TERM LIFE INSURANCE ELECTION OF PORTABILITY COVERAGE



Important Information When Considering Portability Coverage

When your group term life insurance coverage ends, either because your employment has terminated or you no longer are eligible to participate in your employer's group life policy, you have two choices for continuing your life insurance coverage: Portability or Conversion. While there are a number of differences between portability and conversion, some key considerations are:

- Portability allows you and your dependents to continue (or "port") your Life and/or AD&D coverage at group rates.
 The ported coverage will be subject to the same provisions contained in your employer's group life insurance policy.
 Importantly, you cannot port coverage for anyone who has an injury or sickness which has a material effect on life expectancy.
- Conversion allows you and your dependents to purchase individual life insurance policies (but not AD&D) at rates
 that may be higher than portability rates. The conversion policies you choose will not contain the exact same coverage
 you had under your employer's group life insurance policy. Unlike portability, conversion is available even if you
 or your dependents have a sickness or injury which has a material effect on life expectancy.

If you believe Portability is right for you, read the information below to determine whether you and your dependents are eligible to port your coverage.

PORTABILITY COVERAGE IS NOT AVAILABLE FOR ANYONE WITH AN INJURY OR SICKNESS WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. This means individuals diagnosed with, or having received medical advice or sought treatment for, any of the following injuries or sicknesses in the past 10 years cannot elect this coverage:

- Acquired immune deficiency syndrome (AIDS)
- Amyotrophic lateral sclerosis (ALS)
- Cerebral palsy with cognitive impairment
- · Chronic renal disease
- Chronic lung disease, including emphysema
- Cirrhosis of the liver
- Congestive heart failure
- Coronary artery disease, heart surgery, or transient ischemic attack (TIA)
- Cystic fibrosis
- Dementia, including Alzheimer's disease
- Diabetes other than gestational or diet controlled
- Drug or alcohol abuse
- Hepatitis B or C
- High blood pressure concurrently treated with three or more medications

- Leukemia, lymphoma or any cancer other than basal or squamous cell carcinoma of the skin
- Morbid obesity defined as a Body Mass Index (BMI) greater than 40

Calculate a BMI using the Center for Disease Control's BMI Calculator online at http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator.html or call us with height/weight information and we'll calculate it for you.

- Muscular dystrophy
- Psychiatric hospitalization
- Quadriplegia
- Stroke
- Systemic lupus erythematosus or any other rheumatologic disease

If you are not sure whether anyone applying for this coverage has an injury or sickness in the list above, then attach to this election form the name of the individual with the injury/sickness, his/her relationship to you, a description of the condition, and any current medications. Unum will review the information provided and let you know whether portable coverage is an option.

Important: When a life insurance claim is submitted to Unum on an individual who died within two years of the date that portability coverage became effective, Unum reviews medical records to determine whether the deceased individual was eligible for portability. If Unum determines the deceased individual wasn't eligible for portability due to an injury or sickness which had a material effect on life expectancy, the beneficiary will not receive the portability amount elected. Instead, the beneficiary will receive a significantly reduced benefit (or possibly no benefit at all). Please see the Portability section of your employer's group policy for an explanation of how the benefit may be reduced.

If after reading the information on this page you believe you and/or your dependents aren't eligible to elect portability coverage, remember that you and your dependents may qualify for conversion coverage. Contact your employer for the conversion application form and rates.

If you believe you and/or your dependents are eligible for portability, continue to page 2.

Important Information

What type of coverage can be ported?

- Basic Life is insurance that your employer provided for you when you were in active employment.
- Supplemental Life is insurance elected by you for which you paid the premiums when you were in active
 employment.
- AD&D is Accidental Death & Dismemberment coverage and may not exceed Life coverage.

What are your employer's responsibilities?

- Fully complete Section 1 on page 3 of this election form and provide it to the employee. Incomplete election forms may result in a denial of coverage.
- Provide the portability rate table to the employee.

What are your responsibilities as the employee?

- Complete Section 2 on page 3 and the Beneficiary Designation Form on page 4. Incomplete forms may be denied.
- Portable coverage is available in amounts up to your current coverage amounts without evidence of insurability—but cannot exceed \$750,000 across all Unum Life and AD&D coverages.
- If you wish to elect coverage in an amount other than your current coverage amount, provide the requested amounts.
 Coverage is subject to the minimum and maximum limits provided in the employer's policy. Contact your employer for a copy of the group life insurance policy.
- An initial premium payment must be submitted by ACH form or check with this election form within 31 days form the date your coverage ends.
- Please remember to (1) include your ACH form or initial payment; (2) sign and date page 3 of this election form; (3) designate a beneficiary on page 4; and (4) retain a copy of this entire form for your records.
- Mail pages 3 and 4 of this election form and your initial premium payment to the address listed at the top of page 3.

What should you know when completing your Beneficiary Designation Form?

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- Contingent Beneficiary(ies) means the person(s) you choose to receive your insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a child's court-appointed financial guardian. The regulations governing minor beneficiaries vary by state.
- Trust You may designate a valid trust as a beneficiary.
- **Updates to Your Beneficiary Designation** You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- Consult an Attorney This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



TERM LIFE INSURANCE ELECTION OF PORTABILITY COVERAGE

Submit to: Unum Life Insurance Company of America (Unum) Portability Unit 2211 Congress Street, Portland, ME 04122 • 1-800-421-0344 • Fax 207-575-2993

EMPLOYER CO	OMPLETES SECTION	l 1								
Company Name:					Policy Numb	per	Divis	sion	Class	
Employee Name (Last, First, MI):					Policy Numl	ber	Divis	sion	Class	
p - y (,										
Date Coverage E	Ends (mm/dd/yyyy):	whe	ured on disability or sick leave		Reason for Loss of Coverage: ☐ Terminated Employment					
Current Annual E	arnings:		∕es* □ No ′es, date premium paid · 	□ Retired □ Reduced Hours (must be working) □ Other, Explain						
Fill in Current C	overage Amounts fo	r Eac	h Insured and Insuran	се Туре						
Insured Type	Basic Life		Supplemental Life		Basic AD&D)	Supplemental AD&D			
Employee										
Spouse										
Child										
Plan Administrato	or Name:				Plan Admini	strator Signati	ıre:			
Plan Administrato	or Telephone Number:					strator Email:				
EMPLOYEE CO	OMPLETES SECTION	l 2			•					
Insured Mailing A	Address (Street, PO Bo	ox, Cit	ty, State, Zip):			Home Telephor Alternate Telep				
Insured Social Se	ecurity Number:		Insured Date of Birth (yyy): Gender:] Female				
Spouse Name:			Spouse Date of Birth (ууу):	yy): Spouse Social Security Num			mber:		
Child Name:			Date of Birth: *	ame:		Date of Birth: *				
Child Name:			Date of Birth: *	ime:	Date of Birth: *					
* Check the polic	y or your certificate. D	epend	dent eligibility is subject	to age, s	tudent and/o	r marriage sta	tus.			
Have you used to in the past twelve	obacco products e months? □ Yes [□ No				spouse used st twelve mont		produc Yes		
Fill in Requeste amount of \$0. C	d Coverage Amounts overage reduces acc	s for E cordin	Each Insured and Insung to your employer's	rance Ty group in	pe - coveraç surance pol	ges left blank icy.	will res	ult in a	coverage	
Insured Type	Basic Life		Supplemental Life		Basic AD&D		Supplemental AD&D			
Employee										
Spouse										
Child										
and Agreement I am opting Quarter I understand and Any coverage ch group term life co	for Automatic Payme out of monthly payme y (Every three months agree to the following osen on this election f	ents forms and some some some some some some some some	IA AUTOMATIC PAYMI orm with your applica nd want to pay by chec Semi-Annually (Every vill be issued in accorda eath and Dismemberm s provided therein.	tion. k or mone six month	ey order (madns)	de payable to lally (One time	Unum) ve per yea	with the ar) n the ei	following option:	
Portable coverage	e will be effective the	first of	f the month after your g	roup cove	erage ends so after the dat	ubject to your te your group (applying coverad	g for por e ends.	rtable coverage	
HAVING READ A SECTION ON PA WHICH HAS A N	AND UNDERSTOOD AGE 1 OF THIS FORM MATERIAL EFFECT O	THE " /I, I CE IN LIF	IMPORTANT INFORM ERTIFY THAT NEITHEI E EXPECTANCY. I UN NT TO PROVIDE COV	ATION W R I NOR I DERSTA	HEN CONSI	DERING POR	RTABILI AN INJU	TY COV	VERAGE" R SICKNESS	
			s has a material effect o overage available under					verage	was elected,	
Insured Signature:			Today's Date (mm/dd/y	yyyy):	Insured's Em		nail Add	ress		
Please remembe	er to complete and sen	ıd in yo	l our beneficiary designa	tion with	this application	⊥ on. Please reta	ain a cop	by for yo	our records.	



PORTABILITY BENEFICIARY DESIGNATION FORM

2211 Congress Street Portland Maine 04122 Phone: 1-800-421-0344 Fax: 207-575-2993

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper.

	11				
PART 1: Information About You					
Name (Last Name, Suffix, First Name, MI)		Social Security	y Number		
		-	-		
Policy Number Division					
PART 2: Primary Beneficiary (ies)					
I choose the person(s) named below to be the pat the time of my death. If any primary beneficiary will be paid to the remaining primary beneficiary	ary(ies) is disqu	ary(ies) of the L alified or dies be	ife Insurance benefits fore me, his/her perce	that may be entage of thi	payable is benefit
Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
					Total Must Equal 100%
PART 3: Contingent Beneficiary (ies)					
If all primary beneficiaries are disqualified or diebeneficiary(ies).	e before me, I c	hoose the perso	on(s) named below to	be my conti	ngent
Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
					Total Must Equal 100%
PART 4: Signature					
x					
Signature			Date		
Unum is a registered trademark and marketing brand	d of Unum Group	and its insuring su	ubsidiaries.		



HOW TO CALCULATE YOUR PORTABILITY PREMIUM PAYMENT

Calculate Your Premium Payment						
 Find your rate on the rate table under appropriate tobacco use, if applicable. The rate is based on your age at the time your coverage terminates or is reduced. 						
Note: You will qualify for non-tobacco premium rates if you have not used any tobacco products within the last 12 months.	Base Rate Per \$1,000 of Coverage					
Your life insurance rates will continue to increase with age, every 5 years (for example, at age 50, 55, 60 etc.).						
Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.	Amount of Coverage					
Note: You may be eligible to increase your coverage which would require Evidence of Insurability subject to maximums outlined in your former group insurance policy.						
a. Base Rate Per thousand dollars of coverage:	Base Rate					
b. Number of thousand dollars you want:	# of \$1,000 Units x					
c. Multiply a. by b.:	Base Rate X # of Units					
d. Mode you would like to pay	Mode x_					
Monthly = 1						
Quarterly = 3						
Semi-annual = 6						
Annual = 12						
e. TOTAL c. and d. This is your premium	*TOTAL					
*This is the estimated amount due per payment, actual billed amou	unt may vary slightly due to rounding					
Example:						
 A 44 year old person decides to continue \$25,000 of coverage The person wishes to pay premiums annually The monthly rate for a 44 year old is \$.510 per \$1,000 of cove Calculate premiums: Base rate per thousand dollars of coverage: 	rage \$.510					
b. Number of thousand dollar units you want:	<u>x 25</u>					
c. Multiply a. by b.:	\$12.75 (Monthly)					
d. Multiply c. by 12 for annual	<u>x 12</u>					
e. TOTAL. This is your premium. \$153.00 (Annually)						

Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.

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Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122

1-800-421-0344

Fax number: 207-575-2993

email to: PortabilityConversion@unum.com

Authorization and Agreement for Automatic Payments

Drawn By and Payable To: Unum Life Insurance Company of America (hereinafter referred to as "the Company")

Р	lease	Pri	nt

Ple	Please Print								
BL	BL# / Policy Number					Insured Name		Social Security Number	
BL									
BL									
		w au	thori	zed	payn		request	k 🗆 C	Change in account number
2.	Tape v	oide	d ch	eck	on s	рас	e provided below. Deposit tick	ets do not conta	in all necessary information.
							Tape Voided Che Here	eck	
	Accoun	t Hol	der I	Nam	e		g information if you are not inc		
4.	Please	sign g ch	ı. La	utho	rize	the	bank indicated below to pay and ther orders by electronic or pape	charge to my a	ccount monthly debit entries,
Si	gnature	e(s) c	f Pr	emiu	ım F	ayo	r(s) Signature Date(s)	Bank Informa	ation
								Name Street	State Zip
								I CILV	Sidie ZID

5. Mail to: Unum Life Insurance Company of America

2211 Congress Street
Portland Maine 04122
Mail or Fay to: 207 575

Mail or Fax to: 207-575-2993

I (each of the premium payors whose signature appears on the next page) have **carefully read** the terms of this authorization, and I **understand** and **agree** that:

- 1) This Authorization applies to coverage provided under the policy listed above and to any coverage subsequently added.
- 2) My signature on the next page reflects my intent that my account be debited by the Company in the amount necessary to pay premium.
- 3) No notice of premium due will be furnished while the Authorization is in effect, except, if any check or other debit entry made pursuant to this Authorization is not paid, the Company will send notice of premium past due.
- 4) It is my responsibility to fund my account in an amount sufficient to pay premium when due and failure to do so may result in lapse of coverage.
- 5) This Authorization does not waive, alter or amend any provision of coverage under the above policy.
- 6) No premium shall be deemed paid until the Company receives payment at its Home Office.
- 7) The Company shall incur no liability as a result of the dishonor of any debit entry or any check, draft or other instrument drawn pursuant to this Authorization Agreement.
- 8) This Authorization shall remain in effect unless and until the bank, the insured person or premium payor presents written notice of termination to Unum.

 Exception: The Company may terminate this Agreement, by providing written notice thereof, in the

event that, within any period of twelve consecutive months, two or more premium debits are not paid upon presentation, or if any time the Company is required to refund to the bank any amount paid pursuant to this Authorization.

- 9) Upon termination of this Agreement, premiums will be payable at the rate (amount) and mode (frequency) required under the Company's usual rate and mode for coverages not enrolled in the Automatic Payment Plan.
- 10) Funds must be paid in U.S. dollars and withdrawn from a U.S. bank.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

Please retain a copy of this form for your records

*This authorization is valid for the following Unum insurance subsidiaries: Unum Life Insurance Company of America, First Unum Life Insurance Company and Provident Life and Accident Insurance Company.

Unum is a registered trademark and marketing brand of the Unum Group and its insuring subsidiaries.



THIRD PARTY AUTHORIZATION PORTABILITY PROTECTION PLAN **Unum Life Insurance Company of America 2211 Congress Street** Portland, ME 04122

Attention: Portability/Conversion Unit Fax: 207-575-2993

For toll-free assistance call: 1-800-421-0344

POLICY OWNER NAME	BL#				
	BL#				

AUTHORIZED INDIVIDUAL(S) NAME	Relationship to the Policy Owner	PHONE NUMBER

I authorize Unum Group, its subsidiaries and affiliates* and duly authorized representatives ("Unum") to disclose the following insurance plan, policy billing and beneficiary information to the person(s) or organization(s) listed above, for the purpose of assisting me with my insurance coverage:

- Information regarding my coverage, including policy provisions and riders;
- Information regarding premium calculation, invoicing and payments; and
- Name(s) of designated beneficiaries (if applicable).

This authorization does not alter any prior designation made under any law protecting against unintentional lapse of coverage.

This authorization does not allow the authorized individual(s) or organization(s) to make any changes to my coverage, policy, riders, beneficiary designations, or assignments under my policy.

This Authorization does not allow Unum to share claim or health information including, but not limited to, my medical condition, diagnosis, treatment, or pre-existing condition information; the names of my physicians and other medical providers; or benefit amounts paid to me or on my behalf.

Unum will rely on this authorization until I revoke it in writing.

Unum may provide information in writing, electronically, or by telephone (including voice mail messages).

CERTIFICATION

- I understand that once information is disclosed to the named authorized Individuals or Organizations, it may no longer be protected by federal privacy regulations.
- I am not required to sign this authorization and Unum may not condition payment of claims on whether I sign this authorization.
- I am entitled to receive a copy of this authorization.
- I may revoke this authorization in writing at any time, except to the extent that Unum has relied on the authorization prior to notice of revocation.

Policy Owner Signature	Date Signed
Print Namo	

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