

SERFF Tracking Number: UNUM-126520561 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 45034
Company Tracking Number: GA-1
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: Group Accident/GA-1

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Accident

SERFF Tr Num: UNUM-126520561 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-
Closed State Tr Num: 45034

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GA-1

State Status: Approved-Closed

Filing Type: Form

Author: Shawna Weitz

Reviewer(s): Rosalind Minor

Date Submitted: 02/26/2010

Disposition Date: 03/11/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Group Accident

Status of Filing in Domicile: Pending

Project Number: GA-1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 03/11/2010

Explanation for Other Group Market Type:

State Status Changed: 03/11/2010

Deemer Date:

Created By: Shawna Weitz

Submitted By: Shawna Weitz

Corresponding Filing Tracking Number: GA-1

Filing Description:

February 26, 2010

JAY BRADFORD
COMMISSIONER OF INSURANCE
STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
1200 WEST 3RD STREET
LITTLE ROCK AR 72201-1904

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Re: Unum Life Insurance Company of America

NAIC # 416-62235

Group Accident

GA-1 Policy/Certificate

GA.AMEND-1 Amendment

GA.RATEAMEND-1 Rate Information Amendment

GA.R-1 Rider

AE-1118 Application for Group Accident Insurance

General and Specific Variables

Readability

Dear Commissioner Bradford:

Enclosed for your review and approval is our group accident combined policy/certificate, Form GA-1 and associated forms. These forms are new and are not intended to replace any existing forms.

This policy provides coverage for covered accident expenses. Accident insurance covers a broad range of injuries and accident related treatments – from devastating injuries such as accidental death and dismemberment to the common emergency room, doctor's office and physical therapy visits.

Coverage may be offered on a contributory and/or non-contributory basis. The policy will be marketed to employer groups by brokers and worksite marketing groups. This policy may also be marketed to Association or Union groups. Enrollment methods include paper applications, telephonic via call centers and self enrollment or assisted enrollment via electronic processes such as web based. Employers and employees will be able to select certain coverage options including accident based benefits and/or benefits for hospitalization due to sickness. Spouse and child coverage are available options depending on the funding model and employer selection. Coverage is independent of and supplemental to any other health insurance. There is no coordination of benefits.

Ranges shown within brackets are variable and are intended to be representative. General and specific variables are included with this filing and provide more detailed information regarding the requested variability. Options for provisions that vary according to the funding method, enrollment options and covered persons, including but not limited to Eligibility for Coverage and Coverage Effective Date, are provided within the policy. Only the option appropriate for the applicable employer selection will be shown in the policy/certificate.

This filing includes employer and employee information as well as benefit and claims information. Together, these sections result in a combined policy and certificate that describes the employer's group plan of Unum coverage. The employer will receive the entire document which comprises the policy. Employees will receive a certificate/booklet which includes a Certificate of Coverage page, Table of Contents, Benefits at a Glance, Employee section (which may

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include dependent coverage) Benefits and Claims sections. Other Features and a Glossary section are also included.

By integrating group documents and certificates in this manner, we can ensure policy and certificate consistency for our customers. This approach also eliminates redundant information. Standard non-bracketed text will be substantially similar from employer to employer. The remaining text will be determined by the employer's plan of insurance.

Form AE-1118, Application for Group Accident Insurance, will be used to submit evidence of insurability when required.

We reserve the right to alter the layout of these forms including ordering of the provision, color, typeface and font and to change variables as requested by a specific employer or to accommodate future product design needs as long as such changes are in compliance with your state law.

We appreciate your review of this filing. If you have any questions or need additional information, please contact me at 800-974-2266, extension 2631, or by e-mail at sweitz@unum.com

Sincerely,

Contract Analyst
Unum Life Insurance Company of America

Enclosures

Company and Contact

Filing Contact Information

Shawna Weitz, Contract Analyst sweitz@unum.com
2211 Congress Street, C4556 207-575-2631 [Phone]
Portland, ME 04122

Filing Company Information

Unum Life Insurance Company of America CoCode: 62235 State of Domicile: Maine
2211 Congress Street Group Code: 416 Company Type: L&H
Portland, ME 04122 Group Name: State ID Number:
(207) 575-2211 ext. [Phone] FEIN Number: 01-0278678

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 policy filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$50.00	02/26/2010	34480772

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/11/2010	03/11/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/02/2010	03/02/2010	Shawna Weitz	03/11/2010	03/11/2010

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Disposition

Disposition Date: 03/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	General and Specific Variables	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form (revised)	Policy	Approved-Closed	Yes
Form	Policy	Replaced	Yes
Form	Rider	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Rate Information Amendment	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/02/2010

Submitted Date 03/02/2010

Respond By Date

Dear Shawna Weitz,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy, GA-1 (Form)

Comment:

The Department is not approving Terrorism or Terrorism type exclusions in any form of insurance. It is requested that the exclusion for "committing acts of terrorism" be deleted.

Thank you for your understanding and cooperation.

Objection 2

- Policy, GA-1 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Objection 3

- Policy, GA-1 (Form)

Comment:

Please refer to the 60-day period for coverage for minors for whom the insured has filed a petition to adopt. Refer to ACA 23-79-137.

Objection 4

- Policy, GA-1 (Form)

Comment:

Your General Instructions state that you will market this product to association groups. This is a reminder that before marketing to an association, that association must be submitted to our Department for approval. The association must comply with ACA 23-86-106 (2)(A)(i)(ii)(iii) and (C)(i).

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Product Name: Group Accident
Project Name/Number: Group Accident/GA-1

Also, I am attaching a questionnaire that must be answered and submitted along with the association group.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

We have received your filing regarding the above named association/ discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

1. Name and address of the group.
2. Is this group incorporated? If so, give state of incorporation.
3. Is there a current office in Arkansas?
4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.
5. Are annual dues charged? If so, specify amount.
6. What are the specific activities of the organization?
7. What benefits are provided to the members in addition to insurance?
PLEASE ATTACH BROCHURES ON THE BENEFITS.
8. What qualifies an individual for membership?
9. How are members recruited? If by mailing list, advise the source of this list.
10. Attach a copy of the organization by-laws.
11. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed.
12. Please attach a copy of the organization's most recent financial statement.
13. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members?

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/11/2010
 Submitted Date 03/11/2010

Dear Rosalind Minor,

Comments:

hello.

Response 1

Comments: I have added my objection response letter under supporting documentation

Related Objection 1

Applies To:

- Policy, GA-1 (Form)

Comment:

The Department is not approving Terrorism or Terrorism type exclusions in any form of insurance. It is requested that the exclusion for "committing acts of terrorism" be deleted.

Thank you for your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	GA-1		Policy/Contract/Fraternal Certificate	Initial			Group Accident CONTRA CT

SERFF Tracking Number: UNUM-126520561 State: Arkansas
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 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accident
 Project Name/Number: Group Accident/GA-1

BLACK.pdf

Previous Version

Policy	GA-1	Policy/Contract/Fraternal Initial Certificate	Group Accident CONTRACT.pdf
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No Rate/Rule Schedule items changed.

Response 2

Comments: I have added my objection response letter under supporting documentation

Related Objection 1

Applies To:
 - Policy, GA-1 (Form)
 Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	GA-1		Policy/Contract/Fraternal Initial Certificate				Group Accident CONTRACT _BLACK_.pdf

SERFF Tracking Number: UNUM-126520561 State: Arkansas
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 Product Name: Group Accident
 Project Name/Number: Group Accident/GA-1

Previous Version

Policy	GA-1	Policy/Contract/Fraternal Initial Certificate	Group Accident CONTRA CT.pdf
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No Rate/Rule Schedule items changed.

Response 3

Comments: I have added my objection response letter under supporting documentation

Related Objection 1

Applies To:
 - Policy, GA-1 (Form)
 Comment:

Please refer to the 60-day period for coverage for minors for whom the insured has filed a petition to adopt. Refer to ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	GA-1		Policy/Contract/Fraternal Certificate	Initial			Group Accident CONTRA CT _BLACK_.pdf

Previous Version

Policy	GA-1	Policy/Contract/Fraternal Initial	Group
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 Project Name/Number: Group Accident/GA-1

Certificate

Accident
 CONTRA
 CT.pdf

No Rate/Rule Schedule items changed.

Response 4

Comments: I have added my objection response letter under supporting documentation

Related Objection 1

Applies To:
 - Policy, GA-1 (Form)

Comment:

Your General Instructions state that you will market this product to association groups. This is a reminder that before marketing to an association, that association must be submitted to our Department for approval. The association must comply with ACA 23-86-106 (2)(A)(i)(ii)(iii) and (C)(i).

Also, I am attaching a questionnaire that must be answered and submitted along with the association group.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	GA-1		Policy/Contract/Fraternal Certificate	Initial			Group Accident CONTRA CT _BLACK_.pdf

Previous Version

Policy	GA-1		Policy/Contract/Fraternal Certificate	Initial			Group Accident
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CONTRA
CT.pdf

No Rate/Rule Schedule items changed.

thank you

Sincerely,
Shawna Weitz

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Form Schedule

Lead Form Number: GA-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/11/2010	GA-1	Policy/Cont ract/Fratern al Certificate	Policy	Initial			Group Accident CONTRACT _BLACK_.pdf
Approved-Closed 03/11/2010	GA-R-1	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial			Group Accident RIDER.pdf
Approved-Closed 03/11/2010	GA-AMEND-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial			Group Accident AMENDMEN T.pdf
Approved-Closed 03/11/2010	GA.RATEA MEND-1	Other	Rate Information Amendment	Initial			Group Accident RATE AMENDMEN T.pdf
Approved-Closed 03/11/2010	AE-1118	Application/ Enrollment Form	Application	Initial			AE-1118 Group Accident APPLICATIO N.pdf

POLICYHOLDER: [ABC COMPANY]
POLICY NUMBER: [123456-001]
POLICY EFFECTIVE DATE: [March 1, 2010]
POLICY ANNIVERSARY DATE: [March 1]
GOVERNING JURISDICTION: [Maine]

THIS IS A LIMITED BENEFIT POLICY. PLEASE READ IT CAREFULLY.

Unum Life Insurance Company of America (referred to as Unum) will provide benefits under this policy. Unum makes this promise subject to all of this policy's provisions.

The Policyholder should read this policy carefully and contact Unum promptly with any questions. This policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. This policy consists of:

- all policy provisions and any amendments and attachments issued;
- [employee]s' signed applications, including evidence of insurability forms; and
- the certificate of coverage.

This policy may be changed in whole or in part. Only an officer of Unum can approve a change. The approval must be in writing and endorsed on or attached to this policy. No other person, including a broker may change this policy or waive any part of it.

Signed for Unum at Portland, Maine on the Policy Effective Date.



President



Secretary

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

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BENEFIT INFORMATION.....	GA-BEN-1
OTHER FEATURES	GA-OTR-1
GENERAL DEFINITIONS	GLOSSARY-1]

[BENEFITS AT A GLANCE]

This accident policy provides financial protection for you by paying a benefit if you suffer a covered accident. The amount you receive is based on the amount of coverage in effect on the date of the accident according to the terms and provisions of the policy. [You also have the opportunity to have coverage for your [spouse] [and] [dependent child(ren).]]

[EMPLOYER]'S ORIGINAL POLICY

EFFECTIVE DATE: [March 1, 2010]

[POLICY YEAR: [March 1, 2010] to [March 1, 2011] and each following [March 1] to [March 1]]

POLICY NUMBER: [123456-001]

ELIGIBLE GROUP(S):

[All [Employees] [in Active Employment] in the United States with the [Employer].]

[MINIMUM HOURS REQUIREMENT:

[Employees] must be [in active employment] at least [[10-40] hours per week][[520-2080] hours per year].]

PAYING FOR COVERAGE:

[For You:]

[You must make contributions for your coverage.]

[You and [your Employer] must make contributions for your coverage.]

[[Your Employer] must make contributions and you are not required to make contributions for coverage.]

[[Your Employer] must[may] make contributions for the Accident Benefit[and Wellness Benefit]. You can choose additional benefit options by making additional contributions for coverage.]

[[Your Employer] includes any [Employer] contributions in your taxable income.]

[For Your Spouse:]

[You must make contributions for coverage for your spouse.]

[You and [your Employer] must make contributions for your spouse.]

[[Your Employer] must[may] make contributions for the Accident Benefit [and Wellness Benefit] for your spouse. You can choose additional benefit options by making additional contributions for your spouse.][[Your Employer] must[may] make contributions and you are not required to make contributions for your spouse's coverage.]

[For Your Dependent Child(ren):]

[You must make contributions for coverage for your **Dependent Child(ren).**]

[[Your Employer] must make contributions for your dependent child(ren).]

[[Your Employer] allows you to elect to make contributions for coverage on either a pre-tax or post-tax basis.]

COVERAGE TYPE: [On &] Off-Job Accident

[ACCIDENT BENEFIT

COVERAGE FOR: [EMPLOYEE] [,] [AND] [SPOUSE] [AND] [DEPENDENT CHILD(REN)]

[Your confirmation of coverage will indicate those covered for accident benefits under this policy.]

[If a benefit amount below does not indicate an amount for the [spouse] [and] [dependent child(ren)], the benefit amount will be the same as the employee benefit amount.]

For limitations regarding the number of benefit payments per covered accident please refer to the BENEFIT INFORMATION section of the policy.

[Accidental Death

[Employee]	[\$5,000-200,000]
[Spouse]	[\$5,000-200,000]]
[Dependent Child(ren):	[\$1,000-40,000]]]

[Accidental Death – Common Carrier

[Employee]	[\$15,000-400,000]
[Spouse]	[\$15,000-400,000]]
[Dependent Child(ren)	[\$3,000-80,000]]]

[Accidental Dismemberment

[Initial Accidental Dismemberment

[loss of both hands or both feet; or	[\$2,500-60,000]]
[loss of one hand and one foot; or	[\$2,500-60,000]]
[loss of one hand or foot; or	[\$1,250-30,000]]
[loss of two or more fingers, toes or any combination; or	[\$375-5,000]]
[loss of one finger or toe	[\$125-3,000]]]

[Catastrophic Accidental Dismemberment

[loss of both hands or both feet;] [or]
[loss of one hand and one foot]

	<u>Prior to age 65</u>	<u>Age 65 – 69</u>	<u>Age 70 and over</u>
[Employee]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]
[Spouse]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]]
[Dependent Child(ren)	[\$2,500-100,000]	[\$1,250-50,000]	[\$625-25,000]]]

[Accidental Loss

[Initial Accidental Loss

[Permanent Paralysis; or	[\$2,500-60,000]]
[loss of sight of both eyes; or	[\$2,500-60,000]]
[loss of sight of one eye; or	[\$1,250-30,000]]
[loss of the hearing of one ear	[\$1,250-30,000]]]

[Catastrophic Accidental Loss

[Permanent Paralysis;] [or]
[loss of sight of both eyes;] [or]
[loss of the hearing of both ears;] [or]
[loss of the ability to speak]

	<u>Prior to age 65</u>	<u>Age 65 – 69</u>	<u>Age 70 and over</u>
[Employee]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]
[Spouse]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]]
[Dependent Child(ren)	[\$2,500-100,000]	[\$1,250-50,000]	[\$625-25,000]]]

[Ambulance, Air [\$250-4,500]]

[Ambulance, Ground [\$50-900]]

[Appliance [\$25-600]]

[Blood / Plasma / Platelets [\$150-1000]]

[Burns	2nd degree	3rd degree
At least 10 square inches, but less than 20 square inches; or	[\$0-750]	[\$625-7,500]
At least 20 square inches, but less than 35 square inches; or	[\$0-1,500]	[\$1,250-15,000]
35 or more square inches of the body surface	[\$250-3,000]	[\$3,750-30,000]

[Burns – Skin Grafts

Skin grafts for 2nd or 3rd degree burns [12.5%-100%] of applicable Burn benefit]

Skin grafts for any other accidental traumatic loss of skin:
 At least 10 square inches, but less than 20 square inches; or [\$37.50-450]
 At least 20 square inches, but less than 35 square inches; or [\$62.50-750]
 35 or more square inches of the body surface [\$125-1,500]]

[Chiropractic Treatment [\$7.50-105]]

[Coma [\$5,000-30,000]]

[Concussion [\$50-400]]

[Dental Work (emergency)
 [Dental Crown [\$75-900]]
 [Dental Extraction [\$25-300]]]

[Dislocation (separated joint)

<u>Joint</u>	Closed Reduction	Open Reduction
[Hip	[\$1,000-8,000]	[\$2,000-16,000]]
[Knee (except patella)	[\$500-4,000]	[\$1,000-8,000]]
[Ankle - Bone or Bones of the Foot (other than toes)	[\$400-3,200]	[\$800-6,400]]
[Collarbone (sternoclavicular)	[\$250-2,000]	[\$500-4,000]]
[Lower Jaw	[\$150-1,200]	[\$300-2,400]]
[Shoulder (glenohumeral)	[\$150-1,200]	[\$300-2,400]]
[Elbow	[\$150-1,200]	[\$300-2,400]]
[Wrist	[\$150-1,200]	[\$300-2,400]]
[Bone or Bones of the Hand (other than fingers)	[\$150-1,200]	[\$300-2,400]]
[Collarbone (acromioclavicular and separation)	[\$50-400]	[\$100-800]]
[One Toe or Finger	[\$50-400]	[\$100-800]]

Incomplete dislocation or dislocation reduction without anesthesia – [25%] of the applicable amount for closed reduction of joint involved]

[Emergency Room Treatment [\$50-450]]

[Emergency Treatment in a Physician Office / Urgent Care Facility:

[Physician's office[; or] [[\$25-300]]
 [Urgent Care Facility [; or] [[\$25-300]]
 [Primary Care Physician's office [; or] [\$25-300]
 [Specialist's office] [\$25-300]]]

[Eye Injury with surgical repair [\$100-800]]

[Fracture (broken bone)

<u>Bone</u>	Closed Reduction	Open Reduction
[Depressed Skull fracture (except bones of face or nose)	[\$1,250-10,000]	[\$2,500-20,000]]
[Simple Non-depressed Skull fracture (except bones of face or nose)	[\$500-4,000]	[\$1,000-8,000]]
[Hip, Thigh (femur)	[\$750-6,000]	[\$1,500-12,000]]
[Vertebrae, Body of (excluding vertebral processes)	[\$400-3,200]	[\$800-6,400]]

[Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	[\$400-3,200]	[\$800-6,400]]
[Leg (tibia and/or fibula)	[\$400-3,200]	[\$800-6,400]]
[Bones of Face or Nose (except mandible or maxilla)	[\$175-1,400]	[\$350-2,800]]
[Upper Jaw, Maxilla (except alveolar process)	[\$175-1,400]	[\$350-2,800]]
[Upper Arm between Elbow and Shoulder (humerus)	[\$175-1,400]	[\$350-2,800]]
[Lower Jaw, Mandible (except alveolar process)	[\$175-1,400]	[\$350-2,800]]
[Shoulder Blade (scapula), Collarbone (clavicle, sternum)	[\$150-1,200]	[\$300-2,400]]
[Vertebral Processes	[\$150-1,200]	[\$300-2,400]]
[Forearm (radius and/or ulna), Hand, Wrist (except fingers)	[\$150-1,200]	[\$300-2,400]]
[Kneecap (patella)	[\$150-1,200]	[\$300-2,400]]
[Foot (except toes)	[\$150-1,200]	[\$300-2,400]]
[Ankle	[\$150-1,200]	[\$300-2,400]]
[Rib	[\$125-1,000]	[\$250-2,000]]
[Coccyx	[\$100-800]	[\$200-1,600]]
[Finger, Toe	[\$25-200]	[\$50-400]]

Chip fracture – [25]% of the applicable amount for closed reduction of the bone listed above]

[Hospitalization

[Hospital Admission; [or]	[\$250-4,500]]
[Hospital Intensive Care Unit Admission	[\$375-6,000]
[Hospital Confinement; [or]	[\$50 -1,200]
[Hospital Intensive Care Unit Confinement	[\$150-1,800]]

[Knee Cartilage

[Torn with surgical repair	[\$250-2,000]]
[Exploratory without repair	[\$50-400]]

[Laceration

Laceration(s)	[\$12.50-100]
Repaired by stitches:	
Total of all lacerations is less than two inches (5.08 centimeters) long	[\$25-200]
Total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long	[\$100-800]
Total of all lacerations is over six inches (over 15.24 centimeters) long	[\$200-1,600]]

[Lodging

[\$50-400]]

[Medical Imaging

[\$0-1,200]]

[Open Abdominal and Thoracic / Hernia

[Open abdominal or thoracic surgery	[\$500-4,000]]
[Hernia with surgical repair	[\$50-400]]
[Exploratory without repair	[\$50-400]]

[Outpatient Surgery Facility Service

[\$0-1,500]]

[Pain Management

[\$0-300]]

[Physician Follow-up Visit

[Physician's office[; or]	[[25-300]]
[Urgent Care Facility [; or]	[[25-300]]
[Primary Care Physician's office [; or]	[\$25-300]
[Specialist's office	[\$25-300]]

[Prosthetic Device / Artificial Limb

[One	[\$250-2,000]]
[More than one	[\$500-4,000]]

[Rehabilitation Unit Confinement

[\$25-300]]

[Ruptured Disc with surgical repair	[\$200-1,600]]
[Tendon / Ligament / Rotator Cuff	
[One with surgical repair	[\$200-1,600]]
[Two or more with surgical repair	[\$300-2,400]]
[Exploratory without repair	[\$50-400]]
[Therapy Services	
[Occupational, Physical, or Speech Therapy	[\$7.50-105]]
[Transportation (plane, car, bus or train)	[\$.15 -1.00 per mile]

[Additional Benefits

In addition to the benefits listed above, the following additional benefits may provide financial protection for you by paying a benefit if you become hospitalized due to a covered sickness [and also may provide a benefit for a wellness test].

[Hospital Confinement due to Covered Sickness	
[Employee]/[Spouse	[\$50-450]]
[Dependent Child(ren)	[\$25-225]]
[Wellness Benefit	[\$50-150]]

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY.

[OTHER FEATURES

 [Portability]]

The above items are only highlights of this policy. For a full description of your coverage, continue reading your certificate of coverage section[and if you make contributions for your coverage, refer to your confirmation of coverage]. [The plan includes enrollment, risk management and other support services related to [your Employer]'s benefit program.]

CLAIM INFORMATION

Notice of Claim. Notice of claim should be sent to Unum within 90 days after the date of the accident for which a benefit is claimed or the date of **Covered Loss** for which a benefit is claimed, or as soon as is reasonably possible. If notice is not reasonably possible to provide within 90 days, it must be given no later than one year after the time notice of claim is required. These time limits will not apply during any time period **You** or **Your** authorized representative lacks the legal capacity to give Unum notice of claim. Notice should be sent to Unum at **Our** home office. [If you submit a claim before notification of Unum's decision on any coverage amount requiring **Evidence of Insurability**, the amount of coverage applicable to the claim will be determined as if Unum's final underwriting decision had been made prior to the date of the accident or date of covered loss.]

Claim Forms. When Unum receives a notice of claim, claim forms will be sent for filing proof of claim within 15 days. If claim forms are not sent within 15 days, the proof of claim requirements will be met if **We** receive a written statement of the nature and extent of the loss as required in the proof of claim section. Claim forms are also available from [your Employer].

Proof of Claim. Proof of claim must include documentation furnished by a **Physician** and supported by clinical, radiological, histological, pathological, and/or laboratory evidence. It may also include one or more of the following: a physician's bill, a **Hospital** bill, or other proof of charges.

If it is not reasonably possible to give proof of claim within 90 days after the date of the accident for which a benefit is claimed or date of covered loss for which a benefit is claimed, it must be given no later than one year after the time proof of claim is required. These time limits will not apply during any time period the **Insured** or the insured's authorized representative lacks the legal capacity to give Unum proof of claim.

Time of Payment of Claims. After Unum receives, evaluates and processes proof of claim, Unum will pay any benefits due.

Payment of Claims. Benefits will be paid to you unless such benefits have been assigned. If you are not competent, Unum can pay up to \$2,000 to the person or institution that appears to have assumed your custody and main support. Any accrued benefits unpaid at your death will be paid to the named beneficiary, if any, otherwise to your estate. Unum will be discharged to the extent of any such payment made in good faith.

Overpayments. Unum has the right to recover any overpayments due to:

- fraud; and
- any error we make in processing a claim.

You must reimburse **Us** in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

Unpaid Premium. Any unpaid premium due for your coverage under this policy may be recovered by us by offsetting against amounts otherwise payable to you, your beneficiary, or your legal representative(s) under this policy, or by other legally permitted means.

Assignment. The rights provided to you by the policy are owned by you, unless you assign your rights under the policy to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the policy provisions before receiving and registering an assignment.

Physical Examinations and Autopsy. We can require that the insured be examined by a physician of our choice at our expense as often as it is reasonably necessary while a claim is pending. In case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

Legal Actions. You or your authorized representative can start legal action regarding your claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim was first required to have been given; or your claim was denied; or your benefits were terminated, unless otherwise provided under federal law.

POLICYHOLDER PROVISIONS

Premium Payment. The initial premium is based on the initial rate(s) shown in the Rate Information Amendment. [Premium due dates are shown in the Rate Information Amendment(s).] All premiums must be sent to Unum on or before the respective due dates. The premium must be paid in United States dollars.

[Grace Period. If any premium is not paid during the [31] day grace period, this policy will cancel automatically at the end of the grace period. The Policyholder is liable for premium for coverage during the grace period. The Policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the Policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.]

Initial Rate Guarantee and Rate Changes. Refer to the Rate Information Amendment.

[Premium Increases or Decreases. Premium increases or decreases are due on the next premium due date following the change. Changes will not be pro-rated daily.

Unum will only adjust premium for the current policy year and the prior policy year. In the case of fraud, premium adjustments will be made for all policy years.]

Information Required from the Policyholder. The Policyholder must provide Unum with the following on a regular basis:

- information about [employee]s:
 - who are eligible to become insured;
 - whose amounts of coverage change; and/or
 - whose coverage ends;
- occupational information and any other information that may be required to manage a claim; and
- any other information that may be reasonably required.

Policyholder records that, in Unum's opinion, have a bearing on this policy will be available for review by Unum at any reasonable time.

Clerical Error or Omission. Clerical error or omission by Unum will not:

- prevent an [employee] from receiving coverage;
- affect the amount of an insured's coverage; or
- cause an [employee]'s or insured's coverage to begin or continue when the coverage would not otherwise be effective.

Divisions, Subsidiaries or Affiliated Companies. Divisions, subsidiaries or affiliated companies include all U.S. divisions, subsidiaries, and affiliated companies of the named Policyholder for whose [employee]s premium is being paid.

[Refer to the contract file correspondence for a listing of names and locations approved by Unum.]

CERTIFICATE [OF COVERAGE] [SECTION]

THIS IS A LIMITED BENEFIT CERTIFICATE OF COVERAGE. PLEASE READ IT CAREFULLY.

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your **Certificate of Coverage** as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of this certificate of coverage (issued to you) are different from the policy (issued to the Policyholder), the policy will govern. The policy may be changed in whole or in part. Only an officer or a registrar of Unum can approve a change. The approval must be in writing and endorsed on or attached to the policy. Any other person, including a broker, may not change the policy or waive any part of it.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under the policy, Unum has discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

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

GENERAL PROVISIONS

[ELIGIBILITY FOR COVERAGE

[Employee]

If you are [working for your Employer] in an eligible group, you are eligible for coverage the later of:

- the policy effective date; or
- the day after you complete any applicable **Waiting Period**.

[If your employment ends and you are rehired within [1 day-5 years], your previous work in an eligible group will apply toward the waiting period. All other policy provision apply.]

[If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.]

[Unum will apply any period of work with your Employer toward the waiting period to determine your eligibility date.]]

[Spouse

If you are covered under this policy, your **Spouse** is eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire a spouse.

[You may not apply for coverage for your spouse if your spouse is covered as [an employee].]]

[Dependent Child(ren)

If you are covered under this policy, your **Dependent Children** are eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire the dependent child.

If your spouse is [an eligible employee], only one of you may apply for coverage on dependent child(ren).]

(Option 1)

[Coverage Effective Dates

You may apply, at **Enrollment**, for coverage based on the benefits available as shown in the BENEFITS AT A GLANCE section. Evidence of Insurability may be required. [When you apply for coverage or are covered under this policy, you are also eligible to apply for coverage on your [spouse] [and] [dependent child(ren)].

[The insured's] [Your] coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage[, provided Unum has approved your application and any required evidence of insurability].]

[If you are absent from work on the date your coverage would normally begin due to **Injury** [,] [or] sickness[, temporary **Layoff**] [or] [**Leave of Absence**], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 2)

[Coverage Effective Date

[The insured] [You] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, [the insured's] [your] coverage will become effective on [the first of the month following] the date [the insured is] [you are] eligible for coverage [provided premium is paid].

[If you are absent from work on the date your coverage would normally begin due to **Injury**[,] sickness, [temporary **Layoff**] [or] [**Leave of Absence**], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 3)
[Coverage Effective Date

[The insured] [You] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, [the insured's] [your] coverage will become effective on:

- [- the first of the month [coincident with or next] following] the date [the insured is] [you are] eligible for coverage provided Unum is notified within [31] days of [your] [the insured's] eligibility; or
- [- the first of the month [coincident with or next] following] the date Unum is notified of eligibility if notification is more than [31] days after [your] [the insured's] eligibility date.

[If you are absent from work on the date your coverage would normally begin due to injury[,] [or] sickness[, temporary layoff] [or] [leave of absence], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 4)
[Coverage Effective Date

You will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, your coverage will become effective on [the first of the month [coincident with or next] following] the date the you are eligible for coverage.

[Your [spouse] [and] [dependent children] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date and Unum has received notification of eligibility, otherwise, your [spouse's] [and] [dependent children] coverage will become effective on:

- [- the first of the month [coincident with or next] following] the date you acquire a [spouse] [and] [dependent children] provided Unum is notified within [31] days of eligibility; or
- [- the first of the month [coincident with or next] following] the date Unum is notified of eligibility if notification is more than [31] days after your [spouse's] [and] [dependent children's] eligibility date.]]

[If you are absent from work on the date your coverage would normally begin due to injury[,] [or] sickness[, temporary layoff] [or] [leave of absence], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

[Newborn Coverage. Your Dependent Children who are born while You are covered under this policy are covered for 31 days from the moment of live birth. If You do not have Dependent Children coverage at the time of the birth, You must notify Unum within 31 days of the newly eligible Dependent Child's birth and pay the required additional premium for Your Dependent Children coverage to continue. If You have Dependent Children coverage at the time of the newly eligible Dependent Child's birth, it is not necessary for You to notify Unum or pay any additional premium.

Adopted Children. Coverage for Dependent Children shall begin on the date of the filing of a petition for adoption if You apply for coverage within 60 days after the filing of the petition. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filled within 60 days after the birth.]

[Replacement of Coverage with Prior Carrier

[If, within [31] days of the policy effective date, you are replacing [similar coverage] [your hospital confinement due to a **Covered Sickness** benefit] [you had in force through [your Employer] sponsored [individual] [or] [group] policy, evidence of insurability is not required for amounts of coverage].]

[Evidence of Insurability may be required for coverage in excess of the insurance you had in force under the prior [policy] [or] [certificate].]

[If, within [31] days of the policy effective date, you are replacing [similar spouse coverage] [your spouse's hospital confinement due to a covered sickness benefit] [you had in force through [your Employer] sponsored [individual] [or] [group] policy, evidence of insurability is not required for amounts of spouse coverage].] [Evidence of Insurability may be required for coverage in excess of the insurance you had in force under the prior [policy] [or] [certificate].]

[Premium Payment. If premium for your coverage is paid directly by you to Unum all premiums due for your coverage, including any adjustments, must be paid on or before the applicable premium due date. [Your bill will include important information regarding premium remittance .] [Premiums are payable in U.S. currency only.]]

[Grace Period. The grace period is the [31] consecutive day period that begins on the day your premium is due. Your coverage will remain in effect during that time. However, if premium is not paid within this time, your coverage will terminate at the end of the grace period. There is no grace period for the first premium.

If Unum, at its sole discretion, agrees to waive the grace period in any instance, such agreement will not preclude or prejudice enforcement of the grace period in any other instance.

Termination of coverage will not prejudice any payable claim for a covered loss that begins prior to termination of coverage.]

[[Employer] Changes to the Policy

Once your coverage begins [and you are in active employment or on a covered layoff or leave of absence], any coverage changes made by [your Employer], consistent with the options you select, will take effect on the date agreed upon by Unum and [your Employer].

[If you are not in active employment due to injury or sickness, any coverage changes requested by [your Employer] will begin on the date you return to active employment.]

Coverage changes will not affect a **Payable Claim** that occurs prior to the effective date of the change.]

[Changes You Make to Your Coverage

If changes in coverage are allowed, you may choose to:

- increase coverage based on the available benefits shown in the BENEFITS AT A GLANCE section;
- decrease coverage based on the available benefits shown in the BENEFITS AT A GLANCE section; or
- cancel coverage.

Evidence of insurability may be required.

Changes in coverage begin at 12:01 a.m. on the date shown on your confirmation of coverage. [However, if you are absent from work due to injury, sickness, [temporary layoff] [or] [leave of absence] on the date your change in coverage would normally begin, changes in coverage that you make will begin on the date you return to active employment.]

Changes in coverage will not affect a payable claim that occurs prior to the effective date of the change.]

[Any additional coverage will be subject to a new **Pre-existing Condition** limitation].

Termination of [Employee] Coverage. [If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions[; or]
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the Portability provision or] in accordance with the layoff and leave of absence provisions of this policy].

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

[Termination of Spouse Coverage. [If you choose to cancel your spouse's coverage under the policy, coverage for your spouse ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] spouse coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions;
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the portability provision or] in accordance with the layoff and leave of absence provisions of this policy;]
- date your coverage under the policy ends;
- date your spouse no longer meets the definition of spouse; or
- date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while your spouse is covered under the policy.]

[Termination of Dependent Child(ren) Coverage. [If you choose to cancel your dependent child(ren)'s coverage under the policy, coverage for your dependent child(ren) ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] dependent child(ren) coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions;
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the portability provision or] in accordance with the layoff and leave of absence provisions of this policy;]
- date your coverage under the policy ends; or
- date your dependent child(ren) no longer meets the definition of dependent child(ren).

Unum will provide coverage for a payable claim which occurs while your dependent child(ren) is covered under the policy.]

[Layoff. If you are on a temporary layoff, and if premium is paid, [any insured will be covered [through the end of the month that immediately follows the month] in which your temporary layoff begins.]

[Leave of Absence. If you are on a leave of absence, other than for family or medical leave, and if premium is paid, [any insured will be covered [through the end of the month that immediately follows the month] in which your leave of absence begins.]

[Absence Due to Injury or Sickness. If you are not working due to injury or sickness, and if premium is paid, any insured may continue to be covered subject to the Termination of [Employee] Coverage provision.]

[Continuing Coverage while Employee is on Family and Medical Leave of Absence. Unum will continue coverage in accordance with your Employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your Employer approved your leave in writing.

Coverage will be continued until the end of the latest of the leave period:

- required by the Federal Family and Medical Leave Act of 1993 and any amendments;
- required by applicable state law; or
- provided to you for an injury or sickness.

If your Employer's Human Resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

Unum will not:

- apply a new waiting period; [or]
- [require evidence of insurability] [; or]
- [apply a new pre-existing condition limitation to the Hospital Confinement due to a Covered Sickness benefit].]

Insurance Fraud. Unum wants to ensure you and [your Employer] do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability of Statements in Application [or Evidence of Insurability]. Unum considers any statements you make in a signed application [or evidence of insurability form], or that [your Employer] makes in the application process, a representation and not a warranty. If any of the statements you [or your Employer] make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made by the [Employer] in the application process or statements made by you in a signed application [or evidence of insurability form].

Except in the case of fraud, Unum can take action only in the first [two] [years] any insured's coverage is in force.

If the [Employer] gives Unum information about you that is incorrect, Unum will:

- use the facts to decide whether you have coverage under the policy and in what amounts; and
- make a fair adjustment of the premium.

[Employer] as Agent. For purposes of this policy, the [Employer] acts on its own behalf or as the [employee]'s agent. Under no circumstances will the [Employer] be deemed the agent of Unum.]

Communicating with You [or Your Employer]. Unum may provide notices, information and other communications to you or [your Employer] in [written] [,] [or] [electronic] [or] [telephonic] form.

[Workers Compensation or State Disability Insurance. This policy does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.]

Cancellation or Modification of this Policy. This **Policyholder** provision applies to your coverage. This policy can be cancelled by:

- Unum; or
- the Policyholder.

Unum may cancel or modify this policy if:

- [our participation requirements are not met, as applicable;] [or]
- [the Policyholder does not promptly provide Unum with information that is reasonably required;] [or]
- [the Policyholder fails to perform any of its obligations that relate to this policy;] [or]
- [the premium is not paid in accordance with the provisions of this policy that specify whether the Policyholder, the [employee], or both, pay(s) the premiums;] [or]
- [the Policyholder does not promptly report to us the names of any [employee]s who are added or deleted from the eligible group;] [or]
- [Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its [employee]s;] [or]
- [Unum is cancelling or modifying similar group policies issued in similar markets. Unum will exercise this cancellation or modification right only if we discontinue offering similar policies, or make such modifications on similar policies in similar markets. [Any cancellation of the policy by Unum will not be effective before the later of the first anniversary of this policy or the expiration of any rate guarantee period;] [or]
- [Unum provides [31] days notice at any time [after the Initial Rate Guarantee] for any reason] [; or]
- [Unum is notified of a change in Federal or State Law materially affecting the policy].

If Unum cancels or modifies this policy, for any of the reasons listed above, a written notice will be delivered to the Policyholder at least [31] days prior to the cancellation date or modification date. The Policyholder may cancel this policy if the modifications are unacceptable.

[If any premium is not paid during the [31] day grace period, this policy will cancel automatically at the end of the grace period. The Policyholder is liable for premium for coverage during the grace period. The Policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the Policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.]

The Policyholder may cancel this policy by written notice delivered to Unum at least [31] days prior to the cancellation date. When both the Policyholder and Unum agree, this policy can be cancelled on an earlier date. If Unum or the Policyholder cancels this policy, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is cancelled, the cancellation will not affect a payable claim.

BENEFIT INFORMATION

Accidental Death

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a **Covered Accident** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Common Carrier benefit.]

Accidental Death-Common Carrier

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured is injured as the result of a covered accident while a fare paying passenger on a **Common Carrier** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Accidental Death benefit.]

Accidental Dismemberment

[Initial Accidental Dismemberment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident:]

- [- Loss of a hand means that the hand is cut off through or above the wrist joint.]
- [- Loss of a foot means that the foot is cut off through or above the ankle joint.]
- [- Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.]
- [- Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.]

The Initial Accidental Dismemberment benefit will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Dismemberment benefit and the Initial Accidental Loss benefit for the same covered accident.]

[Catastrophic Accidental Dismemberment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Dismemberment Elimination Period if any insured:

- sustains Catastrophic Accidental Dismemberment as the result of a covered accident;
[and]
- is under the appropriate care of a physician during the Catastrophic Accidental Dismemberment Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Dismemberment Elimination Period.

Catastrophic Accidental Dismemberment Elimination Period means the period of 365 days after the date of a covered accident.

Catastrophic Accidental Dismemberment means an injury that within 365 days of the covered accident results in total and irrecoverable loss:

- [- Loss of a hand means that the hand is cut off through or above the wrist joint.]
- [- Loss of a foot means that the foot is cut off through or above the ankle joint.]

The Catastrophic Accidental Dismemberment benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Dismemberment and the Catastrophic Accidental Loss benefit to the same insured.]

Accidental Loss

[Initial Accidental Loss

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident.

Permanent paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 90 days as confirmed by a physician. In the case of a transected spinal cord with supporting clinical and radiological evidence and no expectation of return of function, the continuous 90 days requirement specified above is waived.

Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Loss of hearing means deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The Initial Accidental Loss will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Loss and the Initial Accidental Dismemberment benefit for the same covered accident.]

[Catastrophic Accidental Loss

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Loss Elimination Period if any insured:

- sustains a Catastrophic Accidental Loss as the result of a covered accident; [and]
- is under the appropriate care of a physician during the Catastrophic Accidental Loss Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Loss Elimination Period.

[Catastrophic Accidental Loss Elimination Period means the period of [30-365] days after the date of a covered accident.]

[Catastrophic Accidental Loss means an injury that within [30-365] days of the covered accident results in total and irrecoverable loss.

- [- Permanent Paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 365 days as confirmed by a physician.]
- [- The loss of sight means both eyes are totally blind and that no sight can be restored.]
- [- The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.]
- [- The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.]]

The Catastrophic Accidental Loss benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Loss benefit and the Catastrophic Accidental Dismemberment benefit to the same insured.]]

Ambulance, Air

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional air ambulance company transports by air any insured to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The air ambulance transportation must be within 48 hours after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Ambulance, Ground

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional ambulance company transports any insured by ground to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The ambulance transportation must be within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Appliance

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as the result of a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. For purposes of this benefit, appliance means a walking boot that extends above the ankle, brace for the neck, back or leg, cane, crutches, walker and wheelchair. The use of a medical appliance must begin within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Blood / Plasma / Platelets

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives the transfusion of blood/plasma/platelets. The blood/plasma/platelets must be administered within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Burns

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives burns as a result of a covered accident and is treated by a physician within 72 hours after the covered accident. In the event the insured meets more than one of the following burn classifications, Unum will pay the higher amount. Unum will pay one of the benefit amounts found in the BENEFITS AT A GLANCE section once per insured per covered accident.]

[Burns - Skin Grafts

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives a skin graft for a burn as a result of a covered accident. Unum will pay this benefit once per insured per covered accident. This benefit will not be paid for elective procedures and/or cosmetic surgery that are not the result of a covered accident.]

[Chiropractic Treatment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a structural imbalance as a result of a covered accident and receives **Chiropractic Care Services** by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Unum will pay this benefit up to [3-12] visits per insured per covered accident and only [3-12] visits per **Calendar Year**.]

[Coma

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is in a coma. Coma means a coma resulting from a severe traumatic brain Injury due to a covered accident that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of:

- eye opening;
- verbal response; and
- motor response.

The condition must require intubation for respiratory assistance. Benefits will not be paid for a medically induced coma. Unum will pay this benefit once per insured per covered accident.]

[Concussion

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured sustains a concussion as the result of a covered accident and is diagnosed by a physician within 72 hours from the date of the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Dental Work (emergency)]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a broken tooth as a result of a covered accident and is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days of the covered accident.

One dental crown and one dental extraction benefit are payable per insured per covered accident, regardless of the number of teeth involved.]

[Dislocation (separated joint)]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and suffers a dislocation as the result of a covered accident. A dislocation is a completely separated joint. It must be diagnosed as a dislocation by a physician within 90 days after the covered accident. The dislocation must be corrected by open (surgical) or closed (non-surgical) reduction.

[Dislocation due to a covered accident]

Unum will pay this benefit only for the first dislocation of a joint after the coverage effective date. Subsequent dislocations of the same joint after the coverage effective date will not be covered.]

[Multiple dislocations due to a covered accident]

Unum will pay for each dislocation, but will pay no more than two times the benefit amount for the joint involved which has the highest benefit amount.]

[Reduction by a physician without anesthesia]

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved.]

[Incomplete dislocation diagnosed by a physician]

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.]]

[Emergency Room Treatment]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial examination and treatment by a physician in an **Emergency Room** within 72 hours after the covered accident.

Unum will pay this benefit once per insured per covered accident [and only up to [1-4 times] per insured per calendar year.]

Unum will pay either the Emergency Room Treatment or the Emergency Treatment in a Physician Office/**Urgent Care Facility** for the initial treatment of a covered accident, but will not pay the Emergency Room Treatment benefit and the Emergency Treatment in Physician Office/Urgent Care Facility benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.]

[Emergency Treatment in a Physician Office/Urgent Care Facility]

Unum will pay one of the benefits shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial treatment and/or advice by a [physician] [**Primary Care Physician** or **Specialist**] in a physician's office (other than **Occupational, Speech or Physical Therapy**, or chiropractic treatment) or Urgent Care Facility. The initial treatment must be within 72 hours of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventive testing.

Unum will pay this benefit once per insured per covered accident.

Unum will pay either the Emergency Treatment in a Physician Office/Urgent Care Facility or the Emergency Room Treatment for the initial treatment of a covered accident, but will not pay the Emergency Treatment in Physician Office/Urgent Care Facility benefit and the Emergency Room Treatment benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.]

Eye Injury

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers an eye injury. The eye injury must require surgery or the removal of a foreign object by a physician within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Unum will pay this benefit once per insured per covered accident.]

Fracture (broken bone)

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a fracture as a result of a covered accident. A fracture is a break in a bone which can be seen by X-ray. It must be diagnosed as a fracture by a physician within 90 days after the covered accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a physician.

[Fracture of one bone due to a covered accident

Unum will pay this benefit only for the first fracture of any bone after the coverage effective date. If there are multiple fractures to the same bone, Unum will only pay one fracture benefit.]

[Fracture of multiple bones due to a covered accident

Unum will pay for each fracture, but will pay no more than two times the benefit amount for the bone involved which has the highest benefit amount.]

[Chip fracture

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.]]

Hospitalization

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is **Confined** to a hospital, a **Hospital Sub-Acute Intensive Care Unit**, or a **Hospital Intensive Care Unit** due to a covered accident.

Unum will not pay this benefit for:

- [- emergency room treatment;]
- [- outpatient treatment;]
- [- a **Confinement** of less than 20 hours in an **Observation Unit**].

Unum will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one covered accident.

If an insured is confined in a hospital, a hospital sub-acute intensive care unit or hospital intensive care unit, and becomes confined again within 90 days for the same or related condition, Unum will treat the confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, Unum will treat this confinement as a new confinement.

[[Hospital Admission

Unum will pay this benefit if the insured initially becomes confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Hospital Intensive Care Unit Admission

Unum will pay this benefit if the insured is admitted directly to a hospital intensive care unit due to an injury as the result of a covered accident. The insured must be confined in a hospital intensive care unit within 30 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Unum will only pay either the Hospital Admission benefit or the Hospital Intensive Care Unit Admission benefit once per insured per covered accident. If admitted directly to the hospital, then the Hospital Admission benefit shown in the BENEFITS AT A GLANCE section is payable. If admitted directly into the hospital intensive care unit, then the Hospital Intensive Care Unit Admission benefit shown in the BENEFITS AT A GLANCE is payable. Unum will not pay the Hospital Admission benefit and Hospital Intensive Care Unit Admission benefit for the same covered accident concurrently.]]

[Hospital Confinement

Unum will pay this benefit if the insured is confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay benefits for Hospital Confinement up to [30-365] days per covered accident.]

[Hospital Intensive Care Unit Confinement

Unum will pay this benefit if the insured becomes confined to a hospital intensive care unit due to an injury within 30 days after the covered accident. Unum will pay benefits for Hospital Intensive Care Unit Confinement up to 15 days per insured per covered accident.

- If any insured is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.
- If an insured is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, Unum will pay the Hospital Confinement benefit.]

Unum will pay either the Hospital Confinement benefit or the Hospital Intensive Care Unit Confinement benefit shown in the BENEFITS AT A GLANCE section.

[Knee Cartilage

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a torn knee cartilage (meniscus). It must be treated by a physician within 60 days after the covered accident and it must be repaired through surgery by a physician within one year after the covered accident. Unum will pay this benefit once per insured per covered accident.

If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE section for exploratory surgery under the Knee Cartilage benefit once per insured per covered accident.]

[Laceration

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a laceration. A laceration is a cut. The laceration must be repaired by a physician within 72 hours after the covered accident. The amount we pay will be based on the total length of all lacerations received in any one covered accident which require repair. If the laceration is severe enough to require stitches but the physician chooses to repair it in another way, Unum will pay the benefit as a laceration repaired with stitches. Unum will pay this benefit once per insured per covered accident.]

[Lodging

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for one motel/hotel room for a companion to accompany the insured for up to 30 days per covered accident. Unum will pay this benefit if any insured is confined in a hospital as the result of a covered accident.

This benefit is payable only for motel/hotel stays during the period of time the insured is confined to the hospital. In order for this benefit to be payable, the hospital must be more than 50 miles from the residence of the insured.]

Medical Imaging

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and receives a covered medical imaging test as the result of a covered accident. The test must be ordered by a physician and be performed in a medical facility within 180 days of the covered accident. Medical imaging tests covered under this policy are:

- (1) Magnetic Resonance Imaging (MRI) or Magnetic Resonance (MR);
- (2) Computed Tomography Scan (CT) or Computed Axial Tomography (CAT); or
- (3) Electroencephalogram (EEG)]

Unum will pay this benefit once per insured per covered accident.]

Open Abdominal and Thoracic / Hernia

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and undergoes open abdominal, or thoracic surgery other than hernia repair. The surgery must be performed within 72 hours of the covered accident to repair internal injuries. Unum will pay this benefit once per insured per covered accident.

[Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured undergoes hernia surgery. The hernia must be diagnosed within 30 days of the covered accident and surgery must be performed within 60 days of the covered accident to repair a hernia received as a result of a covered accident.

If any insured has open abdominal and hernia surgery, or open thoracic and hernia surgery as a result of the same covered accident, Unum will only pay the Open Abdominal or Thoracic Surgery benefit.]

If exploratory surgery is performed and no repair is done, Unum will pay the benefit listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.]

Outpatient Surgery Facility Service

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that has a surgery, as specified below, on an outpatient basis in a surgical center for the treatment of injuries due to a covered accident. This does not include surgery received in the emergency room or while confined in a hospital.

[The following specified injuries must be treated by a physician within 60 days from the date of the covered accident and the specified surgery must be performed within:

- [- Knee Cartilage
[One] [year] after the covered accident.]
- [- Ruptured Disc
[One] [year] after the covered accident.]
- [- Tendon / Ligament / Rotator Cuff
[180 days] after the covered accident.]]

[The following specified injury and the specified surgery must be performed within:

- Eye Injury
[90] [days] after the covered accident.]

[The following specified injury must be diagnosed within 30 days of the covered accident and the specified surgery must be performed within:

- Hernia
[60 days] after the covered accident]

Unum will only pay benefits for the first outpatient surgery per insured per covered accident, regardless of the number of surgical procedures performed.]

[Pain Management

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives **Epidural Anesthesia**. The epidural anesthesia must be administered within 60 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Physician Follow-up Visit

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured receives initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational, speech or physical therapy, or chiropractic treatment) that is recommended or advised by a [Physician] [Primary Care Physician] [or] [Specialist] for injuries as the result of a covered accident.

Treatment must:

- begin within 60 days and be completed within 365 days of the covered accident;
- be due to injuries received as the result of a covered accident;
- occur in a [Physician's office][Primary Care Physician's office][,] [Specialist's office][,] [Urgent Care Facility or Hospital] on an outpatient basis; and
- not be for routine examinations or preventive testing.

Unum will pay this benefit up to a combined maximum of [1-4] visit[s] per insured per covered accident. Unum will not pay the Emergency Room Treatment benefit or Emergency Treatment benefit and the Physician Follow-up Visit benefit for visits on the same day.]

[Prosthetic Device / Artificial Limb

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives one or more prosthetic device(s)/artificial limb(s) when the insured loses a hand, foot or sight of an eye. The prosthetic device(s)/artificial limb(s) must be received within one year of the covered accident.

Unum will pay this benefit once per insured per covered accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as hair wigs. Unum will not pay for joint replacement such as an artificial hip or knee.]

[Rehabilitation Unit Confinement

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for Rehabilitation Unit Confinement if an insured is transferred to a **Rehabilitation Unit** immediately after a period of hospital confinement due to a covered accident. We will pay this amount for each day of confinement in a rehabilitation unit, up to a maximum of 15 days per insured person per covered accident but not to exceed 30 days per calendar year.

Unum will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.]

[Ruptured Disc with surgical repair

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a ruptured disc in the spine. It must be treated by a physician within 60 days from the date of the covered accident. It must be repaired through surgery by a physician

within one year after the covered accident. Unum will pay this benefit once per insured per covered accident].

Tendon / Ligament / Rotator Cuff

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a torn, ruptured or severed tendon/ligament/rotator cuff as the result of a covered accident. It must be treated by a physician within 60 days after the covered accident and repaired through surgery by a physician within 180 days after the covered accident.

If exploratory surgery is performed and no repair is done, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.]

Therapy Services - Occupational, Physical and Speech

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured who receives occupational, physical or speech therapy as the result of a covered accident. Unum will pay up to a maximum of 10 visits per insured per covered accident. The therapy must begin within 90 days after the covered accident and must be completed within one year after the covered accident. All services must be prescribed by a physician and rendered by an **Occupational, Physical or Speech Therapist** and performed in an office or in a hospital on an inpatient or outpatient basis.]

Transportation

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that must travel from their residence more than 50 miles one way on physician's advice for treatment of injuries as a result of a covered accident.

The transportation benefit will be paid for:

- a hospital confinement;
- outpatient surgery; or
- a physician's office [Primary Care or Specialist] visit.

Unum will pay this benefit for the injured insured when traveling to and from the insured's destination via:

- commercial travel (plane, train or bus); or
- non-commercial travel (use of a personal car).

Unum will measure the mileage for the most direct route from the insured's residence to the facility where treatment is received.

Unum will pay this benefit up to [3] round trips, not to exceed 1200 miles per round trip per covered accident.

This benefit is not payable for transportation by ambulance or air ambulance.]

[ADDITIONAL BENEFIT INFORMATION

Hospital Confinement due to Covered Sickness

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is confined to a hospital due to a covered sickness. Unum will pay benefits for Hospital Confinement up to [10-60] days per insured per covered sickness.

Unum will not pay this benefit for:

- [- emergency room treatment;]
- [- outpatient treatment;] [or]
- [- a confinement of less than 20 hours in an observation unit].

Unum will pay benefits for only one Hospital Confinement at a time due to covered sickness even if it is caused by more than one covered sickness and/or covered accident.

If an insured is confined in a hospital and becomes confined again within 90 days for the same or related covered sickness, Unum will treat the confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, Unum will treat this confinement as a new confinement.]

[Limitations and Exclusions for Hospital Confinement due to Covered Sickness:

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- [participating in war or act of war, whether declared or undeclared];
- [treatment for alcoholism or drug addiction, unless the insured is addicted to a narcotic taken on the advice of a physician];
- [treatment for dental care or dental care procedures];
- [elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases];
- [having a pre-existing condition as described and limited by this benefit];
- [hospital confinement caused by, contributed to by, or resulting from your **Mental Illness**. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy];
- [any hospital confinement of a newborn following the birth unless the newborn is sick or injured.]

[Pre-existing Condition Limitation for Hospital Confinement due to a Covered Sickness. Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a pre-existing condition [or any medical or surgical treatment for that condition] for which the date of confinement is in the first [3, 6, 9, 12] months after the insured's coverage effective date.]]

[Continuity of Coverage for Hospital Confinement due to Covered Sickness.

If this policy replaced another [group] [or] [individual] [accident] policy and this certificate of coverage is replaced [by a certificate under the other group policy] [or] [by an individual policy], or you become insured under this policy due to a merger, acquisition or affiliation, this policy shall not limit or exclude coverage for a pre-existing condition that would have been covered under the policy being replaced. Time periods applicable to pre-existing conditions will be waived to the extent that similar limitations or exclusions were satisfied under the policy being replaced.

[If you are on a [layoff] [or] [leave of absence] on the policy effective date, we will consider your [layoff] [or] [leave of absence] to have started on that date and your coverage will continue for the period provided in this policy.

If you have not returned to active employment before any insured's date of hospital confinement your payment will be limited to the amount that would have been paid by the prior [carrier] [policy]. Unum will reduce your payment by any amount for which your prior [carrier] [policy] is liable.]]

[Wellness Benefit

Unum will pay the benefit shown in the BENEFITS AT A GLANCE for one wellness test per calendar year per insured if the insured has a wellness test performed while the insured's coverage is in force.

[If the insured's coverage is in force on the [Employer]'s Original Policy Effective Date, Unum will pay the Wellness Benefit shown in the BENEFITS AT A GLANCE for a wellness test the insured has had [[within the [[0-365] days] [[1-6] month[s]] prior to the [Employer]'s Original Policy Effective Date[, as part of an approved [Employer] sponsored wellness screening program]] [on or after the date you apply for coverage but prior to the [Employer]'s Original Policy Effective Date]. Any Wellness Benefit paid for a wellness test performed prior to the [Employer]'s Original Policy Effective Date will be the Wellness Benefit for the first calendar year during which the policy becomes effective.]

Wellness Tests are:

- Blood test for triglycerides;

- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Hemoglobin A1C(HbA1c);
- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two hour post-load plasma glucose; or
- Virtual colonoscopy.]]

LIMITATIONS AND EXCLUSIONS

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- [participating in war or act of war, whether declared or undeclared];
- [riding in or driving any motor-driven vehicle in a race, stunt show or speed test];
- [operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger];
- [engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting];
- [participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution];
- [committing or trying to commit suicide or injuring **Yourself** intentionally, whether sane or not];
- [practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received];
- [having a work related injury];
- [having any sickness or declining process caused by a sickness, including physical or mental infirmity [including any treatment for allergic reactions]. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.]

[In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- [an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; [or]
- [injuries to a dependent child received during the birth].]

[OTHER FEATURES]

[Your Right to Continue Coverage (Portability)]

If, while you are covered under the policy, your employment with the Policyholder ends, you are no longer in an eligible group or the policy is being terminated by the Policyholder and is not being replaced, you may have the right to apply to continue coverage under the policy for yourself[,] [and] [your spouse][,] [and your dependent child(ren)]. You must apply for coverage under this portability provision and pay the first premium within [30-120] days after the date your employment ends, you are no longer in an eligible group or the date the policy is terminated by the Policyholder and is not being replaced.

You are not eligible to apply for continuing coverage under this provision if [the policy is closed to new enrollments or]your coverage under the policy ends for any of the following reasons:

- the policy is cancelled by Unum;
- the policy is being terminated by the Policyholder and is being replaced; or
- the policy is changed to exclude the group of [employee]s to which you belong.

Except as provided in this section, your continuing coverage will be the same coverage provided you under the policy as of the date your employment ends, the policy is terminated by the Policyholder and is not replaced, or you are no longer in an eligible group. Any subsequent change to the policy will not apply to your continuing coverage.

Your continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- [you may decrease, but not increase the Hospital Confinement due to a Covered Sickness benefit amount;]
- premiums will be billed directly to you;
- initial premium rates will be based on the portability rates in effect at the time you apply to continue your coverage; and
- premium rates can be changed by Unum at any time upon [31] days notice to you [[so long as the change is not due to any change in your age or health] [or the age or health of [your spouse] [or your dependent child(ren)].

Your continuing coverage, and any coverage of your [spouse] [and] [dependent child(ren)], will end on the earliest to occur of:

- your failure to pay the required premium within the [31] day grace period;
- [unless your spouse applies for continuing coverage under the following provision,]the date you die; [or]
- [you are rehired by your Employer or return to an eligible group and are covered under the policy in effect prior to porting your coverage; or]
- the coverage under this portability provision is cancelled by Unum for any reason upon [31] days notice.

Once continuing coverage is cancelled it can not be reinstated.

In the event the Policyholder's coverage under the policy is cancelled [or closed to new enrollments], the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date [or that date].

[The Right of Your Spouse to Continue Coverage if You Die or are Divorced (Spouse Portability)]

If you die or divorce your spouse may have the right to apply to continue coverage under the policy.

Your spouse must apply for coverage under this portability provision and pay the first premium within [30-120] days after the date of your death or divorce.

Your spouse is not eligible to apply to continue coverage under this provision if your spouse was not insured under this policy on the date of your death or divorce.

Except as provided in this section, your spouse's continuing coverage will most nearly match the coverage provided to your spouse under the policy as of the date of your death or divorce.

[If you die or divorce your spouse may also apply to continue the same coverage for dependent child(ren), provided:

- the dependent children are insured under the policy at the time of your death, or divorce; and
- you are not continuing coverage for dependent child(ren).]

Your spouse's continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- your spouse may decrease, but not increase the amount of the spouse's Hospital Confinement due to a Covered Sickness benefit;
- premiums will be billed directly to your spouse;
- initial premium rates will be based on the portability rates in effect at the time your spouse applies to continue coverage; and
- premium rates can be changed by Unum at any time upon [31] days notice to your spouse.

Your spouse's [and any dependent child(ren)'s] continuing coverage will end on the earliest to occur of:

- your spouse's failure to pay the required premium within the [31] day grace period;
- the date your spouse dies; or
- the coverage under this portability provision is cancelled by Unum for any reason upon [31] days notice.

Once continuing coverage is cancelled it cannot be reinstated.

In the event the Policyholder's coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or that date.]]

GLOSSARY

Additional definitions may be contained in other policy provisions, amendments or riders.

[Active Employment] means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be regularly scheduled to work on average at least the minimum number of hours as described under Minimum Hours Requirement shown in the BENEFITS AT A GLANCE section.

Your work site must be:

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.]

Calendar Year means the period beginning on the insured's coverage effective date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate of Coverage means a written statement prepared by Unum and may include attachments. It tells you:

- the coverage to which the insured may be entitled;
- to whom benefits are payable; and
- limitations, exclusions and/or requirements that apply within this policy.

[Chiropractic Care Services] means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by a covered accident. Benefits will not be paid for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.]

[Common Carrier] means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.]

[Confined or Confinement] means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.]

Covered Accident means an unforeseen occurrence resulting in a bodily injury which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force;
- is listed in the BENEFITS AT A GLANCE section; and
- is not excluded by name or specific description in the Certificate.

Covered Loss means a condition covered by this policy as shown in the BENEFITS AT A GLANCE and as applied for by you and approved by Unum.

[Covered Sickness] means an illness, infection, disease or any other abnormal physical condition which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in the Certificate.]

[Dependent Child(ren)] means your unmarried children from live birth but less than age 25. Dependent child(ren) include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement in your home.

After attainment of age 25 Dependent Child(ren) also includes dependent children who became incapable of self-sustaining employment, prior to age 25, due to mental or physical handicap. Such child will continue to be an Insured subject to the following: (1) the Employee must furnish proof of such incapacity and dependency to Unum; and (2) as long as the coverage of the Employee remains in force and as long as the dependent child remains in such condition.

No dependent child can be covered as both an [employee] and a dependent child.]

[Emergency Room means a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by physicians; and
- (3) provide care seven days per week, 24 hours per day.]

[Employee means a person who is in active employment in the United States with the Employer.]

[Employer means the Policyholder and includes any division, subsidiary or affiliated company.]

[Enrollment means a period of time determined by Unum and [your Employer] during which you are eligible to enroll for or change your coverage. This period of time may be limited.]

[Epidural Anesthesia means a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The epidural must be administered due to a covered accident, and does not include treatment for childbirth or diseases.]

[Evidence of Insurability means a statement of your [or your spouse's] medical history which Unum will use to determine if you [or your spouse] are approved for coverage. Evidence of insurability will be at Unum's expense.]

Grace Period means the period of time following the premium due date during which premium payment may be made.

[Hospital means a place that:

- is an institution licensed as a hospital and operated pursuant to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a physician;
- has full-time nurses on duty or on call supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: x-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.]

[Hospital Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and

- has a physician assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit that meets the definition above may include hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;
- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit; or
- Transplant Unit.]

[Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.]

Injury or Injuries means a bodily injury which is the direct result of a covered accident and not related to any other cause.

Insured means any person covered under the policy.

[[Layoff] [or] [Leave of Absence] means that you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time is not considered a temporary [layoff] [or] [leave of absence].]

[Member means a person who is a member in good-standing of the [Union] and who is in a class of persons eligible for coverage as determined by the Policyholder and is residing in the United States, its territories or possessions.]

[Mental Illness means a psychiatric or psychological condition classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) published by the American Psychiatric Association, most current as of the start of a hospital confinement. Such disorders include, but are not limited to, psychotic, emotional or behavioral disorders, disorders relatable to stress. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a hospital confinement.]

[Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which:

- (1) is under the direct supervision of a physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven days per week, 24 hours per day.]

[Occupational Therapy means the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person's particular occupational role. Occupational therapy does not include diversional, recreational, vocational therapies (e.g. hobbies, arts and crafts).]

[Occupational Therapist is a person, other than you or a family member, who:

- possesses the designation “Occupational Therapist Registered (OTR)”;
- is licensed by the state to practice occupational therapy;
- performs services which are allowed by his license; and
- performs services for which benefits are provided by this policy.]

[Off-Job Accident means an accident that was not caused by or aggravated by any employment for pay or profit.]

[On-Job Accident means an accident that was caused by or aggravated by any employment for pay or profit.]

Payable Claim means a claim for which Unum is liable under the terms of the policy.

[Physical Therapy means treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following injury or loss of a body part.]

[Physical Therapist is a person, other than you or a family member, who:

- is licensed by the state to practice physical therapy;
- performs services which are allowed by his or her license;
- performs services for which benefits are provided by this Policy; and
- practices according to the Code of Ethics of the American Physical Therapy Association.]

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Unum will not recognize you, your spouse, dependent child(ren), parents or siblings [, a business or professional partner, or any person who has a financial affiliation or business interest with you,] as a physician for a claim that you send to us.

Policyholder means the [Employer] [entity] to whom the policy is issued.

[Pre-existing Condition means a sickness [or symptoms of a sickness, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the [3, 6, 9, 12] months just prior to the insured’s coverage effective date]; or the insured had a sickness or symptoms of a sickness, whether diagnosed or not, for which an ordinarily prudent person would have consulted a health care provider during the [3, 6, 9, 12] months just prior to the insured’s coverage effective date [or][effective date of change]].

[Primary Care Physician means a physician, such as a family practice physician, internist, or other general medical physician, chosen by you to serve as your primary health-care professional. This primary care physician should be capable of handling a variety of health-related issues and would be able to refer patients to appropriate specialists (or subspecialists) when needed.]

[Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;

- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.]

[Specialist (or subspecialist) means a physician whose practice is limited to a particular specialty (or subspecialty) of medicine or surgery. This physician would not routinely provide primary care or general care for patients.]

[Speech Therapy means treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.]

[Speech Therapist or pathologist is a person other than you or a family member who:

- is licensed by the state to practice speech therapy;
- performs services which are allowed by his/her license; and
- performs services for which benefits are provided by this policy and practices according to the code of ethics of the American Speech-Language-Hearing Association.]

[Spouse means your lawful spouse, including a legally separated spouse, residing in the United States. You may not cover your spouse if your spouse is enrolled for coverage as an [employee]. [Spouse, wherever used, includes domestic partner. Domestic partner is the person named in your declaration of domestic partnership. You must execute and provide the [Employer] with such a declaration which states and gives proof that the domestic partner has had the same permanent residence as you for a minimum of [6] consecutive months prior to the date coverage would become effective for that domestic partner. you must not have signed a declaration of domestic partnership with anyone else within the last [6] months of signing the latest declaration of domestic partnership. Also, the domestic partner must be at least 18 years of age, competent to contract, not related by blood closer than would bar marriage, the sole named domestic partner, not married to anyone else and the declaration of domestic partnership must be approved and recorded by the [Employer]. You may not cover your domestic partner as a dependent if your domestic partner is enrolled for coverage as an [employee].])

[Urgent Care Facility means a health care facility that is organizationally separate from a hospital and whose primary purpose is the offering and provision of immediate, short-term medical care, without appointment, for urgent care.]

Waiting Period means the [continuous] period of time that you must be [in active employment] in an eligible group before you are eligible for coverage as determined by Unum and [your Employer].

We, Us and Our means Unum Life Insurance Company of America.

You, Your and Yourself means an [Employee] who is eligible for Unum coverage.

CERTIFICATE RIDER

These changes shown below are made a part of the certificate which was issued to you under the terms of the [policy] issued to:

[ABC COMPANY]

Group [Policy] No. [123456-001]

[The Certificate is changed to read as follows:]

[The Certificate is changed by the addition and deletion of the pages listed below;]

[ADDITIONS:]

[DELETIONS:]

[PAGE]

[PAGE]

The effective date of these changes is [March 1, 2010] or the effective date of your certificate, whichever is later.

The changes only apply to covered losses on or after the effective date. Claims for covered losses prior to [March 1, 2010] will be determined according to the certificate in effect prior to this rider.

Dated at Portland, Maine on [March 1, 2010].

Unum Life Insurance Company of America



Secretary

AMENDMENT NO. [00]

This amendment forms a part of Group Policy No. [123456-001] issued to the Policyholder:

[ABC COMPANY]

[The entire policy is replaced by the policy attached to this amendment.]

[The policy is changed to read as follows:]

[The policy is changed by the addition or deletion of the page listed below:

[ADDITIONS:]

[DELETIONS:]

[PAGE]

[PAGE]

The effective date of this amendment is [March 1, 2010.] The changes only apply to covered losses on or after the effective date. Claims for covered losses prior to [March 1, 2010] will be determined according to the policy effect prior to this amendment.

The policy terms and provisions will apply other than as stated in this amendment.

Dated at Portland, Maine on [March 1, 2010].

Unum Life Insurance Company of America



By _____

Secretary

RATE INFORMATION AMENDMENT

This amendment forms a part of Group Policy No. [123456-001] issued to the Policyholder:

[ABC Company]

COST OF INSURANCE

[For insureds covered under the prior carrier's plan on the date that plan terminates and whose coverage is being replaced by the Unum plan, the cost of insurance will be based on an amount agreed upon by Unum and the Policyholder.

For insureds not previously covered under the prior carrier's plan who are eligible for coverage on or after the effective date of the Unum plan, or for any increases or changes in coverage made by any Insured under the Unum plan, the cost of insurance is based on the Initial Rate(s) shown below.]

[The initial premium for each plan is based on the initial rate(s) shown below.]

INITIAL RATE

ACCIDENT BENEFIT

[[Employee	[Spouse	[Dependent Children
Monthly Rate of: \$XX.XX]	Monthly Rate of: \$XX.XX]	Monthly Rate of: \$XX.XX]]

HOSPITALIZATION DUE TO COVERED SICKNESS BENEFIT

Monthly Rate per \$100 of coverage		Monthly Rate per \$75 of coverage
[Employee	[Spouse	[Dependent Children
\$XX.XX]	\$XX.XX]	\$XX.XX]

WELLNESS BENEFIT

Monthly Rate per \$25 of coverage		
[Employee	[Spouse	[Dependent Children
\$XX.XX]	\$XX.XX]	\$XX.XX]]

Rate Guarantee and Rate Changes. We have the right to change the premium rates We charge for this policy.

A change in premium rate will not take effect before [March 1, 2010]. However, Unum may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the benefit design;
- a division, subsidiary, or affiliated company is added or deleted;
- the number of insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to the benefits.

Unum will notify the Policyholder in writing at least 31 days before a premium rate is changed. A change may take effect on an earlier date when both Unum and the Policyholder agree.

Premium Payment

[Premium Due Dates: [March 1, 2010] and the first day of each calendar month thereafter.]

All premiums must be remitted to Unum on or before their respective due date. The premium must be paid in United States dollars.

The effective date of this amendment is [March 1, 2010].

Dated at Portland, Maine on [date of issue].

**APPLICATION FOR
GROUP ACCIDENT INSURANCE**
Evidence of Insurability

Unum Life Insurance Company of America (“Unum”)
2211 Congress Street • Portland, Maine 04122

Application Type: Newly Eligible Late Applicant Replace Existing Unum Coverage
 Change to Existing Coverage Rehire

SECTION 1: Employee (Applicant) Information – Always Complete		
Employee Name (First, Middle, Last)		Social Security Number
Home Address (Street/PO Box)		Gender <input type="checkbox"/> F <input type="checkbox"/> M
City		Date of Birth (mm/dd/yyyy)
State	Zip Code	Home Phone #
[Email Address]		Employee ID/Payroll #
Employer Name	Customer Number	Date of Hire (mm/dd/yyyy)
St/PO Box		Occupation
City		
State	Zip Code	Work Phone #
Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Scheduled Number of Work Hours/week
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

SECTION 2: Spouse Information – Complete Only if applying for Spouse Coverage		
Name (First, Middle, Last)		Social Security Number
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Does the Spouse live in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” is your Spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

SECTION 3 Coverage Information	
Group Accident <input type="checkbox"/> Employee (only) <input type="checkbox"/> Employee, Spouse <input type="checkbox"/> Employee, Dependent Child(ren) <input type="checkbox"/> Employee, Spouse and Dependent Child(ren)	Cost per pay period \$ _____
Employer selected benefit[s] <input type="checkbox"/> Wellness	\$ _____
[Optional Employee selected benefit] <input type="checkbox"/> Hospital Confinement due to Covered Sickness \$ _____	\$ _____
Total Cost Per Pay Period	\$ _____

Employee Name: _____
(Applicant)

Employee SSN: _____
(Applicant)

SECTION 4: Complete if applying for the Hospital Confinement due to Covered Sickness Benefit

	Employee (Applicant)	Spouse
1. Current height and weight	____ ft. ____ in. ____ lbs.	____ ft. ____ in. ____ lbs.
2. Have you (applicant) or your spouse (if applying) tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months, have you or your spouse (if applying) received medical advice or sought treatment for:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> - Insulin-dependent diabetes - Atrial Fibrillation, Angina, Heart Attack, Stroke, Coronary Artery disease, Heart Surgery, Congestive Heart Failure or Cardiomyopathy - Cirrhosis of the liver or Hepatitis B & C - High blood pressure treated with 3 or more medications - Chronic Obstructive Pulmonary disease (COPD) or Emphysema - Kidney disease (excluding kidney stones) or failure - Cancer or Malignancy of any kind including Leukemia, Hodgkin’s disease or Melanoma (excluding Basal or Squamous Cell carcinoma). 		

SECTION 5: Employee (Applicant) Statements

I understand the effective date of coverage issued based on this application is subject to the application being acceptable under the rules, limits and standards of Unum Life Insurance Company of America (hereafter Unum) and the insurance is, or would have been, issued as applied for (or if not issued as applied for, then as modified). The effective date of approved coverage will be determined as set forth in the certificate of coverage provided to me. If I pay part or all of the cost of my coverage, the effective date will not be earlier than the first of the month in which payroll deductions begin.

I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums).

All statements and answers provided on this application are true and complete, and are given to obtain insurance.

CAUTION: Unum will rely on the information provided in order to evaluate this application. If the answers provided are incorrect or untrue, Unum may deny benefits or rescind insurance. Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application or files a claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Employee (Applicant) Signature	Date (mm/dd/yyyy)
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INSTRUCTIONS

Complete the information below only if you or any person proposed for coverage on the preceding application is currently eligible for Medicare. To be eligible for Medicare, you must be either: (1) age 65 or older; or (2) disabled.

Medicare Certification Form

This is to certify that I have received the “Guide to Health Insurance for People with Medicare” and the “Important Notice to Persons on Medicare”.

Employee (Applicant) Signature	Date (mm/dd/yyyy)
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Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. The insurance product is underwritten by Unum Life Insurance Company of America.

SERFF Tracking Number: UNUM-126520561 State: Arkansas
 Filing Company: Unum Life Insurance Company of America State Tracking Number: 45034
 Company Tracking Number: GA-1
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accident
 Project Name/Number: Group Accident/GA-1

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	03/11/2010
Bypass Reason:	attached under form schedule		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	General and Specific Variables	Approved-Closed	03/11/2010
Comments:			
Attachment:			
	Group Accident GENERAL AND SPECIFIC VARIABLES.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/11/2010
Comments:			
Attachments:			
	Group Accident FLESCH.pdf		
	AR Certification of Compliance with Rule 19.pdf		

General and Specific Variables

Any modifications will be made within the confines of the law of the governing jurisdiction.

General Variables

1. Headings may be added, deleted or modified for clarity.
2. Titles of specific Acts or laws may be changed as appropriate.
3. Changes in company name and address may be made as approved by the governing jurisdiction.
4. Our company logo may be added, deleted or modified.
5. Definitions may be added, moved, removed or modified according to a policyholder's plan.
6. Letters and numbers are variable, subject to any statutory or regulatory requirements.
7. Amounts of coverage are variable.
8. Provisions and statements not applicable to a plan will be omitted.
9. Policyholder Provisions and General Provisions in the Employer and Employee sections may be inserted, deleted or modified according to the policyholder's plan.
10. Spouse and/or Dependent Children coverage may be added, deleted or modified according to the policyholder's plan.
11. "Other Features" are optional features and may be removed or modified according to the policyholder's plan. Also, standard features in the Benefit Information section may be removed or modified according to the policyholder's plan.
12. Document format may vary according to a specific plan.
13. Bracketed text may be inserted, deleted or modified according to the policyholder's plan. This includes text for different plan designs, i.e. employer paid, employee paid or shared contribution plans.
14. The provisions in the Claim Information and Benefit Information sections may be inserted, deleted or modified according to the policyholder's plan.
15. The Family and Medical Leave of Absence provision may vary according to the employer's policy on family leave and in accordance with federal or state leave law. In addition, this provision will only be included in plans that insure employer groups.
16. Face Page – The paragraph explaining what the policy consists of may be moved to the beginning of the Policyholder Provisions section.
17. GA.RATEAMEND-1 – The Rate Information Amendment may vary according to the policyholder's plan.
18. GA.AMEND-1 – The amendment may vary according to the policyholder's plan.
19. GA.R-1 – The rider may vary according to the policyholder's plan.
20. "Policyholder" may be changed to "Employer", "Association", or "Union". Additional language may be added to support the structure of the entity. Depending on the type of group, the term Employer or Policyholder may be interchangeable. The plans will be issued according to state eligibility group statutory requirements.
21. "Employee" may be changed to "member" or "associate".
22. "Table of Contents" and "Benefits at a Glance" pages are completely variable.
23. "Other Services" such as Employee Assistance Programs may be added to the policyholder's plan.
24. Terms may be bolded, unbolded, modified, moved or deleted according to the policyholder's plan.
25. Measurements of time such as hours, days, weeks, months, years, etc. may vary according to a policyholder's plan.
26. We would like to market to employer groups with a minimum of 2 lives, subject to any statutory or regulatory requirements.
27. We would like to market to groups with no minimum participation requirements, subject to any statutory or regulatory requirements.
28. When a plan offers an employer paid basic benefit and an employee paid additional benefit, the text under Coverage Effective Date, Replacement of Coverage With Prior Carrier, Termination of Employee Coverage, Termination of Spouse Coverage, and Termination of Dependent Child(ren) Coverage will reflect the appropriate enrollment rules and evidence of insurability rules when applicable. Other sections may also include additional headings and text to describe each plan option, amounts, etc.

Specific Variables

1. The provision entitled "PAYING FOR COVERAGE" found in the BENEFITS AT A GLANCE section of the policy/certificate is variable for the following situations:
 1. Employer Paid plans
 2. Employee Paid plans
 3. Plans with shared contributions

2. The provision entitled "Coverage Effective Date" found in the GENERAL PROVISIONS section of the policy/certificate is variable. Current specific variables include the following options:

Coverage Effective Date

Option 1 - Voluntary (employee paid) coverage.

Option 2 – Employer paid coverage is effective the day after new hire/newly eligible employees satisfy the eligibility waiting period.

Option 3 – Employer paid option for employees and is effective the date they are eligible for coverage.

Option 4 – Employer paid option for employees and dependents and is effective the date they are eligible for coverage.

3. The provision entitled "Replacement of Coverage With Prior Carrier" found in the GENERAL PROVISIONS section of the policy/certificate is variable. The text in the first paragraph in brackets that reads "you had in force through your Employer sponsored policy, evidence of insurability is not required for amounts of coverage." may be changed to read "you had in force with your Employer's prior carrier on the termination date of the prior carrier's plan."

The text in the second paragraph in brackets that reads "you had in force through your Employer sponsored policy, evidence of insurability is not required for amounts of spouse coverage." may be changed to read "you had in force with your Employer's prior carrier on the termination date of the prior carrier's plan."

4. The provision entitled "Layoff" found in the GENERAL PROVISIONS section of the policy/certificate is variable. The text in brackets that reads "any insured will be covered through the end of the month that immediately follows the month in which your temporary layoff begins" may be changed to read "the insured's coverage will continue in accordance with your Employer's policy on layoffs."
5. The provision entitled "Leave of Absence" found in the GENERAL PROVISIONS section of the policy/certificate is variable. The text in brackets that reads "any insured will be covered through the end of the month that immediately follows the month in which your leave of absence begins" may be changed to read "the insured's coverage will continue in accordance with your Employer's policy on leave of absences."
6. The provision entitled "Cancellation or Modification of this Policy" found in the GENERAL PROVISIONS section of the policy/certificate is variable. Current specific variables include the following options:
 - [our participation requirements are not met, as applicable;][or]
 - [the Policyholder does not promptly provide Unum with information that is reasonably required][; or]
 - [the Policyholder fails to perform any of its obligations that relate to this policy][; or]

- [the premium is not paid in accordance with the provisions of this policy that specify whether the Policyholder, the employee, or both, pay(s) the premiums]; or]
- [the Policyholder does not promptly report to Us the names of any employees who are added or deleted from the eligible group]; or]
- [Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its employees]; or]
- [Unum is cancelling or modifying similar group policies issued in similar markets. Unum will exercise this cancellation or modification right only if we discontinue offering similar policies, or make such modifications on similar policies in similar markets. [Any cancellation of the policy by Unum will not be effective before the later of the first anniversary of this policy or the expiration of any rate guarantee period];] [or]
- [Unum provides [31] days notice at any time [after the Initial Rate Guarantee] for any reason]; or]
- [Unum is notified of a change in Federal or State Law materially affecting the policy].

The following statements apply to the Application for Group Accident Insurance, Evidence of Insurability in addition to the applicable statements above:

1. An Employer may choose not to offer all benefit plans available with the Group Accident product, in which case we may change the Coverage Information under Section 3 and provide a customized form reflecting only the benefit plans applicable to the Employer. For example, if the Employer chooses to offer only the basic Accident benefit, we may omit any reference to Hospital Confinement due to Covered Sickness.
2. The Medical Profile questions in Section 4 may be omitted based on Coverage Plans elected by the Employer.
3. If an Employer requests that we pre-fill certain fields on the form before printing, such as Employer name and address information and Group number information, we may provide customized forms for that Employer.
4. If an Employer does not offer spouse coverage under a plan, we may delete all references to spouse, including any sections of the form that apply to spouse.
5. With respect to application type, we may delete any boxes or text if it does not apply to a particular plan.
6. We may vary the content of any form completion or mailing instructions in the event it is appropriate for a particular plan.
7. Given the various methods for electronic enrollment from which an Employer may choose, such as Interactive Voice Response (IVR) or web-based technology provided via either the Employer's site or a third-party administrator, we wish to allow flexibility in the manner in which we present the questions and other form text. We assure you that the substance and content of the health questions will not vary. Rather, the manner in which questions are presented to the employees may differ according to the technology utilized. For example, one Employer may prefer IVR technology; thus the questions will be read to the enrollee one at a time. The questions will then be replayed along with the employee's answers, to provide an opportunity for the employee to attest to his/her answers. For web-based enrollments, the number of questions contained on a single screen may vary, and the manner in which the enrollee answers the questions may differ. For electronically transmitted or displayed forms, we will use characteristics designed to meet the same regulatory objective as does the hardcopy form.
8. If an Employer wishes to place their name and company logo on the form, we may place this information on the form (in addition to, but not to replace the appropriate insuring entity or the Unum name and logo).
9. The Authorization text or placement of text may vary in response to or to comply with Federal and/or State laws.
10. We reserve the right to make non-substantive formation changes to accommodate systems.
11. If an Employer refers to its employees as something other than "Employee" (for example: Associates or Members), we may replace references to "Employee" with a term appropriate to that Employer.

The following specific variable applies to the Rate Information Amendment in addition to the applicable statements above:

1. The bracketed text below will be included only for takeover/replacement situations.

[For insureds covered under the prior carrier's plan on the date that plan terminates and whose coverage is being replaced by the Unum plan, the cost of insurance will be based on an amount agreed upon by Unum and the Policyholder.

For insureds not previously covered under the prior carrier's plan who are eligible for coverage on or after the effective date of the Unum plan, or for any increases or changes in coverage made by any Insured under the Unum plan, the cost of insurance is based on the Initial Rate(s) shown below.]

SERFF Tracking Number: UNUM-126520561 *State:* Arkansas
Filing Company: Unum Life Insurance Company of America *State Tracking Number:* 45034
Company Tracking Number: GA-1
TOI: H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: Group Accident/GA-1

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)
02/26/2010	Form	Policy	03/11/2010	Group Accident CONTRACT.pdf (Superseded)

POLICYHOLDER: [ABC COMPANY]
POLICY NUMBER: [123456-001]
POLICY EFFECTIVE DATE: [March 1, 2010]
POLICY ANNIVERSARY DATE: [March 1]
GOVERNING JURISDICTION: [Maine]

THIS IS A LIMITED BENEFIT POLICY. PLEASE READ IT CAREFULLY.

Unum Life Insurance Company of America (referred to as Unum) will provide benefits under this policy. Unum makes this promise subject to all of this policy's provisions.

The Policyholder should read this policy carefully and contact Unum promptly with any questions. This policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. This policy consists of:

- all policy provisions and any amendments and attachments issued;
- [employee]s' signed applications, including evidence of insurability forms; and
- the certificate of coverage.

This policy may be changed in whole or in part. Only an officer of Unum can approve a change. The approval must be in writing and endorsed on or attached to this policy. No other person, including a broker may change this policy or waive any part of it.

Signed for Unum at Portland, Maine on the Policy Effective Date.



President



Secretary

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

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[BENEFITS AT A GLANCE]

This accident policy provides financial protection for you by paying a benefit if you suffer a covered accident. The amount you receive is based on the amount of coverage in effect on the date of the accident according to the terms and provisions of the policy. [You also have the opportunity to have coverage for your [spouse] [and] [dependent child(ren).]]

[EMPLOYER]'S ORIGINAL POLICY

EFFECTIVE DATE: [March 1, 2010]

[POLICY YEAR: [March 1, 2010] to [March 1, 2011] and each following [March 1] to [March 1]]

POLICY NUMBER: [123456-001]

ELIGIBLE GROUP(S):

[All [Employees] [in Active Employment] in the United States with the [Employer].]

[MINIMUM HOURS REQUIREMENT:

[Employees] must be [in active employment] at least [[10-40] hours per week][[520-2080] hours per year].]

PAYING FOR COVERAGE:

[For You:]

[You must make contributions for your coverage.]

[You and [your Employer] must make contributions for your coverage.]

[[Your Employer] must make contributions and you are not required to make contributions for coverage.]

[[Your Employer] must[may] make contributions for the Accident Benefit[and Wellness Benefit]. You can choose additional benefit options by making additional contributions for coverage.]

[[Your Employer] includes any [Employer] contributions in your taxable income.]

[For Your Spouse:]

[You must make contributions for coverage for your spouse.]

[You and [your Employer] must make contributions for your spouse.]

[[Your Employer] must[may] make contributions for the Accident Benefit [and Wellness Benefit] for your spouse. You can choose additional benefit options by making additional contributions for your spouse.][[Your Employer] must[may] make contributions and you are not required to make contributions for your spouse's coverage.]

[For Your Dependent Child(ren):]

[You must make contributions for coverage for your **Dependent Child(ren).**]

[[Your Employer] must make contributions for your dependent child(ren).]

[[Your Employer] allows you to elect to make contributions for coverage on either a pre-tax or post-tax basis.]

COVERAGE TYPE: [On &] Off-Job Accident

[ACCIDENT BENEFIT

COVERAGE FOR: [EMPLOYEE] [,] [AND] [SPOUSE] [AND] [DEPENDENT CHILD(REN)]

[Your confirmation of coverage will indicate those covered for accident benefits under this policy.]

[If a benefit amount below does not indicate an amount for the [spouse] [and] [dependent child(ren)], the benefit amount will be the same as the employee benefit amount.]

For limitations regarding the number of benefit payments per covered accident please refer to the BENEFIT INFORMATION section of the policy.

[Accidental Death

[Employee]	[\$5,000-200,000]
[Spouse]	[\$5,000-200,000]]
[Dependent Child(ren):	[\$1,000-40,000]]]

[Accidental Death – Common Carrier

[Employee]	[\$15,000-400,000]
[Spouse]	[\$15,000-400,000]]
[Dependent Child(ren)	[\$3,000-80,000]]]

[Accidental Dismemberment

[Initial Accidental Dismemberment

[loss of both hands or both feet; or	[\$2,500-60,000]]
[loss of one hand and one foot; or	[\$2,500-60,000]]
[loss of one hand or foot; or	[\$1,250-30,000]]
[loss of two or more fingers, toes or any combination; or	[\$375-5,000]]
[loss of one finger or toe	[\$125-3,000]]]

[Catastrophic Accidental Dismemberment

[loss of both hands or both feet;] [or]
[loss of one hand and one foot]

	<u>Prior to age 65</u>	<u>Age 65 – 69</u>	<u>Age 70 and over</u>
[Employee]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]
[Spouse]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]]
[Dependent Child(ren)	[\$2,500-100,000]	[\$1,250-50,000]	[\$625-25,000]]]

[Accidental Loss

[Initial Accidental Loss

[Permanent Paralysis; or	[\$2,500-60,000]]
[loss of sight of both eyes; or	[\$2,500-60,000]]
[loss of sight of one eye; or	[\$1,250-30,000]]
[loss of the hearing of one ear	[\$1,250-30,000]]]

[Catastrophic Accidental Loss

[Permanent Paralysis;] [or]
[loss of sight of both eyes;] [or]
[loss of the hearing of both ears;] [or]
[loss of the ability to speak]

	<u>Prior to age 65</u>	<u>Age 65 – 69</u>	<u>Age 70 and over</u>
[Employee]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]
[Spouse]	[\$5,000-200,000]	[\$2,500-100,000]	[\$1,250-50,000]]
[Dependent Child(ren)	[\$2,500-100,000]	[\$1,250-50,000]	[\$625-25,000]]]

[Ambulance, Air [\$250-4,500]]

[Ambulance, Ground [\$50-900]]

[Appliance [\$25-600]]

[Blood / Plasma / Platelets [\$150-1000]]

[Burns	2nd degree	3rd degree
At least 10 square inches, but less than 20 square inches; or	[\$0-750]	[\$625-7,500]
At least 20 square inches, but less than 35 square inches; or	[\$0-1,500]	[\$1,250-15,000]
35 or more square inches of the body surface	[\$250-3,000]	[\$3,750-30,000]

[Burns – Skin Grafts

Skin grafts for 2nd or 3rd degree burns [12.5%-100%] of applicable Burn benefit]

Skin grafts for any other accidental traumatic loss of skin:
 At least 10 square inches, but less than 20 square inches; or [\$37.50-450]
 At least 20 square inches, but less than 35 square inches; or [\$62.50-750]
 35 or more square inches of the body surface [\$125-1,500]]

[Chiropractic Treatment [\$7.50-105]]

[Coma [\$5,000-30,000]]

[Concussion [\$50-400]]

[Dental Work (emergency)
 [Dental Crown [\$75-900]]
 [Dental Extraction [\$25-300]]]

[Dislocation (separated joint)

<u>Joint</u>	<u>Closed Reduction</u>	<u>Open Reduction</u>
[Hip	[\$1,000-8,000]	[\$2,000-16,000]]
[Knee (except patella)	[\$500-4,000]	[\$1,000-8,000]]
[Ankle - Bone or Bones of the Foot (other than toes)	[\$400-3,200]	[\$800-6,400]]
[Collarbone (sternoclavicular)	[\$250-2,000]	[\$500-4,000]]
[Lower Jaw	[\$150-1,200]	[\$300-2,400]]
[Shoulder (glenohumeral)	[\$150-1,200]	[\$300-2,400]]
[Elbow	[\$150-1,200]	[\$300-2,400]]
[Wrist	[\$150-1,200]	[\$300-2,400]]
[Bone or Bones of the Hand (other than fingers)	[\$150-1,200]	[\$300-2,400]]
[Collarbone (acromioclavicular and separation)	[\$50-400]	[\$100-800]]
[One Toe or Finger	[\$50-400]	[\$100-800]]

Incomplete dislocation or dislocation reduction without anesthesia – [25%] of the applicable amount for closed reduction of joint involved]

[Emergency Room Treatment [\$50-450]]

[Emergency Treatment in a Physician Office / Urgent Care Facility:

[Physician's office[; or] [[\$25-300]]
 [Urgent Care Facility [; or] [[\$25-300]]
 [Primary Care Physician's office [; or] [\$25-300]
 [Specialist's office [\$25-300]]]

[Eye Injury with surgical repair [\$100-800]]

[Fracture (broken bone)

<u>Bone</u>	<u>Closed Reduction</u>	<u>Open Reduction</u>
[Depressed Skull fracture (except bones of face or nose)	[\$1,250-10,000]	[\$2,500-20,000]]
[Simple Non-depressed Skull fracture (except bones of face or nose)	[\$500-4,000]	[\$1,000-8,000]]
[Hip, Thigh (femur)	[\$750-6,000]	[\$1,500-12,000]]
[Vertebrae, Body of (excluding vertebral processes)	[\$400-3,200]	[\$800-6,400]]

[Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	[\$400-3,200]	[\$800-6,400]]
[Leg (tibia and/or fibula)	[\$400-3,200]	[\$800-6,400]]
[Bones of Face or Nose (except mandible or maxilla)	[\$175-1,400]	[\$350-2,800]]
[Upper Jaw, Maxilla (except alveolar process)	[\$175-1,400]	[\$350-2,800]]
[Upper Arm between Elbow and Shoulder (humerus)	[\$175-1,400]	[\$350-2,800]]
[Lower Jaw, Mandible (except alveolar process)	[\$175-1,400]	[\$350-2,800]]
[Shoulder Blade (scapula), Collarbone (clavicle, sternum)	[\$150-1,200]	[\$300-2,400]]
[Vertebral Processes	[\$150-1,200]	[\$300-2,400]]
[Forearm (radius and/or ulna), Hand, Wrist (except fingers)	[\$150-1,200]	[\$300-2,400]]
[Kneecap (patella)	[\$150-1,200]	[\$300-2,400]]
[Foot (except toes)	[\$150-1,200]	[\$300-2,400]]
[Ankle	[\$150-1,200]	[\$300-2,400]]
[Rib	[\$125-1,000]	[\$250-2,000]]
[Coccyx	[\$100-800]	[\$200-1,600]]
[Finger, Toe	[\$25-200]	[\$50-400]]

Chip fracture – [25]% of the applicable amount for closed reduction of the bone listed above]

[Hospitalization

[Hospital Admission; [or]	[\$250-4,500]]
[Hospital Intensive Care Unit Admission	[\$375-6,000]
[Hospital Confinement; [or]	[\$50 -1,200]
[Hospital Intensive Care Unit Confinement	[\$150-1,800]]

[Knee Cartilage

[Torn with surgical repair	[\$250-2,000]]
[Exploratory without repair	[\$50-400]]

[Laceration

Laceration(s)	[\$12.50-100]
Repaired by stitches:	
Total of all lacerations is less than two inches (5.08 centimeters) long	[\$25-200]
Total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long	[\$100-800]
Total of all lacerations is over six inches (over 15.24 centimeters) long	[\$200-1,600]]

[Lodging

[\$50-400]]

[Medical Imaging

[\$0-1,200]]

[Open Abdominal and Thoracic / Hernia

[Open abdominal or thoracic surgery	[\$500-4,000]]
[Hernia with surgical repair	[\$50-400]]
[Exploratory without repair	[\$50-400]]

[Outpatient Surgery Facility Service

[\$0-1,500]]

[Pain Management

[\$0-300]]

[Physician Follow-up Visit

[Physician's office[; or]	[[25-300]]
[Urgent Care Facility [; or]	[[25-300]
[Primary Care Physician's office [; or]	[\$25-300]
[Specialist's office	[\$25-300]]

[Prosthetic Device / Artificial Limb

[One	[\$250-2,000]]
[More than one	[\$500-4,000]]

[Rehabilitation Unit Confinement

[\$25-300]]

[Ruptured Disc with surgical repair	[\$200-1,600]]
[Tendon / Ligament / Rotator Cuff	
[One with surgical repair	[\$200-1,600]]
[Two or more with surgical repair	[\$300-2,400]]
[Exploratory without repair	[\$50-400]]
[Therapy Services	
[Occupational, Physical, or Speech Therapy	[\$7.50-105]]
[Transportation (plane, car, bus or train)	[\$.15 -1.00 per mile]

[Additional Benefits

In addition to the benefits listed above, the following additional benefits may provide financial protection for you by paying a benefit if you become hospitalized due to a covered sickness [and also may provide a benefit for a wellness test].

[Hospital Confinement due to Covered Sickness	
[Employee]/[Spouse	[\$50-450]]
[Dependent Child(ren)	[\$25-225]]
[Wellness Benefit	[\$50-150]]

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY.

[OTHER FEATURES

 [Portability]]

The above items are only highlights of this policy. For a full description of your coverage, continue reading your certificate of coverage section[and if you make contributions for your coverage, refer to your confirmation of coverage]. [The plan includes enrollment, risk management and other support services related to [your Employer]'s benefit program.]

CLAIM INFORMATION

Notice of Claim. Notice of claim should be sent to Unum within 90 days after the date of the accident for which a benefit is claimed or the date of **Covered Loss** for which a benefit is claimed, or as soon as is reasonably possible. If notice is not reasonably possible to provide within 90 days, it must be given no later than one year after the time notice of claim is required. These time limits will not apply during any time period **You** or **Your** authorized representative lacks the legal capacity to give Unum notice of claim. Notice should be sent to Unum at **Our** home office. [If you submit a claim before notification of Unum's decision on any coverage amount requiring **Evidence of Insurability**, the amount of coverage applicable to the claim will be determined as if Unum's final underwriting decision had been made prior to the date of the accident or date of covered loss.]

Claim Forms. When Unum receives a notice of claim, claim forms will be sent for filing proof of claim within 15 days. If claim forms are not sent within 15 days, the proof of claim requirements will be met if **We** receive a written statement of the nature and extent of the loss as required in the proof of claim section. Claim forms are also available from [your Employer].

Proof of Claim. Proof of claim must include documentation furnished by a **Physician** and supported by clinical, radiological, histological, pathological, and/or laboratory evidence. It may also include one or more of the following: a physician's bill, a **Hospital** bill, or other proof of charges.

If it is not reasonably possible to give proof of claim within 90 days after the date of the accident for which a benefit is claimed or date of covered loss for which a benefit is claimed, it must be given no later than one year after the time proof of claim is required. These time limits will not apply during any time period the **Insured** or the insured's authorized representative lacks the legal capacity to give Unum proof of claim.

Time of Payment of Claims. After Unum receives, evaluates and processes proof of claim, Unum will pay any benefits due.

Payment of Claims. Benefits will be paid to you unless such benefits have been assigned. If you are not competent, Unum can pay up to \$2,000 to the person or institution that appears to have assumed your custody and main support. Any accrued benefits unpaid at your death will be paid to the named beneficiary, if any, otherwise to your estate. Unum will be discharged to the extent of any such payment made in good faith.

Overpayments. Unum has the right to recover any overpayments due to:

- fraud; and
- any error we make in processing a claim.

You must reimburse **Us** in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

Unpaid Premium. Any unpaid premium due for your coverage under this policy may be recovered by us by offsetting against amounts otherwise payable to you, your beneficiary, or your legal representative(s) under this policy, or by other legally permitted means.

Assignment. The rights provided to you by the policy are owned by you, unless you assign your rights under the policy to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the policy provisions before receiving and registering an assignment.

Physical Examinations and Autopsy. We can require that the insured be examined by a physician of our choice at our expense as often as it is reasonably necessary while a claim is pending. In case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

Legal Actions. You or your authorized representative can start legal action regarding your claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim was first required to have been given; or your claim was denied; or your benefits were terminated, unless otherwise provided under federal law.

POLICYHOLDER PROVISIONS

Premium Payment. The initial premium is based on the initial rate(s) shown in the Rate Information Amendment. [Premium due dates are shown in the Rate Information Amendment(s).] All premiums must be sent to Unum on or before the respective due dates. The premium must be paid in United States dollars.

[Grace Period. If any premium is not paid during the [31] day grace period, this policy will cancel automatically at the end of the grace period. The Policyholder is liable for premium for coverage during the grace period. The Policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the Policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.]

Initial Rate Guarantee and Rate Changes. Refer to the Rate Information Amendment.

[Premium Increases or Decreases. Premium increases or decreases are due on the next premium due date following the change. Changes will not be pro-rated daily.

Unum will only adjust premium for the current policy year and the prior policy year. In the case of fraud, premium adjustments will be made for all policy years.]

Information Required from the Policyholder. The Policyholder must provide Unum with the following on a regular basis:

- information about [employee]s:
 - who are eligible to become insured;
 - whose amounts of coverage change; and/or
 - whose coverage ends;
- occupational information and any other information that may be required to manage a claim; and
- any other information that may be reasonably required.

Policyholder records that, in Unum's opinion, have a bearing on this policy will be available for review by Unum at any reasonable time.

Clerical Error or Omission. Clerical error or omission by Unum will not:

- prevent an [employee] from receiving coverage;
- affect the amount of an insured's coverage; or
- cause an [employee]'s or insured's coverage to begin or continue when the coverage would not otherwise be effective.

Divisions, Subsidiaries or Affiliated Companies. Divisions, subsidiaries or affiliated companies include all U.S. divisions, subsidiaries, and affiliated companies of the named Policyholder for whose [employee]s premium is being paid.

[Refer to the contract file correspondence for a listing of names and locations approved by Unum.]

CERTIFICATE [OF COVERAGE] [SECTION]

THIS IS A LIMITED BENEFIT CERTIFICATE OF COVERAGE. PLEASE READ IT CAREFULLY.

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your **Certificate of Coverage** as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of this certificate of coverage (issued to you) are different from the policy (issued to the Policyholder), the policy will govern. The policy may be changed in whole or in part. Only an officer or a registrar of Unum can approve a change. The approval must be in writing and endorsed on or attached to the policy. Any other person, including a broker, may not change the policy or waive any part of it.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under the policy, Unum has discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

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

GENERAL PROVISIONS

[ELIGIBILITY FOR COVERAGE

[Employee]

If you are [working for your Employer] in an eligible group, you are eligible for coverage the later of:

- the policy effective date; or
- the day after you complete any applicable **Waiting Period**.

[If your employment ends and you are rehired within [1 day-5 years], your previous work in an eligible group will apply toward the waiting period. All other policy provision apply.]

[If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.]

[Unum will apply any period of work with your Employer toward the waiting period to determine your eligibility date.]]

[Spouse

If you are covered under this policy, your **Spouse** is eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire a spouse.

[You may not apply for coverage for your spouse if your spouse is covered as [an employee].]]

[Dependent Child(ren)

If you are covered under this policy, your **Dependent Children** are eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire the dependent child.

If your spouse is [an eligible employee], only one of you may apply for coverage on dependent child(ren).]

(Option 1)

[Coverage Effective Dates

You may apply, at **Enrollment**, for coverage based on the benefits available as shown in the BENEFITS AT A GLANCE section. Evidence of Insurability may be required. [When you apply for coverage or are covered under this policy, you are also eligible to apply for coverage on your [spouse] [and] [dependent child(ren)].

[The insured's] [Your] coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage[, provided Unum has approved your application and any required evidence of insurability].]

[If you are absent from work on the date your coverage would normally begin due to **Injury** [,] [or] sickness[, temporary **Layoff**] [or] [**Leave of Absence**], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 2)

[Coverage Effective Date

[The insured] [You] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, [the insured's] [your] coverage will become effective on [the first of the month following] the date [the insured is] [you are] eligible for coverage [provided premium is paid].

[If you are absent from work on the date your coverage would normally begin due to **Injury**[,] sickness, [temporary **Layoff**] [or] [**Leave of Absence**], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 3)
[Coverage Effective Date

[The insured] [You] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, [the insured's] [your] coverage will become effective on:

- [- the first of the month [coincident with or next] following] the date [the insured is] [you are] eligible for coverage provided Unum is notified within [31] days of [your] [the insured's] eligibility; or
- [- the first of the month [coincident with or next] following] the date Unum is notified of eligibility if notification is more than [31] days after [your] [the insured's] eligibility date.

[If you are absent from work on the date your coverage would normally begin due to injury[,] [or] sickness[, temporary layoff] [or] [leave of absence], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

(Option 4)
[Coverage Effective Date

You will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date, otherwise, your coverage will become effective on [the first of the month [coincident with or next] following] the date the you are eligible for coverage.

[Your [spouse] [and] [dependent children] will automatically be covered at 12:01 a.m. on the policy effective date if eligible for coverage on or before that date and Unum has received notification of eligibility, otherwise, your [spouse's] [and] [dependent children] coverage will become effective on:

- [- the first of the month [coincident with or next] following] the date you acquire a [spouse] [and] [dependent children] provided Unum is notified within [31] days of eligibility; or
- [- the first of the month [coincident with or next] following] the date Unum is notified of eligibility if notification is more than [31] days after your [spouse's] [and] [dependent children's] eligibility date.]]

[If you are absent from work on the date your coverage would normally begin due to injury[,] [or] sickness[, temporary layoff] [or] [leave of absence], [the proposed insured's] [your] coverage will begin on the date you return to active employment.]]

[Newborn Coverage

Your dependent children who are born or placed in your home for adoption while you are covered under this policy are covered for [31] days from the moment of live birth or date of placement in your home for adoption. If you do not have dependent child(ren) coverage at the time of the birth or placement in your home for adoption, you must notify Unum within [31] days of the newly eligible dependent child's birth or placement in your home for adoption and pay the required additional premium for your dependent child(ren)'s coverage to continue. If you have dependent child(ren) coverage at the time of the newly eligible dependent child's birth or placement in your home for adoption, it is not necessary for you to notify Unum or pay any additional premium.]

[Replacement of Coverage with Prior Carrier

[If, within [31] days of the policy effective date, you are replacing [similar coverage] [your hospital confinement due to a **Covered Sickness** benefit] [you had in force through [your Employer] sponsored [individual] [or] [group] policy, evidence of insurability is not required for amounts of coverage].] [Evidence of Insurability may be required for coverage in excess of the insurance you had in force under the prior [policy] [or] [certificate].]

[If, within [31] days of the policy effective date, you are replacing [similar spouse coverage] [your spouse's hospital confinement due to a covered sickness benefit] [you had in force through [your Employer] sponsored [individual] [or] [group] policy, evidence of insurability is not required for amounts of spouse coverage.] [Evidence of Insurability may be required for coverage in excess of the insurance you had in force under the prior [policy] [or] [certificate].]

[Premium Payment. If premium for your coverage is paid directly by you to Unum all premiums due for your coverage, including any adjustments, must be paid on or before the applicable premium due date. [Your bill will include important information regarding premium remittance .] [Premiums are payable in U.S. currency only.]]

[Grace Period. The grace period is the [31] consecutive day period that begins on the day your premium is due. Your coverage will remain in effect during that time. However, if premium is not paid within this time, your coverage will terminate at the end of the grace period. There is no grace period for the first premium.

If Unum, at its sole discretion, agrees to waive the grace period in any instance, such agreement will not preclude or prejudice enforcement of the grace period in any other instance.

Termination of coverage will not prejudice any payable claim for a covered loss that begins prior to termination of coverage.]

[[Employer] Changes to the Policy

Once your coverage begins [and you are in active employment or on a covered layoff or leave of absence], any coverage changes made by [your Employer], consistent with the options you select, will take effect on the date agreed upon by Unum and [your Employer].

[If you are not in active employment due to injury or sickness, any coverage changes requested by [your Employer] will begin on the date you return to active employment.]

Coverage changes will not affect a **Payable Claim** that occurs prior to the effective date of the change.]

[Changes You Make to Your Coverage

If changes in coverage are allowed, you may choose to:

- increase coverage based on the available benefits shown in the BENEFITS AT A GLANCE section;
- decrease coverage based on the available benefits shown in the BENEFITS AT A GLANCE section; or
- cancel coverage.

Evidence of insurability may be required.

Changes in coverage begin at 12:01 a.m. on the date shown on your confirmation of coverage. [However, if you are absent from work due to injury, sickness, [temporary layoff] [or] [leave of absence] on the date your change in coverage would normally begin, changes in coverage that you make will begin on the date you return to active employment.]

Changes in coverage will not affect a payable claim that occurs prior to the effective date of the change.]

[Any additional coverage will be subject to a new **Pre-existing Condition** limitation].

Termination of [Employee] Coverage. [If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;

- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions[; or]
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the Portability provision or] in accordance with the layoff and leave of absence provisions of this policy].

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

[Termination of Spouse Coverage. [If you choose to cancel your spouse's coverage under the policy, coverage for your spouse ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] spouse coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions;
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the portability provision or] in accordance with the layoff and leave of absence provisions of this policy;]
- date your coverage under the policy ends;
- date your spouse no longer meets the definition of spouse; or
- date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while your spouse is covered under the policy.]

[Termination of Dependent Child(ren) Coverage. [If you choose to cancel your dependent child(ren)'s coverage under the policy, coverage for your dependent child(ren) ends on the first of the month following the date you provide notification to [your Employer].

Otherwise,] dependent child(ren) coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions;
- [- last day you are in active employment. However, as long as premium is paid as required, coverage will continue [if you elect to continue coverage under the portability provision or] in accordance with the layoff and leave of absence provisions of this policy;]
- date your coverage under the policy ends; or
- date your dependent child(ren) no longer meets the definition of dependent child(ren).

Unum will provide coverage for a payable claim which occurs while your dependent child(ren) is covered under the policy.]

[Layoff. If you are on a temporary layoff, and if premium is paid, [any insured will be covered [through the end of the month that immediately follows the month] in which your temporary layoff begins.]

[Leave of Absence. If you are on a leave of absence, other than for family or medical leave, and if premium is paid, [any insured will be covered [through the end of the month that immediately follows the month] in which your leave of absence begins.]

[Absence Due to Injury or Sickness. If you are not working due to injury or sickness, and if premium is paid, any insured may continue to be covered subject to the Termination of [Employee] Coverage provision.]

[Continuing Coverage while Employee is on Family and Medical Leave of Absence. Unum will continue coverage in accordance with your Employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your Employer approved your leave in writing.

Coverage will be continued until the end of the latest of the leave period:

- required by the Federal Family and Medical Leave Act of 1993 and any amendments;
- required by applicable state law; or
- provided to you for an injury or sickness.

If your Employer's Human Resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

Unum will not:

- apply a new waiting period; [or]
- [require evidence of insurability] [; or]
- [apply a new pre-existing condition limitation to the Hospital Confinement due to a Covered Sickness benefit].]

Insurance Fraud. Unum wants to ensure you and [your Employer] do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability of Statements in Application [or Evidence of Insurability]. Unum considers any statements you make in a signed application [or evidence of insurability form], or that [your Employer] makes in the application process, a representation and not a warranty. If any of the statements you [or your Employer] make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made by the [Employer] in the application process or statements made by you in a signed application [or evidence of insurability form].

Except in the case of fraud, Unum can take action only in the first [two] [years] any insured's coverage is in force.

If the [Employer] gives Unum information about you that is incorrect, Unum will:

- use the facts to decide whether you have coverage under the policy and in what amounts; and
- make a fair adjustment of the premium.

[Employer] as Agent. For purposes of this policy, the [Employer] acts on its own behalf or as the [employee]'s agent. Under no circumstances will the [Employer] be deemed the agent of Unum.]

Communicating with You [or Your Employer]. Unum may provide notices, information and other communications to you or [your Employer] in [written] [,] [or] [electronic] [or] [telephonic] form.

[Workers Compensation or State Disability Insurance. This policy does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.]

Cancellation or Modification of this Policy. This **Policyholder** provision applies to your coverage.

This policy can be cancelled by:

- Unum; or
- the Policyholder.

Unum may cancel or modify this policy if:

- [our participation requirements are not met, as applicable;] [or]
- [the Policyholder does not promptly provide Unum with information that is reasonably required;] [or]
- [the Policyholder fails to perform any of its obligations that relate to this policy;] [or]
- [the premium is not paid in accordance with the provisions of this policy that specify whether the Policyholder, the [employee], or both, pay(s) the premiums;] [or]
- [the Policyholder does not promptly report to us the names of any [employee]s who are added or deleted from the eligible group;] [or]
- [Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its [employee]s;] [or]
- [Unum is cancelling or modifying similar group policies issued in similar markets. Unum will exercise this cancellation or modification right only if we discontinue offering similar policies, or make such modifications on similar policies in similar markets. [Any cancellation of the policy by Unum will not be effective before the later of the first anniversary of this policy or the expiration of any rate guarantee period;] [or]
- [Unum provides [31] days notice at any time [after the Initial Rate Guarantee] for any reason] [; or]
- [Unum is notified of a change in Federal or State Law materially affecting the policy].

If Unum cancels or modifies this policy, for any of the reasons listed above, a written notice will be delivered to the Policyholder at least [31] days prior to the cancellation date or modification date. The Policyholder may cancel this policy if the modifications are unacceptable.

[If any premium is not paid during the [31] day grace period, this policy will cancel automatically at the end of the grace period. The Policyholder is liable for premium for coverage during the grace period. The Policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the Policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.]

The Policyholder may cancel this policy by written notice delivered to Unum at least [31] days prior to the cancellation date. When both the Policyholder and Unum agree, this policy can be cancelled on an earlier date. If Unum or the Policyholder cancels this policy, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is cancelled, the cancellation will not affect a payable claim.

BENEFIT INFORMATION

Accidental Death

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a **Covered Accident** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Common Carrier benefit.]

Accidental Death-Common Carrier

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured is injured as the result of a covered accident while a fare paying passenger on a **Common Carrier** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Accidental Death benefit.]

Accidental Dismemberment

[Initial Accidental Dismemberment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident:]

- [- Loss of a hand means that the hand is cut off through or above the wrist joint.]
- [- Loss of a foot means that the foot is cut off through or above the ankle joint.]
- [- Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.]
- [- Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.]

The Initial Accidental Dismemberment benefit will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Dismemberment benefit and the Initial Accidental Loss benefit for the same covered accident.]

[Catastrophic Accidental Dismemberment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Dismemberment Elimination Period if any insured:

- sustains Catastrophic Accidental Dismemberment as the result of a covered accident;
[and]
- is under the appropriate care of a physician during the Catastrophic Accidental Dismemberment Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Dismemberment Elimination Period.

Catastrophic Accidental Dismemberment Elimination Period means the period of 365 days after the date of a covered accident.

Catastrophic Accidental Dismemberment means an injury that within 365 days of the covered accident results in total and irrecoverable loss:

- [- Loss of a hand means that the hand is cut off through or above the wrist joint.]
- [- Loss of a foot means that the foot is cut off through or above the ankle joint.]

The Catastrophic Accidental Dismemberment benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Dismemberment and the Catastrophic Accidental Loss benefit to the same insured.]

Accidental Loss

[Initial Accidental Loss

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident.

Permanent paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 90 days as confirmed by a physician. In the case of a transected spinal cord with supporting clinical and radiological evidence and no expectation of return of function, the continuous 90 days requirement specified above is waived.

Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Loss of hearing means deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The Initial Accidental Loss will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Loss and the Initial Accidental Dismemberment benefit for the same covered accident.]

[Catastrophic Accidental Loss

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Loss Elimination Period if any insured:

- sustains a Catastrophic Accidental Loss as the result of a covered accident; [and]
- is under the appropriate care of a physician during the Catastrophic Accidental Loss Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Loss Elimination Period.

[Catastrophic Accidental Loss Elimination Period means the period of [30-365] days after the date of a covered accident.]

[Catastrophic Accidental Loss means an injury that within [30-365] days of the covered accident results in total and irrecoverable loss.

- [- Permanent Paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 365 days as confirmed by a physician.]
- [- The loss of sight means both eyes are totally blind and that no sight can be restored.]
- [- The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.]
- [- The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.]]

The Catastrophic Accidental Loss benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Loss benefit and the Catastrophic Accidental Dismemberment benefit to the same insured.]]

Ambulance, Air

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional air ambulance company transports by air any insured to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The air ambulance transportation must be within 48 hours after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Ambulance, Ground

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional ambulance company transports any insured by ground to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The ambulance transportation must be within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Appliance

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as the result of a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. For purposes of this benefit, appliance means a walking boot that extends above the ankle, brace for the neck, back or leg, cane, crutches, walker and wheelchair. The use of a medical appliance must begin within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Blood / Plasma / Platelets

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives the transfusion of blood/plasma/platelets. The blood/plasma/platelets must be administered within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Burns

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives burns as a result of a covered accident and is treated by a physician within 72 hours after the covered accident. In the event the insured meets more than one of the following burn classifications, Unum will pay the higher amount. Unum will pay one of the benefit amounts found in the BENEFITS AT A GLANCE section once per insured per covered accident.]

[Burns - Skin Grafts

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives a skin graft for a burn as a result of a covered accident. Unum will pay this benefit once per insured per covered accident. This benefit will not be paid for elective procedures and/or cosmetic surgery that are not the result of a covered accident.]

[Chiropractic Treatment

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a structural imbalance as a result of a covered accident and receives **Chiropractic Care Services** by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Unum will pay this benefit up to [3-12] visits per insured per covered accident and only [3-12] visits per **Calendar Year**.]

[Coma

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is in a coma. Coma means a coma resulting from a severe traumatic brain Injury due to a covered accident that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of:

- eye opening;
- verbal response; and
- motor response.

The condition must require intubation for respiratory assistance. Benefits will not be paid for a medically induced coma. Unum will pay this benefit once per insured per covered accident.]

[Concussion

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured sustains a concussion as the result of a covered accident and is diagnosed by a physician within 72 hours from the date of the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Dental Work (emergency)]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a broken tooth as a result of a covered accident and is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days of the covered accident.

One dental crown and one dental extraction benefit are payable per insured per covered accident, regardless of the number of teeth involved.]

[Dislocation (separated joint)]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and suffers a dislocation as the result of a covered accident. A dislocation is a completely separated joint. It must be diagnosed as a dislocation by a physician within 90 days after the covered accident. The dislocation must be corrected by open (surgical) or closed (non-surgical) reduction.

[Dislocation due to a covered accident]

Unum will pay this benefit only for the first dislocation of a joint after the coverage effective date. Subsequent dislocations of the same joint after the coverage effective date will not be covered.]

[Multiple dislocations due to a covered accident]

Unum will pay for each dislocation, but will pay no more than two times the benefit amount for the joint involved which has the highest benefit amount.]

[Reduction by a physician without anesthesia]

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved.]

[Incomplete dislocation diagnosed by a physician]

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.]]

[Emergency Room Treatment]

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial examination and treatment by a physician in an **Emergency Room** within 72 hours after the covered accident.

Unum will pay this benefit once per insured per covered accident [and only up to [1-4 times] per insured per calendar year.]

Unum will pay either the Emergency Room Treatment or the Emergency Treatment in a Physician Office/**Urgent Care Facility** for the initial treatment of a covered accident, but will not pay the Emergency Room Treatment benefit and the Emergency Treatment in Physician Office/Urgent Care Facility benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.]

[Emergency Treatment in a Physician Office/Urgent Care Facility]

Unum will pay one of the benefits shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial treatment and/or advice by a [physician] [**Primary Care Physician** or **Specialist**] in a physician's office (other than **Occupational, Speech or Physical Therapy**, or chiropractic treatment) or Urgent Care Facility. The initial treatment must be within 72 hours of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventive testing.

Unum will pay this benefit once per insured per covered accident.

Unum will pay either the Emergency Treatment in a Physician Office/Urgent Care Facility or the Emergency Room Treatment for the initial treatment of a covered accident, but will not pay the Emergency Treatment in Physician Office/Urgent Care Facility benefit and the Emergency Room Treatment benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.]

Eye Injury

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers an eye injury. The eye injury must require surgery or the removal of a foreign object by a physician within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Unum will pay this benefit once per insured per covered accident.]

Fracture (broken bone)

Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a fracture as a result of a covered accident. A fracture is a break in a bone which can be seen by X-ray. It must be diagnosed as a fracture by a physician within 90 days after the covered accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a physician.

[Fracture of one bone due to a covered accident

Unum will pay this benefit only for the first fracture of any bone after the coverage effective date. If there are multiple fractures to the same bone, Unum will only pay one fracture benefit.]

[Fracture of multiple bones due to a covered accident

Unum will pay for each fracture, but will pay no more than two times the benefit amount for the bone involved which has the highest benefit amount.]

[Chip fracture

Unum will pay 25 percent of the benefit shown in the BENEFITS AT A GLANCE section for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.]]

Hospitalization

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is **Confined** to a hospital, a **Hospital Sub-Acute Intensive Care Unit**, or a **Hospital Intensive Care Unit** due to a covered accident.

Unum will not pay this benefit for:

- [- emergency room treatment;]
- [- outpatient treatment;]
- [- a **Confinement** of less than 20 hours in an **Observation Unit**].

Unum will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one covered accident.

If an insured is confined in a hospital, a hospital sub-acute intensive care unit or hospital intensive care unit, and becomes confined again within 90 days for the same or related condition, Unum will treat the confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, Unum will treat this confinement as a new confinement.

[[Hospital Admission

Unum will pay this benefit if the insured initially becomes confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Hospital Intensive Care Unit Admission

Unum will pay this benefit if the insured is admitted directly to a hospital intensive care unit due to an injury as the result of a covered accident. The insured must be confined in a hospital intensive care unit within 30 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Unum will only pay either the Hospital Admission benefit or the Hospital Intensive Care Unit Admission benefit once per insured per covered accident. If admitted directly to the hospital, then the Hospital Admission benefit shown in the BENEFITS AT A GLANCE section is payable. If admitted directly into the hospital intensive care unit, then the Hospital Intensive Care Unit Admission benefit shown in the BENEFITS AT A GLANCE is payable. Unum will not pay the Hospital Admission benefit and Hospital Intensive Care Unit Admission benefit for the same covered accident concurrently.]]

[Hospital Confinement

Unum will pay this benefit if the insured is confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay benefits for Hospital Confinement up to [30-365] days per covered accident.]

[Hospital Intensive Care Unit Confinement

Unum will pay this benefit if the insured becomes confined to a hospital intensive care unit due to an injury within 30 days after the covered accident. Unum will pay benefits for Hospital Intensive Care Unit Confinement up to 15 days per insured per covered accident.

- If any insured is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.
- If an insured is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, Unum will pay the Hospital Confinement benefit.]

Unum will pay either the Hospital Confinement benefit or the Hospital Intensive Care Unit Confinement benefit shown in the BENEFITS AT A GLANCE section.

[Knee Cartilage

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a torn knee cartilage (meniscus). It must be treated by a physician within 60 days after the covered accident and it must be repaired through surgery by a physician within one year after the covered accident. Unum will pay this benefit once per insured per covered accident.

If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE section for exploratory surgery under the Knee Cartilage benefit once per insured per covered accident.]

[Laceration

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a laceration. A laceration is a cut. The laceration must be repaired by a physician within 72 hours after the covered accident. The amount we pay will be based on the total length of all lacerations received in any one covered accident which require repair. If the laceration is severe enough to require stitches but the physician chooses to repair it in another way, Unum will pay the benefit as a laceration repaired with stitches. Unum will pay this benefit once per insured per covered accident.]

[Lodging

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for one motel/hotel room for a companion to accompany the insured for up to 30 days per covered accident. Unum will pay this benefit if any insured is confined in a hospital as the result of a covered accident.

This benefit is payable only for motel/hotel stays during the period of time the insured is confined to the hospital. In order for this benefit to be payable, the hospital must be more than 50 miles from the residence of the insured.]

Medical Imaging

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and receives a covered medical imaging test as the result of a covered accident. The test must be ordered by a physician and be performed in a medical facility within 180 days of the covered accident. Medical imaging tests covered under this policy are:

- (1) Magnetic Resonance Imaging (MRI) or Magnetic Resonance (MR);
- (2) Computed Tomography Scan (CT) or Computed Axial Tomography (CAT); or
- (3) Electroencephalogram (EEG)]

Unum will pay this benefit once per insured per covered accident.]

Open Abdominal and Thoracic / Hernia

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and undergoes open abdominal, or thoracic surgery other than hernia repair. The surgery must be performed within 72 hours of the covered accident to repair internal injuries. Unum will pay this benefit once per insured per covered accident.

[Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured undergoes hernia surgery. The hernia must be diagnosed within 30 days of the covered accident and surgery must be performed within 60 days of the covered accident to repair a hernia received as a result of a covered accident.

If any insured has open abdominal and hernia surgery, or open thoracic and hernia surgery as a result of the same covered accident, Unum will only pay the Open Abdominal or Thoracic Surgery benefit.]

If exploratory surgery is performed and no repair is done, Unum will pay the benefit listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.]

Outpatient Surgery Facility Service

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that has a surgery, as specified below, on an outpatient basis in a surgical center for the treatment of injuries due to a covered accident. This does not include surgery received in the emergency room or while confined in a hospital.

[The following specified injuries must be treated by a physician within 60 days from the date of the covered accident and the specified surgery must be performed within:

- [- Knee Cartilage
[One] [year] after the covered accident.]
- [- Ruptured Disc
[One] [year] after the covered accident.]
- [- Tendon / Ligament / Rotator Cuff
[180 days] after the covered accident.]]

[The following specified injury and the specified surgery must be performed within:

- Eye Injury
[90] [days] after the covered accident.]

[The following specified injury must be diagnosed within 30 days of the covered accident and the specified surgery must be performed within:

- Hernia
[60 days] after the covered accident]

Unum will only pay benefits for the first outpatient surgery per insured per covered accident, regardless of the number of surgical procedures performed.]

[Pain Management

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives **Epidural Anesthesia**. The epidural anesthesia must be administered within 60 days after the covered accident. Unum will pay this benefit once per insured per covered accident.]

[Physician Follow-up Visit

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured receives initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational, speech or physical therapy, or chiropractic treatment) that is recommended or advised by a [Physician] [Primary Care Physician] [or] [Specialist] for injuries as the result of a covered accident.

Treatment must:

- begin within 60 days and be completed within 365 days of the covered accident;
- be due to injuries received as the result of a covered accident;
- occur in a [Physician's office][Primary Care Physician's office][,] [Specialist's office][,] [Urgent Care Facility or Hospital] on an outpatient basis; and
- not be for routine examinations or preventive testing.

Unum will pay this benefit up to a combined maximum of [1-4] visit[s] per insured per covered accident. Unum will not pay the Emergency Room Treatment benefit or Emergency Treatment benefit and the Physician Follow-up Visit benefit for visits on the same day.]

[Prosthetic Device / Artificial Limb

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives one or more prosthetic device(s)/artificial limb(s) when the insured loses a hand, foot or sight of an eye. The prosthetic device(s)/artificial limb(s) must be received within one year of the covered accident.

Unum will pay this benefit once per insured per covered accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as hair wigs. Unum will not pay for joint replacement such as an artificial hip or knee.]

[Rehabilitation Unit Confinement

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for Rehabilitation Unit Confinement if an insured is transferred to a **Rehabilitation Unit** immediately after a period of hospital confinement due to a covered accident. We will pay this amount for each day of confinement in a rehabilitation unit, up to a maximum of 15 days per insured person per covered accident but not to exceed 30 days per calendar year.

Unum will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.]

[Ruptured Disc with surgical repair

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a ruptured disc in the spine. It must be treated by a physician within 60 days from the date of the covered accident. It must be repaired through surgery by a physician

within one year after the covered accident. Unum will pay this benefit once per insured per covered accident].

Tendon / Ligament / Rotator Cuff

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a torn, ruptured or severed tendon/ligament/rotator cuff as the result of a covered accident. It must be treated by a physician within 60 days after the covered accident and repaired through surgery by a physician within 180 days after the covered accident.

If exploratory surgery is performed and no repair is done, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.]

Therapy Services - Occupational, Physical and Speech

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured who receives occupational, physical or speech therapy as the result of a covered accident. Unum will pay up to a maximum of 10 visits per insured per covered accident. The therapy must begin within 90 days after the covered accident and must be completed within one year after the covered accident. All services must be prescribed by a physician and rendered by an **Occupational, Physical or Speech Therapist** and performed in an office or in a hospital on an inpatient or outpatient basis.]

Transportation

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that must travel from their residence more than 50 miles one way on physician's advice for treatment of injuries as a result of a covered accident.

The transportation benefit will be paid for:

- a hospital confinement;
- outpatient surgery; or
- a physician's office [Primary Care or Specialist] visit.

Unum will pay this benefit for the injured insured when traveling to and from the insured's destination via:

- commercial travel (plane, train or bus); or
- non-commercial travel (use of a personal car).

Unum will measure the mileage for the most direct route from the insured's residence to the facility where treatment is received.

Unum will pay this benefit up to [3] round trips, not to exceed 1200 miles per round trip per covered accident.

This benefit is not payable for transportation by ambulance or air ambulance.]

[ADDITIONAL BENEFIT INFORMATION

Hospital Confinement due to Covered Sickness

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is confined to a hospital due to a covered sickness. Unum will pay benefits for Hospital Confinement up to [10-60] days per insured per covered sickness.

Unum will not pay this benefit for:

- [- emergency room treatment;]
- [- outpatient treatment;] [or]
- [- a confinement of less than 20 hours in an observation unit].

Unum will pay benefits for only one Hospital Confinement at a time due to covered sickness even if it is caused by more than one covered sickness and/or covered accident.

If an insured is confined in a hospital and becomes confined again within 90 days for the same or related covered sickness, Unum will treat the confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, Unum will treat this confinement as a new confinement.]

[Limitations and Exclusions for Hospital Confinement due to Covered Sickness:

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- [participating in war or act of war, whether declared or undeclared];
- [committing acts of terrorism];
- [treatment for alcoholism or drug addiction, unless the insured is addicted to a narcotic taken on the advice of a physician];
- [treatment for dental care or dental care procedures];
- [elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection or other diseases];
- [having a pre-existing condition as described and limited by this benefit];
- [hospital confinement caused by, contributed to by, or resulting from your **Mental Illness**. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy];
- [any hospital confinement of a newborn following the birth unless the newborn is sick or injured.]

[Pre-existing Condition Limitation for Hospital Confinement due to a Covered Sickness. Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of a pre-existing condition [or any medical or surgical treatment for that condition] for which the date of confinement is in the first [3, 6, 9, 12] months after the insured's coverage effective date.]]

[Continuity of Coverage for Hospital Confinement due to Covered Sickness.

If this policy replaced another [group] [or] [individual] [accident] policy and this certificate of coverage is replaced [by a certificate under the other group policy] [or] [by an individual policy], or you become insured under this policy due to a merger, acquisition or affiliation, this policy shall not limit or exclude coverage for a pre-existing condition that would have been covered under the policy being replaced. Time periods applicable to pre-existing conditions will be waived to the extent that similar limitations or exclusions were satisfied under the policy being replaced.

[If you are on a [layoff] [or] [leave of absence] on the policy effective date, we will consider your [layoff] [or] [leave of absence] to have started on that date and your coverage will continue for the period provided in this policy.

If you have not returned to active employment before any insured's date of hospital confinement your payment will be limited to the amount that would have been paid by the prior [carrier] [policy]. Unum will reduce your payment by any amount for which your prior [carrier] [policy] is liable.]]

[Wellness Benefit

Unum will pay the benefit shown in the BENEFITS AT A GLANCE for one wellness test per calendar year per insured if the insured has a wellness test performed while the insured's coverage is in force.

[If the insured's coverage is in force on the [Employer]'s Original Policy Effective Date, Unum will pay the Wellness Benefit shown in the BENEFITS AT A GLANCE for a wellness test the insured has had [[within the [[0-365] days] [[1-6] month[s]] prior to the [Employer]'s Original Policy Effective Date[, as part of an approved [Employer] sponsored wellness screening program]] [on or after the date you apply for coverage but prior to the [Employer]'s Original Policy Effective Date]. Any Wellness Benefit paid for a wellness test performed prior to the [Employer]'s Original Policy Effective Date will be the Wellness Benefit for the first calendar year during which the policy becomes effective.]

Wellness Tests are:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Hemoglobin A1C(HbA1c);
- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;
- Two hour post-load plasma glucose; or
- Virtual colonoscopy.]]

LIMITATIONS AND EXCLUSIONS

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- [participating in war or act of war, whether declared or undeclared];
- [committing acts of terrorism];
- [riding in or driving any motor-driven vehicle in a race, stunt show or speed test];
- [operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger];
- [engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting];
- [participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution];
- [committing or trying to commit suicide or injuring **Yourself** intentionally, whether sane or not];
- [practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received];
- [having a work related injury];
- [having any sickness or declining process caused by a sickness, including physical or mental infirmity [including any treatment for allergic reactions]. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.]

[In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- [an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; [or]
- [injuries to a dependent child received during the birth].]

[OTHER FEATURES]

[Your Right to Continue Coverage (Portability)]

If, while you are covered under the policy, your employment with the Policyholder ends, you are no longer in an eligible group or the policy is being terminated by the Policyholder and is not being replaced, you may have the right to apply to continue coverage under the policy for yourself[,] [and] [your spouse][,] [and your dependent child(ren)]. You must apply for coverage under this portability provision and pay the first premium within [30-120] days after the date your employment ends, you are no longer in an eligible group or the date the policy is terminated by the Policyholder and is not being replaced.

You are not eligible to apply for continuing coverage under this provision if [the policy is closed to new enrollments or]your coverage under the policy ends for any of the following reasons:

- the policy is cancelled by Unum;
- the policy is being terminated by the Policyholder and is being replaced; or
- the policy is changed to exclude the group of [employee]s to which you belong.

Except as provided in this section, your continuing coverage will be the same coverage provided you under the policy as of the date your employment ends, the policy is terminated by the Policyholder and is not replaced, or you are no longer in an eligible group. Any subsequent change to the policy will not apply to your continuing coverage.

Your continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- [you may decrease, but not increase the Hospital Confinement due to a Covered Sickness benefit amount;]
- premiums will be billed directly to you;
- initial premium rates will be based on the portability rates in effect at the time you apply to continue your coverage; and
- premium rates can be changed by Unum at any time upon [31] days notice to you [[so long as the change is not due to any change in your age or health] [or the age or health of [your spouse] [or your dependent child(ren)].

Your continuing coverage, and any coverage of your [spouse] [and] [dependent child(ren)], will end on the earliest to occur of:

- your failure to pay the required premium within the [31] day grace period;
- [unless your spouse applies for continuing coverage under the following provision,]the date you die; [or]
- [you are rehired by your Employer or return to an eligible group and are covered under the policy in effect prior to porting your coverage; or]
- the coverage under this portability provision is cancelled by Unum for any reason upon [31] days notice.

Once continuing coverage is cancelled it can not be reinstated.

In the event the Policyholder's coverage under the policy is cancelled [or closed to new enrollments], the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date [or that date].

[The Right of Your Spouse to Continue Coverage if You Die or are Divorced (Spouse Portability)]

If you die or divorce your spouse may have the right to apply to continue coverage under the policy.

Your spouse must apply for coverage under this portability provision and pay the first premium within [30-120] days after the date of your death or divorce.

Your spouse is not eligible to apply to continue coverage under this provision if your spouse was not insured under this policy on the date of your death or divorce.

Except as provided in this section, your spouse's continuing coverage will most nearly match the coverage provided to your spouse under the policy as of the date of your death or divorce.

[If you die or divorce your spouse may also apply to continue the same coverage for dependent child(ren), provided:

- the dependent children are insured under the policy at the time of your death, or divorce; and
- you are not continuing coverage for dependent child(ren).]

Your spouse's continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- your spouse may decrease, but not increase the amount of the spouse's Hospital Confinement due to a Covered Sickness benefit;
- premiums will be billed directly to your spouse;
- initial premium rates will be based on the portability rates in effect at the time your spouse applies to continue coverage; and
- premium rates can be changed by Unum at any time upon [31] days notice to your spouse.

Your spouse's [and any dependent child(ren)'s] continuing coverage will end on the earliest to occur of:

- your spouse's failure to pay the required premium within the [31] day grace period;
- the date your spouse dies; or
- the coverage under this portability provision is cancelled by Unum for any reason upon [31] days notice.

Once continuing coverage is cancelled it cannot be reinstated.

In the event the Policyholder's coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or that date.]]

GLOSSARY

Additional definitions may be contained in other policy provisions, amendments or riders.

[Active Employment] means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be regularly scheduled to work on average at least the minimum number of hours as described under Minimum Hours Requirement shown in the BENEFITS AT A GLANCE section.

Your work site must be:

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.]

Calendar Year means the period beginning on the insured's coverage effective date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate of Coverage means a written statement prepared by Unum and may include attachments. It tells you:

- the coverage to which the insured may be entitled;
- to whom benefits are payable; and
- limitations, exclusions and/or requirements that apply within this policy.

[Chiropractic Care Services] means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by a covered accident. Benefits will not be paid for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.]

[Common Carrier] means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.]

[Confined or Confinement] means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.]

Covered Accident means an unforeseen occurrence resulting in a bodily injury which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force;
- is listed in the BENEFITS AT A GLANCE section; and
- is not excluded by name or specific description in the Certificate.

Covered Loss means a condition covered by this policy as shown in the BENEFITS AT A GLANCE and as applied for by you and approved by Unum.

[Covered Sickness] means an illness, infection, disease or any other abnormal physical condition which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in the Certificate.]

[Dependent Child(ren)] means your unmarried children from live birth but less than age 25. Dependent child(ren) include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement in your home.

After attainment of age 25 dependent child(ren) also includes dependent child(ren) who became incapable of self-sustaining employment, prior to age 25, due to mental or physical handicap. Such child will continue to be an insured subject to the following: (1) the [employee] must furnish proof of such incapacity and dependency to Unum within 31 days of the child's 25th birthday; and (2) proof of continued incapacity and dependency must be furnished at our request, but not more than annually, after the two year period following the child's 25th birthday.

No dependent child can be covered as both an [employee] and a dependent child.]

[Emergency Room means a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must:

- (1) be staffed and equipped to handle trauma;
- (2) be supervised and provide treatment by physicians; and
- (3) provide care seven days per week, 24 hours per day.]

[Employee means a person who is in active employment in the United States with the Employer.]

[Employer means the Policyholder and includes any division, subsidiary or affiliated company.]

[Enrollment means a period of time determined by Unum and [your Employer] during which you are eligible to enroll for or change your coverage. This period of time may be limited.]

[Epidural Anesthesia means a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The epidural must be administered due to a covered accident, and does not include treatment for childbirth or diseases.]

[Evidence of Insurability means a statement of your [or your spouse's] medical history which Unum will use to determine if you [or your spouse] are approved for coverage. Evidence of insurability will be at Unum's expense.]

Grace Period means the period of time following the premium due date during which premium payment may be made.

[Hospital means a place that:

- is an institution licensed as a hospital and operated pursuant to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a physician;
- has full-time nurses on duty or on call supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: x-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.]

[Hospital Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;

- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a physician assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit that meets the definition above may include hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;
- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit; or
- Transplant Unit.]

[Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.]

Injury or Injuries means a bodily injury which is the direct result of a covered accident and not related to any other cause.

Insured means any person covered under the policy.

[[Layoff] [or] [Leave of Absence] means that you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time is not considered a temporary [layoff] [or] [leave of absence].]

[Member means a person who is a member in good-standing of the [Union] and who is in a class of persons eligible for coverage as determined by the Policyholder and is residing in the United States, its territories or possessions.]

[Mental Illness means a psychiatric or psychological condition classified in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) published by the American Psychiatric Association, most current as of the start of a hospital confinement. Such disorders include, but are not limited to, psychotic, emotional or behavioral disorders, disorders relatable to stress. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the American Psychiatric Association as of the start of a hospital confinement.]

[Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which:

- (1) is under the direct supervision of a physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven days per week, 24 hours per day.]

[Occupational Therapy means the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person's particular occupational role. Occupational therapy does not include diversional, recreational, vocational therapies (e.g. hobbies, arts and crafts).]

[Occupational Therapist is a person, other than you or a family member, who:

- possesses the designation "Occupational Therapist Registered (OTR)";
- is licensed by the state to practice occupational therapy;
- performs services which are allowed by his license; and
- performs services for which benefits are provided by this policy.]

[Off-Job Accident means an accident that was not caused by or aggravated by any employment for pay or profit.]

[On-Job Accident means an accident that was caused by or aggravated by any employment for pay or profit.]

Payable Claim means a claim for which Unum is liable under the terms of the policy.

[Physical Therapy means treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following injury or loss of a body part.]

[Physical Therapist is a person, other than you or a family member, who:

- is licensed by the state to practice physical therapy;
- performs services which are allowed by his or her license;
- performs services for which benefits are provided by this Policy; and
- practices according to the Code of Ethics of the American Physical Therapy Association.]

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Unum will not recognize you, your spouse, dependent child(ren), parents or siblings [, a business or professional partner, or any person who has a financial affiliation or business interest with you,] as a physician for a claim that you send to us.

Policyholder means the [Employer] [entity] to whom the policy is issued.

[Pre-existing Condition means a sickness or symptoms of a sickness, whether diagnosed or not, for which the insured received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine or had been prescribed drugs or medicine to be taken during the [3, 6, 9, 12] months just prior to the insured's coverage effective date[; or the insured had a sickness or symptoms of a sickness, whether diagnosed or not, for which an ordinarily prudent person would have consulted a health care provider during the [3, 6, 9, 12] months just prior to the insured's coverage effective date [or][effective date of change]].

[Primary Care Physician means a physician, such as a family practice physician, internist, or other general medical physician, chosen by you to serve as your primary health-care professional. This primary care physician should be capable of handling a variety of health-related issues and would be able to refer patients to appropriate specialists (or subspecialists) when needed.]

[Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not:

- a nursing home;
- an extended care facility;

- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.]

[Specialist (or subspecialist) means a physician whose practice is limited to a particular specialty (or subspecialty) of medicine or surgery. This physician would not routinely provide primary care or general care for patients.]

[Speech Therapy means treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.]

[Speech Therapist or pathologist is a person other than you or a family member who:

- is licensed by the state to practice speech therapy;
- performs services which are allowed by his/her license; and
- performs services for which benefits are provided by this policy and practices according to the code of ethics of the American Speech-Language-Hearing Association.]

[Spouse means your lawful spouse, including a legally separated spouse, residing in the United States. You may not cover your spouse if your spouse is enrolled for coverage as an [employee]. [Spouse, wherever used, includes domestic partner. Domestic partner is the person named in your declaration of domestic partnership. You must execute and provide the [Employer] with such a declaration which states and gives proof that the domestic partner has had the same permanent residence as you for a minimum of [6] consecutive months prior to the date coverage would become effective for that domestic partner. you must not have signed a declaration of domestic partnership with anyone else within the last [6] months of signing the latest declaration of domestic partnership. Also, the domestic partner must be at least 18 years of age, competent to contract, not related by blood closer than would bar marriage, the sole named domestic partner, not married to anyone else and the declaration of domestic partnership must be approved and recorded by the [Employer]. You may not cover your domestic partner as a dependent if your domestic partner is enrolled for coverage as an [employee].])

[Urgent Care Facility means a health care facility that is organizationally separate from a hospital and whose primary purpose is the offering and provision of immediate, short-term medical care, without appointment, for urgent care.]

Waiting Period means the [continuous] period of time that you must be [in active employment] in an eligible group before you are eligible for coverage as determined by Unum and [your Employer].

We, Us and **Our** means Unum Life Insurance Company of America.

You, Your and **Yourself** means an [Employee] who is eligible for Unum coverage.

Name of Company: **UNUM Life Insurance Company of America**

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Policy	GA-1, et al	51.3
Certificate	GAC.FP-1	50.1

Nancy M Johnson

Officer's Name

Vice President
Officer's Title

Date: March 1, 2010

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Unum Life Insurance Company of America

Form Number(s):	GA-1	Policy/Certificate
	GA.AMEND-1	Amendment
	GA.RATEAMEND-1	Rate Information Amendment
	GA.R-1	Rider
	AE-1118	Application for Group Accident Insurance
	General and Specific Variables	
	Readability	

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer

Nancy H. Johnson

Name

Vice-President Contract, Compliance & Filing

Title

February 26, 20108

Date