



Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Sunland Group

Long Term Disability Insurance
 Enrollment Form
Policy #589667

Employee Name: _____		Occupation: _____	
Social Security Number: ____ - ____ - _____		Date of Birth: ____ / ____ / _____	
Hours Worked/Week: _____		Gender: _____	Location: _____
Date of Hire: ____ / ____ / _____		Annual Salary: _____	

Rates* per \$100 of Covered Salary			
Age	Rate	Age	Rate
< 25	\$0.10	50 – 54	\$0.76
25 - 29	\$0.12	55 – 59	\$0.97
30 - 34	\$0.19	60 – 64	\$0.96
35 - 39	\$0.28	65 – 69	\$1.13
40 - 44	\$0.38	70 +	\$1.43
45 - 49	\$0.55		

*LTD rates are based on five-year increments. Rates increase as you age.

To calculate the per-paycheck cost for this coverage, complete the calculations below.

Note: If your annual salary exceeds _____, use _____ as your annual salary in the calculation.

$$\frac{\text{Annual Salary}}{100} = \text{_____} \times \frac{\text{Your Rate}}{\text{Your Annual Cost}} = \text{_____} \div \frac{\text{\# of Paychecks per Year}}{\text{Cost per Paycheck*}}$$

* Final cost may vary slightly due to rounding.

Yes, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.**

No, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

Employee Signature: _____

Date: ____ / ____ / _____

Return Forms To: _____

By: ____ / ____ / _____

This section to be completed by your employer:

Coverage Effective Date: ____ / ____ / _____



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Please read carefully the following description of your UnumProvident Long Term Disability Income Protection insurance plan.

Your Plan

Eligibility

You are eligible for LTD coverage if you are an active employee in the United States working a minimum of 20 hours per week.

Benefit Amount

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a maximum of \$5,000

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in UnumProvident's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability

You are disabled when UnumProvident determines that:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 24 months, you are disabled when UnumProvident determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above.

During your elimination period you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 60, benefits will be payable until age 65. If your disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule.

Gainful Occupation

Gainful occupation means an occupation that is or can be expected to provide you with an income at least equal to your gross disability payment within 12 months of your return to work.

Additional Benefits***Rehabilitation and Return to Work Assistance***

UnumProvident has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

Dependent Care Expense Benefit

If you are disabled and participating in UnumProvident's Rehabilitation and Return to Work Assistance program, UnumProvident will pay a Dependent Care Expense Benefit when you are disabled and you:

- are incurring expenses to provide care for a child under the age of 15;
-

- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

Waiver of Premium

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

Work/Life Balance Employee Assistance Program

Work-life balance is a comprehensive resource providing access to professional advice for a wide range of personal and work-related issues. The service is available to you and your family members twenty-four hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master's-level consultants, up to three face-to-face counseling sessions to help with more serious issues; and online resources. There is no charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, UnumProvident's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

Worldwide Emergency Travel Assistance Services

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

Survivor Benefit

UnumProvident will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments. If you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death.

Limitations/Exclusions/ Termination of Coverage

Pre-existing Condition Exclusion

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; and
- the disability begins in the first 24 months after your effective date of coverage; unless you have been treatment-free from the pre-existing condition for 12 consecutive months after your effective date.

Instances When Benefits Would Not Be Paid

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

UnumProvident will not pay a benefit for any period of disability during which you are incarcerated.

Mental and Nervous

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 12 months. Only 12 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 12 months only if you are confined to a hospital or institution as a result of the disability.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided under the covered layoff or leave of absence provision.

UnumProvident will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Next Steps

How to Apply

Current employees: To apply for coverage, complete your enrollment and evidence of insurability in order to qualify for coverage.

New Hire Employees: To apply for coverage, complete your enrollment form within 31 days of your eligibility date. After that date you will be required to provide evidence of insurability in order to qualify for coverage.

Delayed Effective Date of Coverage

Insurance 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.

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 UnumProvident. 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.

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Work-life balance employee assistance program services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with selected UnumProvident insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your UnumProvident representative for full details.

Underwritten by:

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

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