



**Term Life Insurance and AD&D
Basic and Supplemental Coverage Highlights**

**The School District of Volusia County
Policy # 25156**

The Basic and Supplemental Life Insurance coverage offered by the School District of Volusia County through Unum Life Insurance Company of America provides you with a flexible, comprehensive and convenience insurance benefit. Accidental Death & Dismemberment Insurance provides additional protection against financial hardships tht can occur when death is the result of an accident. It can also help during a recovery and rehabilitation period if you suffer an accidental dismemberment. The supplemental plan allows you to choose the amount of coverage you need at affordable group rates. Premiums are conveniently payroll deducted for employee/dependent coverage and direct billed for retirees.

Your Plan

Eligibility

All eligible employees and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).

**Coverage
Amounts**

Employee Coverage:

BASIC PLAN:

(Employer Paid)

Life and Accidental Death & Dismemberment

1 Times Annual Salary.

SUPPLEMENTAL PLAN:

(Employee Paid – monthly rate of .277 per \$1000)

Option I: An Additional 1 Times Annual Salary

Example: If your salary is \$15,000 (cost per month = $.277 \times 15 = \$4.16$)

Option II: An Additional 2 Times Annual Salary

Example: If your salary is \$15,000 (cost per month = $.277 \times 30 = \$8.31$)

Option III: An Additional 3 Times Annual Salary

Example: If your salary is \$15,000 (cost per month = $.277 \times 45 = \$12.47$)

The maximum benefit for the basic plan or the basic and supplemental plans combined is \$500,000.

Dependent Coverage: Spouse Coverage Child Coverage Monthly Rate

If employee earnings are

Over \$20,000 \$10,000 \$5,000 per child \$4.76

If employee earnings are

Under \$20,000 \$5,000 \$2,500 per child \$2.38

Example: If you are an employee earnings over \$20,000 per year and you have elected dependent coverage for \$3.80 per month, you would be eligible to received a \$10,000 life insurance benefit upon the death of your spouse and a \$5,000 life insurance benefit upon the

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death of each of your children.

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

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

Coverage may not be increased after a reduction.

Guarantee Issue

Basic Plan:

A basic plan of 1 times your annual salary is provided by the School District of Volusia County with no evidence of insurability (proof of good health) required.

Supplemental Plan:

If you enroll in the supplemental plan (an additional 1, 2 or 3 times your annual salary) during your initial enrollment period, you will not have to provide evidence of insurability (proof of good health). However, if you apply for supplemental coverage after your initial enrollment period, you will be required to provide evidence of insurability in order to qualify for coverage.

Life Planning Financial & Legal Resources

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

Portability/ Conversion

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

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 50% of your life insurance amount up to \$350,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Waiver of Premium

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

Retained Asset Account

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

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Additional AD&D Benefits

Education Benefit: Unum will pay up to the lesser of 12.5% or \$12,500 per term to a maximum of \$100,000 for each child's education if the insured dies as a result of accidental bodily injury within 365 days of an accident. Your child(ren) must be a full-time student beyond grade 12.

Repatriation Benefit: Unum will pay up to \$5,000 to help defray the costs of moving the body of an insured if accidental death occurs at least 75 miles from his or her primary residence.

Seat Belt/Air Bag Benefit: Unum will pay an additional \$10,000 if an insured dies in a car accident and was wearing a properly fastened seat belt. The benefit will be \$15,000 if the insured was protected by both an air bag and a seat belt.

Limitations/Exclusions/ Termination of Coverage

Suicide Exclusion

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

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

AD&D Benefit Exclusions

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

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

Termination of Coverage

Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
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- The date your dependent ceases to be an eligible dependent;
- For a spouse, the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Next Steps

How to Apply

To apply for coverage, you simply complete your enrollment form during the times designated by your employer.

If you choose not to add supplemental coverage at your initial enrollment period, and then decide to apply at a later annual enrollment, you will need to provide evidence of insurability (proof of good health) by completed a medical questionnaire.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

Employee: All insurance coverage (basic and supplemental) will be delayed if you are not in active employment with the School District of Volusia County because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

“Totally disabled” means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Changes to Coverage

At each annual enrollment period or within 31 days of a change in status, you will be given the opportunity to change your coverage. You will be required to provide evidence of insurability and be approved to increase your coverage amounts. Your eligible dependents will be required to provide evidence of insurability and be approved to increase their coverage amounts by more than one level.

Questions

If you should have any questions about your coverage or how to enroll, you can call:



Elaine Rosa, Reames Employee Benefits Solutions, Inc.

149 E International Speedway Blvd, Daytona Beach, FL 32118

Telephone number 386-523-9700 ext. 316

Fax number 386-523-9705

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

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