



# Understanding Your Benefits Is Vital



*Vi provides employees with a comprehensive benefits package which helps to make Vi a great place to work. Voluntary (additional) term life insurance provided as part of Vi's benefits package offers employees and their families the financial protection they need, with the choices they want. During your initial eligibility period, please take the time to learn about this important coverage and how it can benefit you and your family. ...Don't miss out!*

**Breathe  
Easier  
with This  
Benefit**



## HOW TO APPLY

To apply for coverage, complete your enrollment form for Group Voluntary Life Insurance within your eligibility period, and return it to your HR Representative.

## Voluntary Term Life Insurance

What would your loved ones do without you? Term life insurance is an affordable way to leave them money when you die. They can use it to help pay for housing and other expenses, including your funeral arrangements.

During your initial eligibility period, guarantee issue coverage in the amount of the **lesser of 3x annual salary or \$300,000** will be offered to you. Up to **\$25,000** in coverage will be available for spouses and **\$2,500** for eligible dependents. This means that during your initial eligibility period, you may enroll in coverage up to the allowed limits without having to go through medical underwriting – no medical questions will be asked. Don't miss this opportunity to enroll in coverage during this enrollment period as it will allow you to purchase coverage with no medical questions asked!



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**Vi  
Policy # 702518**

Please read carefully the following description of your Voluntary Unum Term Life insurance plan.

**Your Plan**

**Eligibility**

All employees working at least 32 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 26).

**Coverage Amounts**

Your Voluntary Term Life coverage options are:

Employee: Your choice of either \$10,000, 1x, 2x, or 3x times your annual salary.  
*Maximum benefit amount: \$300,000.*

Spouse: Your choice of either \$5,000, \$15,000, or \$25,000.  
*Not to exceed \$25,000.*

Benefits will be paid to the employee.

Child: \$2,500.  
Benefits will be paid to the employee.

*In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself – not to exceed employee coverage amount.*

Coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
70	65% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

**Guarantee Issue**

If you and your eligible dependents enroll within your eligibility period, you may apply for any amount of Life insurance as described above up to \$300,000 for yourself and any amount of coverage as described above up to \$25,000 for your spouse.

If you and your eligible dependents enroll within your eligibility period, and later wish to increase your coverage, you may increase your Life insurance coverage up to the allowed limits, with evidence of insurability, at any time during the year.

If you and your eligible dependents do not enroll within your eligibility period, you may apply for coverage at any time during the year, but you will be required to furnish evidence of insurability for any amount of coverage.

Please see your HR Representative for your eligibility date.

## **Term Life Insurance Coverage Highlights (Continued)**

### **Term Life Coverage Rates**

Monthly cost per \$1,000 of Coverage - Effective 11/1/2014

Age Band	Employee per \$1,000	Spouse per \$1,000	Child Per Unit
15- 24	\$.090	\$.090	\$.50
25-29	\$.080	\$.080	
30-34	\$.090	\$.090	
35-39	\$.120	\$.120	
40-44	\$.180	\$.180	
45-49	\$.280	\$.280	
50-54	\$.440	\$.440	
55-59	\$.670	\$.670	
60-64	\$.950	\$.950	
65-69	\$1.630	\$1.630	
70-74	\$2.900	\$2.900	
75+	\$5.820	\$5.820	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

NOTE: Your rate will increase as you age and move to the next age band.

### **Insurance Age**

Your rate is based on your insurance age, which is your age on your actual birthday, meaning that your age will change with your birthday during the policy year. Spouses' rate is based on the spouse's date of birth.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### **Term Life Calculation Worksheet**

	Coverage Amount	Increment	Rate	Monthly Cost
Employee	\$ _____	÷ \$ 1,000 x	\$ _____	= \$ _____
Spouse	\$ _____	÷ \$ 1,000 x	\$ _____	= \$ _____
Children	\$ <u>2,500</u>		\$ <u>0.50</u>	= \$ _____
	<b>Total Monthly Cost</b>			= \$ _____

### **Additional Benefits**

#### **Life Planning Financial & Legal Resources**

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to the employee. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

#### **Portability/Conversion**

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term life coverage to an individual life insurance policy.

## **Term Life Insurance Coverage Highlights (Continued)**

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### **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 \$300,000, 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**

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

### **Retained Asset Account**

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

### **Limitations/Exclusions/ Termination of Coverage**

#### **Suicide Exclusion**

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

#### **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.

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## **Term Life Insurance Coverage Highlights (Continued)**

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### **Next Steps**

#### ***How to Apply***

To apply for coverage, complete your enrollment form within your eligibility period.

If you apply for coverage beyond your eligibility period, you will need to complete a medical questionnaire which you can get from your Human Resources department. You may also be required to take certain medical tests at Unum's expense.

#### ***Effective Date of Coverage***

Please see your Human Resources Representative for your effective date.

#### ***Delayed Effective Date of Coverage***

Employee: 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.

Dependent: 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***

At any time, you and your spouse may change your coverage with evidence of insurability. Coverage 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.

#### ***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. *Underwritten by: Unum Life Insurance Company of America*, 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com) Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. ©2007 Unum Group. All rights reserved.

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

## Voluntary Term Life Insurance Enrollment Form Vi Policy #702518

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Application Type:

- Initial Enrollment:** To make initial elections; OR
- Annual Enrollment:** To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum. **Note: If you do not wish to make any changes, do not complete this form. Please contact your plan administrator with any questions.**

<b>Employee Social Security Number</b>	<b>Gender</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Hours Worked Per Week</b>
____ - ____ - _____	M <input type="checkbox"/> F <input type="checkbox"/>	____ / ____ / _____	____
<b>Employee First Name</b>		<b>M.I.</b>	<b>Last Name</b>
_____		____	_____
<b>Employee Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
_____		_____	____      _____
<b>Original Date of Hire</b>	<b>Annual Salary</b>	<b>Occupation</b>	
____ / ____ / _____	____, _____, _____	_____	
	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		

If date below unknown, consult with your Plan Administrator to complete:

- Date entered into an eligible class (ex: part time to full time) or**
- Rehire Date or**
- Date of promotion to an eligible class**

<b>Spouse First Name (if coverage is selected)</b>	<b>Spouse Date of Birth (mm/dd/yyyy)</b>
_____	____ / ____ / _____

**COVERAGE ELECTIONS:** Please indicate below the coverage amounts you would like to select for you and your spouse and/or child, if applicable. Dependent life coverage amounts cannot exceed 100% of your life coverage amounts. Any coverage amounts left blank will result in a coverage amount of \$0.

**Amount of coverage selected for:**

<b>Employee:</b>	<b>Spouse:</b>	<b>Child(ren):</b>
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> 1x Base Annual Earnings	<input type="checkbox"/> \$15,000	
<input type="checkbox"/> 2x Base Annual Earnings	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> 3x Base Annual Earnings		

**Term Life Calculation Worksheet**

	Coverage Amount	Increment	Rate		Monthly Cost
Employee	\$ _____	÷ \$ 1,000 x	\$ _____	=	\$ _____
Spouse	\$ _____	÷ \$ 1,000 x	\$ _____	=	\$ _____
Children	\$ <u>2,500</u>		\$ <u>\$0.50</u>	=	\$ _____
<i>Total Monthly Cost</i>					= \$ _____

Note: Late entrants who apply for coverage beyond the initial enrollment period will be subject to medical underwriting approval and will become effective in accordance with the terms of the policy. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage.  
**Beneficiary Information:** Please be sure to complete the beneficiary form found within this enrollment kit.

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER**





**BENEFICIARY DESIGNATION FORM**  
**GROUP LIFE AND GROUP ACCIDENTAL DEATH**  
**& DISMEMBERMENT INSURANCE**  
 Unum Life Insurance Company of America  
 Provident Life and Accident Insurance Company  
 The Paul Revere Life Insurance Company

**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. **Return the completed form to your employer.**

**SECTION 1: Employee Information**

Name (Last Name, Suffix, First Name, MI)	Social Security Number
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Employer Name	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All
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**SECTION 2: Primary Beneficiary (ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total Must Equal 100%</b>				

**SECTION 3: Contingent Beneficiary (ies)**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total Must Equal 100%</b>				

**SECTION 4: Signature**

**X** \_\_\_\_\_  
 Employee Signature Date



## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life 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 life 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 court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

### Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### General Information

- **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.