

# University System of Maryland Policy Number 115327

Term Life Insurance Plan Highlights

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

#### **Your Plan**

**Eligibility** 

All regular faculty or staff members who are employed at least 50% of full-time status, and eligible contingent employees (see Policy VII-1.40) in active employment in the United States with the Employer, excluding employees classified as retirees by the University System of Maryland.

Employees must be working a minimum of 20 hours

**Coverage Amounts** 

Your Term Life coverage options are:

Employee: Up to 6 times salary in increments of \$10,000

Not to exceed \$750,000

Spouse: Amounts in \$10,000 benefit units as applied for by the employee and

approved by Unum not to exceed the lesser of 100% of the employee Life

amount or \$150,000.

Child: Life birth to 14 days \$1,000

14 days to 6 months \$1,000

6 months through the end of the year in which they attain age 26

\$5,000 or \$10,000 as applied for by the employee and approved by Unum.

**Guarantee Issue** 

If you enroll within 60 days of your eligibility date, you may apply for any amount of coverage up to \$100,000 for yourself, \$50,000 for your spouse and \$10,000 for your child(ren). Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you do not enroll within 60 days of your eligibility date, you can apply for coverage at any time and will be required to furnish evidence of insurability for the entire amount of coverage.

If you enroll within 60 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year.

Please see your Plan Administrator for your eligibility date.

#### **Term Life Coverage Rates**

Rates shown are your Monthly deduction:

Age Band	Employee/Spouse per \$10,000	Child(ren)
<24	\$0.390	\$0.30/\$5,000
25-29	\$0.390	·
30-34	\$0.390	NOTE: The premium
35-39	\$0.510	paid for child coverage
40-44	\$0.960	is based on the cost of
45-49	\$1.540	coverage for one child,
50-54	\$2.570	regardless of how many
55-59	\$4.620	children you have.
60-64	\$4.880	_
65-69	\$8.460	
70-74	\$21.160	
75-79	\$27.130	
80+	\$44.760	

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 immediately prior to and including the anniversary/effective date.

Spouse rate is based on **Spouse's** insurance age.

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

# Term Life Calculation Worksheet

Coverag	e Amount	Increment	Rate	<b>Monthly Cost</b>
Employee	\$	÷ \$10,000 x	\$ =	\$
Spouse	\$	÷ \$10,000 x	\$ =	\$
Children	\$	÷ \$5,000 x	\$0.30 =	\$
YOUR MONTHLY COST			\$	
	x 12 = _	÷		=
Your Month Cost	aly	Annual Cost	# Paychecks per Year	COST PER PAYCHECK*

### **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 you. 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**

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.

#### **Accelerated Benefit**

If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$750,000, 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.

### **Next Steps**

### **How to Apply**

To apply for coverage, complete your enrollment form within 60 days of your eligibility date

If you apply for coverage after your eligibility date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which will be mailed to your home address. You may also be required to take certain medical tests at Unum's expense.

## **Effective Date of Coverage**

Your coverage will be effective on the first of the month coincident with or next following the date you are eligible for coverage, if you apply for insurance on or before that date, for any amount of insurance that is not subject to evidence of insurability requirements. If you apply for coverage within 60 days after your eligibility date, your coverage will be effective on the first of the month coincident with or next following the date you apply, for any amount of insurance that is not subject to evidence of insurability requirements. Any amount of insurance that is subject to evidence of insurability will be effective on the first of the month coincident with or next following the date UNUM approves your evidence of insurability form.

# Delayed Effective Date of Coverage

<u>Employee</u>: 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.

<u>Dependent Spouse and/or Child</u>: Insurance coverage will be delayed if that dependent is totally disabled (as defined by your plan) on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

## **Changes to Coverage**

You may purchase additional Life coverage at any time with 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 the Client Service Center at Unum by calling 1-866-762-8705.

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.

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