

## Socorro Independent School District Life and AD&D Insurance Plan Highlights Policy Number 474618

Who is eligible for this coverage?	All actively employed employees working at least 30 hours each week for your employer in the U.S.
What is the coverage amount?	Your employer is providing you with one of the following options:
	<b>Option 1</b> : If you are participating in the District's medical plan:
	\$30,000 of term life insurance and \$60,000 of Accidental Death and Dismemberment insurance.
	Or
	<b>Option 2:</b> If you are <i>not</i> participating in the District's medical plan:
	\$50,000 of term life insurance and \$60,000 of Accidental Death and Dismemberment insurance.
Is it portable (can I keep it if I leave my employer)?	If you retire, reduce your hours or leave your employer, you can continue coverage at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.
When is coverage effective?*	Please see your plan administrator.
What does my AD&D insurance pay for?	<ul> <li>The full benefit amount is paid for loss of:</li> <li>Life</li> <li>Both hands or both feet or sight of both eyes</li> <li>One hand and one foot</li> <li>One hand and the sight of one eye</li> <li>Speech and hearing</li> </ul>
Do my Life/AD&D insurance benefits decrease with age?	Coverage amounts will reduce according to the following schedule:
	Age:Insurance amount reduces to:7050% of original amount
	Coverage may not be increased after a reduction.

\*Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

The policy provisions may vary or not be available in all states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

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

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## EN-1771 (6-18) FOR EMPLOYEES