

Allen Independent School District Policy # 422431

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

<u>Your Plan</u>		
Eligibility Coverage Amounts	U.S. with the with th	ees working at least 15 hours each week in active employment in the ne employer, and their eligible spouses and children to age 26. abled children over the maximum child age may be eligible for benefits, your plan administrator for more details. Life/AD&D coverage options are:
	Employee	: Up to 7 times salary in increments of \$10,000. Not to exceed \$500,000.
	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.
	Child:	\$10,000. 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 Life/AD&D coverage for your spouse and/or child, you must purchase Life/AD&D coverage for yourself.
		 enefit 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 es may be covered as well. Please see your Plan Administrator.
		amount(s) will reduce according to the following schedule:
	Age: 70 75 80 85	Insurance Amount Reduces to: 65% of original amount 45% of original amount 30% of original amount 20% of original amount may not be increased after a reduction.
Guarantee Issue	09/01/201 \$230,000 spouse. A subject to enroll on o enrollmen	Employees: If you and your eligible dependents enroll on or before 6, you may apply for any amount of Life insurance coverage up to for yourself and any amount of coverage up to \$50,000 for your ny Life insurance coverage over the Guarantee Issue amount(s) will be evidence of insurability. If you and your eligible dependents do not or before 09/01/2016, you can apply for coverage only during an annual t period and will be required to furnish evidence of insurability for the punt of Life insurance coverage. AD&D coverage does not require

evidence of insurability.

			surdonney.			
		wish to increase with evidence until the next a	se your Life insu of insurability a annual enrollme	idents enroll on or before 09/01/2016, and later urance coverage, you may increase your coverage at anytime during the year. However, you may wait nt and only coverage over the Guarantee Issue vidence of insurability.		
		Employees hired on or after 09/01/2016: 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 \$230,000 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. AD&D coverage does not require evidence of insurability.				
		and later, wish coverage, with you may wait	to increase you evidence of ins until the next an	idents enroll within 31 days of your eligibility date, in coverage, you may increase your Life insurance surability, at anytime during the year. However, inual enrollment and only Life insurance coverage unt(s) will be subject to evidence of insurability.		
		Please see you	r Plan Administ	trator for your eligibility date.		
Term Life and AD&	ח					
Coverage Rates	D	Rates shown are your Monthly deduction:				
	Age Band	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000		
	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69	\$.237 \$.417 \$.637 \$1.227	\$.060 \$.070 \$.077 \$.097 \$.117 \$.237 \$.417 \$.637 \$1.227	\$.128 NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.		
		\$2.317	\$2.317			
	75+	\$2.617	\$2.617			
Insurance Age		Your rate is bas	sed on your insu	e as you age and move to the next age band. Trance age. To calculate your insurance age, subtract r 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 and AD&D	<i>C</i> .		C	,		Monthly
Calculation Worksheet	Coverage A	mount	Increment	Rate		Cost
	Employee	\$		\$		\$
	Spouse	\$		\$		\$
	Children	\$	- ÷\$1,000 x	\$	_ =	\$
		To	otal Monthly Cost		=	\$
Additional Benefits						
Life Planning Financial & Legal Resources	counseling to is also extend The financia strategies need	o survivors a ded to you u l consultants eded to prote	and terminally ill en pon the death or te s are master level c	nployees a rminal illno onsultants. erve curren	t no cos ess of y They v t lifesty	les, and build future
Portability/Conversion	with you acc medical cond ineligible to	ording to the lition which port your co		the contrac ct on life e lso have th	ct. How expectar ne option	
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	•		as defined by your will be waived du	· ·		onger able to work, disability.
Retained Asset Account	This interest	bearing acc		shed in the	e benefi	ined Asset Account. ciary's name. He or more, as needed.
Additional AD&D Benefits	accident, an a must be a ful York.) Seat Belt/Ai accident and	additional b ll-time stude r Bag Bene are wearing	nt beyond grade 12	ur depende 2. (Not ava nsured dep d seat belt	nt child ilable in pendente and/or	l(ren). Your child(ren) n Illinois or New (s) die in a car are in a seat with an
<u>Limitations/Exclusions/</u> Termination of Coverage						
Suicide Exclusion			paid for deaths cau ve date of coverage	-	cide in t	he first twenty-four
			al benefits will be the state of the second se			caused by suicide ditional insurance is

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.)				
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.				
<u>Next Steps</u>					
How to Apply	Current employees: To apply for coverage, complete your enrollment form by 09/01/2016.				
	For employees hired on or after 09/01/2016: To apply for coverage, complete your enrollment form within 31 days of your eligibility date.				

All employees: 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	Your coverage will become effective on 09/01/2016. For employees who become eligible after this date, please see your Plan Administrator for your effective date.
Delayed Effective Date of Coverage	<u>Employee</u> : 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.
	<u>Dependent</u> : 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 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.

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