

SERFF Tracking Number: UNUM-126365470 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 44088
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: EN-1030 (10-09)
Project Name/Number: /

Filing at a Glance

Company: Provident Life and Accident Insurance Company
Product Name: EN-1030 (10-09) SERFF Tr Num: UNUM-126365470 State: Arkansas
TOI: L08 Life - Other SERFF Status: Closed-Filed- State Tr Num: 44088
Closed
Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Filed-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 11/17/2009
Authors: Laneeta Derrick, Hazel Shadrick, Julie Mader, Joanna Shepich
Date Submitted: 11/10/2009 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 11/17/2009 Explanation for Other Group Market Type:
State Status Changed: 11/17/2009
Deemer Date: Created By: Bob Kinamon
Submitted By: Julie Mader Corresponding Filing Tracking Number:
Filing Description:
Advertising Flyer EN-1030 (10-09) to be used with LTC Rider L-21826, and related forms which were approved by your Department on May 23, 2007. Text in red brackets is variable text.

This piece is similar to the one previously filed and approved by your department on February 12, 2008 under SERFF Tr Num 125469010 State Tr Num 38057 the only difference is the source/stats have been updated. Please see text in red brackets.

We reserve the right at any time to make non-material changes to these forms including, but not limited to, paper stock,

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type face (but not font size) and page layout made necessary by unavoidable changes.

Company and Contact

Filing Contact Information

Bob Kinamon, Senior Contract Analyst bkinamon@unum.com
 One Fountain Square 423-294-1981 [Phone]
 Chattanooga, TN 37402

Filing Company Information

Provident Life and Accident Insurance Company	CoCode: 68195	State of Domicile: Tennessee
1 Fountain Square	Group Code: 565	Company Type:
Chattanooga, TN 37402	Group Name:	State ID Number:
(800) 451-8475 ext. [Phone]	FEIN Number: 62-0331200	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 Advertising
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$20.00	11/10/2009	31931132

SERFF Tracking Number: UNUM-126365470 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	11/17/2009	11/17/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flyer	Bob Kinamon	11/11/2009	11/11/2009

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Disposition

Disposition Date: 11/17/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-126365470 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	NAIC Transmittal		Yes
Form (revised)	Flyer		Yes
Form	Flyer		Yes

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Amendment Letter

Submitted Date: 11/11/2009

Comments:

We are attaching an updated PDF with additional variable text on page one.

We apologize for any inconvenience.

Bob Kinamon

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
EN-1030 (10-09)	Advertising	Flyer	Initial					EN-1030 (10-09) updated.pdf

SERFF Tracking Number: UNUM-126365470 State: Arkansas
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 Product Name: EN-1030 (10-09)
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EN-1030 (10-09)	Advertising Flyer	Initial			EN-1030 (10-09) updated.pdf

If you weather a serious disability, could your finances ride out the storm?

Unum's Qualified Long Term Care (LTC) Rider can help you protect your savings.

Protecting long term plans

Marcia's savings are modest, but she's worked hard for every penny. She wants to travel to Italy, pay for her daughter's wedding, and leave something behind for those she loves. But she's seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won't scramble her nest egg.

How long term care benefits work

This is an example of how this LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a \$25,000 life insurance policy.*

Highlights	
BASE RIDER — Employer selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months).	\$1,500 per month
ADDITIONAL RIDERS — Employee may select one rider listed below	
Restoration Benefits Rider After death benefit has been exhausted, this rider restores 100% of death benefit.	\$25,000 death benefit
Continuation Benefits Rider Continues benefits at same level (6% monthly) for additional 16 months, no death benefit during continuation. After the base long term care rider has been exhausted, this rider allows a second period of coverage.	\$1,500 per month
Combination of Restoration and Continuation Riders • Restores death benefit one time. • Continues benefits for one additional benefit period after death benefits have been exhausted. • Combines the features of the restoration and continuation riders — buy the combo instead of separate riders.	\$25,000 death benefit \$1,500 per month

*Assumes there are no outstanding policy loans.

Who's at risk?

- About 9 million Americans over the age of 65 were projected to need long-term care services in 2008.¹
- By 2020, that number is projected to increase to 12 million.²
- There are more than 50 million Americans today providing unpaid care for family members and loved ones.³

Benefits for the long haul

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long-term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn't covered by health or other insurance policies. Or that waiting for "later" to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is. [And surprisingly, 40% of those who are receiving long term care services are not elderly, but under age 65.⁴]

By adding a Long Term Care Rider to your life insurance policy, you can help protect your savings pool from the drain of this expensive care. And you can choose from several additional options that can extend or increase your LTC benefits. Most importantly, this coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

How to apply

Your benefit enrollment is coming soon. To learn more, watch for information from your employer.

Get the coverage you need.

Here are the advantages of our Long Term Care Rider:

- Available at initial offering to employees and spouses ages 15 to 70. All newly eligible adult policies will automatically receive the Long Term Care Rider.
- Available with policy's specified amount (face amount) of at least \$10,000.
- For long term care facility, nursing home care or assisted living facility, provides a maximum monthly benefit that is the lesser of:
 - 6% of the death benefit, less any policy debt at the end of the waiting period, or
 - \$3,000.
- For home health care or adult day care, provides a maximum monthly benefit that is the lesser of:
 - 4% of the death benefit, less any policy debt at the end of the waiting period;
 - your actual monthly expenses; or
 - \$1,500.
- Benefits are payable once you have been receiving long term care for 90 days, subject to the conditions of the rider.
- If you are receiving benefits, you don't have to pay the policy's monthly premiums, even if your policy does not have the Waiver of Premium Rider.
- The benefit period maximum is 100% of the death benefit, less any policy debt at the end of the waiting period for each benefit period.
- The cost is based on your age at issue and whether you use tobacco.
- The rider is tax-qualified, which means that any benefits you receive will not be taxed.**

Additional Long Term Care Riders

Continuation Benefits

- Continues benefits payable under the Long Term Care Benefit Rider after all monthly amounts under that rider have been exhausted.
- No death benefit is payable during the continuation of benefits.
- Doubles the long term care benefit available under your policy.

Restoration Benefits

- Restores 100% of the policy's specified amount (face amount), death benefit and cash value.
- Policy values reduced under the Long Term Care Benefit Rider will be restored one time.
- Doubles the long term care benefit available under your policy.

Restoration and Continuation Benefits

- Restores 100% of the policy's specified amount (face amount), death benefit and cash value.
- Policy values reduced under the Long Term Care Rider will be restored one time.
- At the point restoration benefits are exhausted, continuation benefits begin.
- No death benefit is payable during the continuation of benefits.
- Triples the long term care benefit available under your policy.

See your outline of coverage for additional details.

**Under current tax laws.

1,2 U.S. Department of Health and Human Services, "National Clearinghouse for Long-Term Care Information," December 2008.

3 Caring.com, "Caregivers Need A Bailout Too!" January 13, 2009.

4 U.S. Department of Health and Human Services, "National Clearinghouse for Long-Term Care Information," October 2008. **]**

Unum complies with all state civil union and domestic partner laws when applicable.

This information is not intended to be a complete description of the insurance coverage available. The coverage may vary or be unavailable in some states. The coverage has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to the long term care rider and to Policy Forms L-21794 and L-21825 and contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402 unum.com

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EN-1030 (10-09)

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	NAIC Transmittal		
Comments:	NAIC Transmittal		
Attachment:	(UNUM) NAIC - Life, A&H, Annuity, Credit Trans Doc (eff. 1-1-09).pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Provident Life Insurance Co. 1 Fountain Square Chattanooga, TN 37402	TN			565-68195	62-0331200	01

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	1 Fountain Square Chattanooga, TN 37402	1-800-451-8475, ext. 41981	423-294-8346	rkinamon@unum.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	EN-1030 (10-09)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance (TOI)	L80 Life – Other
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10.	Sub-Type of Insurance (Sub-TOI)	L80.000 Life - Other
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input checked="" type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input checked="" type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input checked="" type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p><u>SUPPORTING DOCUMENTATION</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date	November 06, 2009	
13	Filing Fee (If required)	Amount	<u>\$20.00</u>
		Check Date	<u>EFT</u>
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	<u>EFT</u>
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		
	<p>Advertising Flyer EN-1030 (10-09) to be used with LTC Rider L-21626, and related forms which were approved by your Department on April 11, 2007.</p> <p>This piece is similar to the one previously filed and approved by your department on February 12, 2008 under SERFF Tr Num 125469010 State Tr Num 38057 the only difference is the source/stats have been updated. Please see text in red brackets.</p> <p>We reserve the right at any time to make non-material changes to these forms including, but not limited to, paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.</p>		

16.	Certification (If required)		
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
	Print Name	<u>Robert Kinamon</u>	Title <u>Contract Consultant</u>
	Signature	<u><i>Robert Kinamon</i></u>	Date: <u>November 6, 2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		EN-1030 (10-09)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Advertising Flyer	EN-1030 (10-09)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	to be used with LTC Rider L-21826, and related forms			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/30/2009	Form	Flyer	11/11/2009	EN-1030 (10-09).pdf (Superseded)

If you weather a serious disability, could your finances ride out the storm?

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Protecting long term plans

Marcia's savings are modest, but she's worked hard for every penny. She wants to travel to Italy, pay for her daughter's wedding, and leave something behind for those she loves. But she's seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won't scramble her nest egg.

How long term care benefits work

This is an example of how this LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a \$25,000 life insurance policy.*

Highlights	
BASE RIDER — Employer selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months).	\$1,500 per month
ADDITIONAL RIDERS — Employee may select one rider listed below	
Restoration Benefits Rider After death benefit has been exhausted, this rider restores 100% of death benefit.	\$25,000 death benefit
Continuation Benefits Rider Continues benefits at same level (6% monthly) for additional 16 months, no death benefit during continuation. After the base long term care rider has been exhausted, this rider allows a second period of coverage.	\$1,500 per month
Combination of Restoration and Continuation Riders • Restores death benefit one time. • Continues benefits for one additional benefit period after death benefits have been exhausted. • Combines the features of the restoration and continuation riders — buy the combo instead of separate riders.	\$25,000 death benefit \$1,500 per month

*Assumes there are no outstanding policy loans.

Who's at risk?

- About 9 million Americans over the age of 65 were projected to need long-term care services in 2008.¹
- By 2020, that number is projected to increase to 12 million.²
- There are more than 50 million Americans today providing unpaid care for family members and loved ones.³

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Your benefit enrollment is coming soon. To learn more, watch for information from your employer.

Get the coverage you need.

Here are the advantages of our Long Term Care Rider:

- Available at initial offering to employees and spouses ages 15 to 70. All newly eligible adult policies will automatically receive the Long Term Care Rider.
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 - 6% of the death benefit, less any policy debt at the end of the waiting period, or
 - \$3,000.
- For home health care or adult day care, provides a maximum monthly benefit that is the lesser of:
 - 4% of the death benefit, less any policy debt at the end of the waiting period;
 - your actual monthly expenses; or
 - \$1,500.
- Benefits are payable once you have been receiving long term care for 90 days, subject to the conditions of the rider.
- If you are receiving benefits, you don't have to pay the policy's monthly premiums, even if your policy does not have the Waiver of Premium Rider.
- The benefit period maximum is 100% of the death benefit, less any policy debt at the end of the waiting period for each benefit period.
- The cost is based on your age at issue and whether you use tobacco.
- The rider is tax-qualified, which means that any benefits you receive will not be taxed.**

Additional Long Term Care Riders

Continuation Benefits

- Continues benefits payable under the Long Term Care Benefit Rider after all monthly amounts under that rider have been exhausted.
- No death benefit is payable during the continuation of benefits.
- Doubles the long term care benefit available under your policy.

Restoration Benefits

- Restores 100% of the policy's specified amount (face amount), death benefit and cash value.
- Policy values reduced under the Long Term Care Benefit Rider will be restored one time.
- Doubles the long term care benefit available under your policy.

Restoration and Continuation Benefits

- Restores 100% of the policy's specified amount (face amount), death benefit and cash value.
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- At the point restoration benefits are exhausted, continuation benefits begin.
- No death benefit is payable during the continuation of benefits.
- Triples the long term care benefit available under your policy.

See your outline of coverage for additional details.

**Under current tax laws.

1,2 U.S. Department of Health and Human Services, "National Clearinghouse for Long-Term Care Information," December 2008.

3 Caring.com, "Caregivers Need A Bailout Too!" January 13, 2009.

4 U.S. Department of Health and Human Services, "National Clearinghouse for Long-Term Care Information," October 2008. **]**

Unum complies with all state civil union and domestic partner laws when applicable.

This information is not intended to be a complete description of the insurance coverage available. The coverage may vary or be unavailable in some states. The coverage has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to the long term care rider and to Policy Forms L-21794 and L-21825 and contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402 **unum.com**

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EN-1030 (10-09)