



## Term Life Insurance and AD&D Coverage Highlights

### SmithAmundsen, LLC Policy # 119599

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

#### Your Plan

##### **Eligibility**

All employees working at least 30 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

*\*Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.*

##### **Coverage Amounts**

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

Spouse: Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000. Benefits will be paid to the employee.*

Child: 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 6 months is \$1000. Benefits will be paid to the employee.*

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

Your AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

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

Spouse: Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000. Benefits will be paid to the employee.*

Child: 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 6 months is \$1,000. 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



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

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- 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	65% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

### ***Guarantee Issue***

If you enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$140,000 for yourself and any amount of coverage up to \$50,000 for your spouse. Any Life insurance coverage over the 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 only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. AD&D coverage does not require evidence of insurability.

Please see your Plan Administrator for your eligibility date.

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

### Term Life Coverage Rates

Rates shown are your Monthly deduction:

Age Band	Employee per \$10,000	Spouse per \$5,000	Child per \$2,000
- 24	\$ .600	\$ .600	\$ .600
25-29	\$ .600	\$ .500	
30-34	\$ .700	\$ .545	
35-39	\$ .800	\$ .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	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

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

### AD&D Coverage Rates

	AD&D Cost Per:	Monthly Rate
Employee:	\$10,000	\$ .228
Spouse:	\$ 5,000	\$ .150
Child:	\$ 2,000	\$ .060

### Insurance Age

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### Term Life Calculation Worksheet

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____	= \$ _____
Spouse \$ _____	÷ \$ 5,000 x	\$ _____	= \$ _____
Children \$ _____	÷ \$ 2,000 x	\$ _____	= \$ _____
<b>Total Monthly Cost</b>			= \$ _____

### AD&D Calculation Worksheet

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____	= \$ _____
Spouse \$ _____	÷ \$ 5,000 x	\$ _____	= \$ _____
Children \$ _____	÷ \$ 2,000 x	\$ _____	= \$ _____
<b>Total Monthly Cost</b>			= \$ _____

### 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



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

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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 50% of your life insurance amount up to \$750,000, 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 will be waived during the period of disability.

### ***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. (Not available in Illinois or New York.)

**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;

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

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- 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.)

### ***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 layoff or 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.

### **Next Steps**

#### ***How to Apply***

If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

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

Please see your Plan Administrator for your effective date.

#### ***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. Exception: infants are insured from live birth.

"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

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

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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. 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. AD&D coverage does not require evidence of insurability for increase amounts.

### ***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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.

*Underwritten by: Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)  
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Underwritten by:  
 Unum Life Insurance Company of America  
 2211 Congress Street, Portland, ME 04122

SmithAmundsen LLC  
 Policy #119599/Div 001

### Term Life and AD&D Insurance Enrollment Form

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Application Type:

**Initial Enrollment:** To make initial elections; OR

**Annual Enrollment:** To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum. **Note:** If you do not wish to make any changes, do not complete this form. Please contact your plan administrator with any questions.

Employee Social Security Number	Gender	Date of Birth (mm/dd/yyyy)	Hours Worked Per Week
[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	M <input type="checkbox"/> F <input type="checkbox"/>	[ ][ ] / [ ][ ] / [ ][ ][ ][ ]	[ ][ ]
Employee First Name	M.I.	Last Name	
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ]	[ ]	
Employee Street Address	City	State	Zip Code
[ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ]	[ ][ ][ ][ ][ ]
Original Date of Hire	Annual Salary	Occupation	
[ ][ ] / [ ][ ] / [ ][ ][ ][ ]	[ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	

If date below unknown, consult with your Plan Administrator to complete:

Date entered into an eligible class (ex: *part time to full time*) or

Rehire Date or

Date of promotion to an eligible class

Spouse First Name (if coverage is selected)

Spouse Date of Birth (mm/dd/yyyy)

[ ][ ] / [ ][ ] / [ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ] / [ ][ ] / [ ][ ][ ][ ]
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**HAVE ANY TOBACCO PRODUCTS BEEN USED IN THE LAST 12 MONTHS?**

You:  Yes     No      Your Spouse:  Yes     No

**COVERAGE ELECTIONS:** Please indicate below the coverage amounts you would like to select for you and your spouse and/or child, if applicable. Dependent life and/or AD&D coverage amounts cannot exceed 100% of your life and/or AD&D coverage amounts. Any coverage amounts left blank will result in a coverage amount of \$0.

**AMOUNT OF COVERAGE SELECTED FOR:**

Life You: \$ [ ][ ] , [ ][ ][ ] , [ ][ ][ ][ ]

AD&D You: \$ [ ][ ] , [ ][ ][ ] , [ ][ ][ ][ ]

Your Spouse: \$ [ ][ ] , [ ][ ][ ]

Your Spouse: \$ [ ][ ] , [ ][ ][ ]

Your Child: \$ [ ][ ] , [ ][ ][ ]

Your Child: \$ [ ][ ] , [ ][ ][ ]

**NOTE:** If you have chosen coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective in accordance with the terms of the policy. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage. This applies to Life coverage only. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator.

**Beneficiary Information:** Please complete the beneficiary information on the reverse side of this form.

**Request for Signature and Certification:** *I have read and understand the "Limitations and Exclusions" on the reverse side of this enrollment form.* I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

\_\_\_\_\_  
Employee Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER

## Beneficiary Information

NAME (last name, first, middle initial):	RELATION TO YOU:	BENEFIT %:
IF THE BENEFICIARY(IES) NAMED ABOVE ARE NOT LIVING, THEN PAY:		

## Limitations and Exclusions

### DELAYED EFFECTIVE DATE:

**Employee:** Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

**Dependents:** Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of 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; or has a life threatening condition.

### EXCLUSION FOR SUICIDE:

#### Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

**This Suicide Exclusion does not apply to Washington residents.**

### AD&D BENEFIT EXCLUSIONS

AD&D Benefits would 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, or self-inflicted injury;
- 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 any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- 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.)