

Limitations and Exclusions

DELAYED EFFECTIVE DATE:

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents: Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of 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; or has a life threatening condition.

EXCLUSION FOR SUICIDE:

Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

This Suicide Exclusion does not apply to Washington residents.

AD&D BENEFIT EXCLUSIONS

AD&D Benefits would not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, or self-inflicted injury;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume or any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

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

Beneficiary Designation Form for El Paso County

Employee Name:

Employee Address:

Social Security #:

SECTION A BASIC Life and accidental death and dismemberment insurance				
Policy Number 907338				
PRIMARY BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)
CONTINGENT BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)

SECTION B VOLUNTARY Life and accidental death and dismemberment insurance				
Policy Number 907339				
PRIMARY BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)
CONTINGENT BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Unum Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive(s) me or if the percentages listed do not add up to 100%, Unum will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

EMPLOYEE SIGNATURE

DATE SIGNED

NOTE: PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS

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

Unum (NCG Administrative Services)
2211 Congress Street
Portland, Maine 04122

Or FAX to: 1-207-771-4022



Instructions: Complete your Beneficiary Designation and advise your designated beneficiaries that you have done so.

Complete or verify personal information on the front of this form. Please be advised it may take up to 30 days to process the designations.

List your first choices of beneficiaries under the PRIMARY BENEFICIARY(IES) section; be sure to include their name, Social Security number, date of birth, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

You may also list CONTINGENT BENEFICIARY(IES). These beneficiaries will receive the benefit in the event that all of your primary beneficiaries are deceased. Please be sure to include their name, Social Security number, date of birth, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

Where a beneficiary is related to the insured by blood or marriage, the relationship should be inserted, e.g., husband, wife, son, daughter, father, mother, grandfather, grandmother, uncle, aunt, cousin, foster-mother, sister-in-law, half-brother, etc. Where a beneficiary is not related to the insured by blood or marriage, any other relationship should be inserted, e.g., business associate, partner, creditor, fiancée, former wife, etc.

If you do not designate a beneficiary, the payment of benefits will default to the provisions of the contract.

If you have any questions, please call one of our Client Service Associates at 1-888-556-3727.

Your Unum Client Service Center

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