefits will be paid to the employee.

Child: 15% of employee coverage amount.

Not to exceed \$45,000.

Benefits will be paid to the employee.

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
- 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 50% of original amount

80 37.5% of original amount

Coverage may not be increased after a reduction.

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).

EFFECTIVE DATE OF COVERAGE

Coverage will be effective the 1st of the month following 30 days of employment.

CHANGES TO COVERAGE

Each year during open enrollment, you and your spouse will be given the opportunity to change your AD&D coverage. AD&D coverage does not require evidence of insurability for increase amounts.

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.

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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.)

PORTABILITY

If you retire, reduce your hours or leave your employer, you may be able to take this coverage with you according to the terms outlined in the contract. You do need to Port your life coverage in order to Port your AD&D. If you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage.

AD&D COVERAGE RATES

	AD&D Cost Per:	Monthly Rate
Employee:	\$1,000	\$.03
Spouse:	\$1,000	\$.03
Child:	\$1,000	\$.03

AD&D CALCULATION WORKSHEET

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

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

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