UNUMPROVIDENT

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

Sunland Group

Short Term Disability Insurance
Enrollment Form
Policy #589667

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

Rates* per $10 of Weekly Benefit	
Age	**Rate**
<25	$0.29
25 – 29	$0.31
30 – 34	$0.29
35 – 39	$0.27
40 – 44	$0.29
45 – 49	$0.29
50 – 54	$0.36
55 – 59	$0.48
60 – 64	$0.60
65 – 69	$0.64
70+	$0.64
**STD 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 weekly salary exceeds _____, use _____ as your weekly salary in the calculation.*

_____ (Annual Salary) ÷ 52 = _____ (Weekly Salary) X _____ (Benefit %) = _____ **Your Weekly Benefit**

_____ (Your Weekly Benefit) ÷ 10 = _____ X _____ (Your Rate) = _____ **Your Monthly Cost**

_____ (Your Monthly Cost) X 12 = _____ (Annual Cost) ÷ _____ (# Paychecks per Year) = _____ **Cost per Paycheck***

☐ **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: __ __/__ __/__ __ __ __

* Final cost may vary slightly due to rounding.

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Short Term Disability Income Protection Insurance Plan Highlights

Sunland Group
Policy # 589667

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Your Plan

Eligibility

You are eligible for coverage if you are an active employee a minimum of 20 hours per week.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of $1,000 per week.

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 due to your sickness or injury:

- you are unable to perform the material and substantial duties of your regular occupation; and
- you are not working in any occupation.

This provision allows you to return to work on a part-time basis and collect a "partial" benefit, payable to the full duration of disability as defined above in the Benefit Duration.

We will pay you a partial disability benefit after you have received benefits under the plan for at least 4 consecutive weeks if:

- you begin performing at least one of the material and substantial duties of your regular occupation or another occupation; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

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. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 7 days.

If your disability is due to a sickness, your Elimination Period is 7 days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 12 weeks.

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 $250 per week. In addition, we will make weekly payments to you for 3 weeks 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.

Limitations/Exclusions/ Termination of Coverage

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;
- any period of disability during which you are incarcerated;
- an **occupational injury or sickness**,(*this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law);*

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. Please see your Plan Administrator for further information on these provisions.

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 form 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 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.

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.

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