

## **SMITHAMUNDSEN LLC**

## Voluntary Life and AD&D Insurance Plan Highlights

Policy number: 119599

Who is eligible for this coverage?	All employees working at least 30 hours each week for your employer in the U.S. and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).									
What are the life coverage amounts?	Employee: up to 5 times salary in increments of \$10,000; not to exceed \$500,000.									
	<b>Spouse:</b> up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.									
	<b>Child:</b> up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and 14 days is \$1,000. The maximum death benefit for a child between the ages of 14 days and six months is \$1,000. The maximum death benefit for a child over the age of 6 months is \$10,000.									
What are the AD&D coverage amounts?	Employee: up to 5 times salary in increments of \$10,000; not to exceed \$500,000.									
	<b>Spouse:</b> up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.									
	<b>Child:</b> up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and 14 days is \$1,000. The maximum death benefit for a child between the ages of 14 days and six months is \$1,000. The maximum death benefit for a child over the age of 6 months is \$10,000.									
Can I be denied coverage?	<b>Current employees:</b> If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply between November 1st and January 1st for any amount of additional coverage up to \$140,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.									
	If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage between November 1st and January 1st and will be required to answer health questions for any amount of coverage.									
	<b>New employees:</b> To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. If you do not enroll yourself and/or your dependents during this new hire enrollment period, you will have to wait for the future annual enrollment period to apply. You will need to then answer health questions for the entire amount of coverage you apply for.									
How do I apply?	Please see y	our plan admiı	nistrator							
When is coverage effective?	Please see your plan administrator for your effective date.  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.									
	Coverage for your dependent spouse and/or children may be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Please see contract for more details.									
		ife Rate Chart								
	Age	Employee rate per \$10,000		Spouse rate per \$5,000						
	Under 25	\$0.600		\$0.600						

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	25-29	\$0.600		\$0.500							
	30-34	\$0.700		\$0.545							
	35-39	\$0.800		\$0.755							
	40-44	\$1.200		\$1.080							
	45-49	\$2.000		\$1.690							
	50-54	\$3.000		\$2.635							
	55-59	\$5.100		\$4.045							
	60-64	\$5.800		\$6.915							
	65-69	\$11.400		\$11.815							
	70-74	\$29.000		\$21.050							
	75 +	\$56.830		\$42.160							
	Child life monthly rate is \$0.600 per \$2,000. One										
	life premium covers all children										
		_									
	AD&D rate chart										
How much does		AD&D Cost	Monthly	/ Cost							
	Employee	Per \$10,000	28	1							
coverage cost?	Spouse	Per \$5,000	\$0.1	1							
	Child	Per \$2,000	\$0.0		1						
	Cilita	ι ει ψ2,000	φο.ο		J						
	Term life ca	alculation work	sheet		1						
	Term life calculation worksheet  Coverage Amount Increment				Rate		Mon	thly Cost	1		
		\$	÷	\$10,000	Х			\$			
		\$	÷		X			\$			
	Spouse Children	\$	÷	\$5,000 \$2,000	X			\$			
	anniversary date.  Spouse rate is based on spouse's insurance age.  AD&D calculation worksheet										
						_			1		
	Coverage A		Increment		Rate			thly Cost			
	Employee	\$	÷	\$10,000	Χ		=	\$			
	Spouse	\$	÷	\$5,000	Χ			\$			
	Child	\$	÷	\$2,000	Χ	\$	=	\$			
	Coverage a	mounts will red	luce accordin	g to the fol	lowii	ng schedu	le:				
Do my life	Age:	Age: Insurance amount reduces to:									
				.0.							
insurance benefits		5% @ 70   65% of original amount 0% @ 75   50% of original amount									
decrease with age?	30% @ 73	50% or origina	ar amount								
decrease with age:											
	Coverage n	nay not be incre	eased after a	reduction							
Is the coverage					love	r, you can	contir	nue coverad	e for vourse	elf, your	
	ortable (can I keep spouse, and your dependent children at the group rate. Portability is not available for people who have a										
it if I leave my											
employer?)	life policy to an individual life insurance policy.										
	me poney t	- an marvidual	c mounding	c policy.							
Are there any life	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the										
insurance		overage becom									
exclusions or		aths caused my									
limitations?							,				
I	1	<del></del>	·								

If you become disabled (as defined by your plan) and are no longer able to work, your life premium

payments will be waived until your disability period ends.

Will my premiums

be waived if I'm

disabled?

## The full benefit amount is paid for loss of: life: both hands or both feet or sight of both eyes; What does my AD&D insurance pay one hand and one foot: for? one hand or one foot and the sight of one eye; speech and hearing. Other losses may be covered as well. Please contact your plan administrator. Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from: disease of the body; • diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury Are there any AD&D while insane; exclusions or war, declared or undeclared, or any act of war; limitations? active participation in a riot; committing or attempting to commit a crime under state or federal law; • the voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction or your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol; • intoxication - 'being intoxicated' means you or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred. You 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 layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage. When does my In addition, coverage for any one dependent will end on the earliest of: coverage end? the date your coverage under a plan ends; • the date your dependent ceases to be an eligible dependent; for a spouse, the date of a divorce or annulment; for dependent coverage, the date of your death. Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to your policy or contact your Unum representative.

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

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