



Colorado River Union High
School District 2
2251 Hwy 95
Bullhead City AZ 86442

Learn about your benefits: Important information inside!

Colorado River Union High
School District 2

For you from Unum

Don't miss your chance: Get valuable financial protection now!

Your employer is offering coverage from Unum, a leading provider of employee benefits. You'll have the opportunity to get benefits that provide valuable financial protection now — and in the future.



Colorado River Union High School District 2 is offering you this coverage:

- Short Term Disability Insurance
- Term Life Insurance with Accidental Death & Dismemberment (AD&D)
- Critical Illness Insurance
- Accident Insurance
- Hospital Insurance



Your benefits package is an important
part of your total compensation.



Short Term Disability Insurance

Unum Life Insurance Company of America



How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.



Consider your expenses

Utilities	\$
Housing	\$
Groceries	\$
Transportation	\$
Child care/Elder care	\$
Medical/Personal care	\$
Education	\$
Insurance	\$

How much coverage can I get?

You*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.</p> <p>Choose from \$100 to \$1,200 a week, (in \$100 increments). You can cover up to 60% of your weekly income.</p> <p><small>*See the Legal Disclosures for more information.</small></p>
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If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 24 week benefit duration.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.

- For step 2:

Enter the weekly benefit amount you would want if disabled. This amount needs to be in \$100 increments from \$100 to the maximum weekly benefit available (calculated in step 1).

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____	÷	52	=	\$ _____	x 60%	= \$ _____
Enter your annual earnings				Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$1,200, enter \$1,200.)
2 Calculate your cost per paycheck.						
\$ _____	÷	100	=	\$ _____	x _____	= \$ _____
				Your rate	Your monthly cost	Your annual cost
					x 12	= \$ _____
					÷ 26	= \$ _____
					Number of paychecks per year	Your cost per paycheck

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Age	Rates
15-24	\$8.680
25-29	\$9.440
30-34	\$8.190
35-39	\$6.270
40-44	\$5.990
45-49	\$6.130
50-54	\$7.160
55-59	\$9.710
60-64	\$12.530
65+	\$14.320

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Unum Life Insurance Company of America



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$200,000 to meet your growing needs — with no medical underwriting.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$200,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective. See your plan administrator for your plan effective date.)

4. Enter your cost.

	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
Total cost				

Employee bi-weekly rate		Spouse bi-weekly rate	Child bi-weekly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.018 per \$2,000 of coverage
15-24	\$0.231	\$0.115	
25-29	\$0.231	\$0.115	
30-34	\$0.277	\$0.138	
35-39	\$0.369	\$0.185	
40-44	\$0.462	\$0.231	
45-49	\$0.692	\$0.346	
50-54	\$1.062	\$0.531	
55-59	\$1.938	\$0.969	
60-64	\$2.538	\$1.269	
65-69	\$3.508	\$1.754	
70-74	\$4.523	\$2.262	
75+	\$4.523	\$2.262	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	\$____,000	÷ \$10,000 = \$_____	X \$0.152	= \$_____
Spouse	\$____,000	÷ \$5,000 = \$_____	X \$0.078	= \$_____
Child	\$____,000	÷ \$2,000 = \$_____	X \$0.007	= \$_____
Total cost				

AD&D bi-weekly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.152
Spouse	per \$5,000 of coverage	\$0.078
Child	per \$2,000 of coverage	\$0.007

Billed amount may vary slightly.

If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.



Term Life with Accidental Death & Dismemberment (AD&D) Insurance

Unum Life Insurance Company of America



How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you’re traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive 2 times your earnings up to a maximum of \$300,000. You can get up to \$300,000 with no medical underwriting.
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Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 2 times your earnings of AD&D coverage up to a maximum of \$300,000.
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No medical underwriting is required for AD&D coverage.



Notes

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Critical Illness Insurance

Unum Life Insurance Company of America



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	<ul style="list-style-type: none"> • Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement
Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer — all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin cancer — \$500
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss 	<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Infectious Diseases (25%)

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings | <ul style="list-style-type: none"> • Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza |
|---|--|

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Bi-weekly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$10,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$1.70	\$1.70
25 - 29	\$2.02	\$2.02
30 - 34	\$2.48	\$2.48
35 - 39	\$3.18	\$3.18
40 - 44	\$4.14	\$4.14
45 - 49	\$5.39	\$5.39
50 - 54	\$7.28	\$7.28
55 - 59	\$9.91	\$9.91
60 - 64	\$13.88	\$13.88
65 - 69	\$20.21	\$20.21
70 - 74	\$30.64	\$30.64
75 - 79	\$43.84	\$43.84
80 - 84	\$61.98	\$61.98
85+	\$98.44	\$98.44

Bi-weekly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$30,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$5.10	\$5.10
25 - 29	\$6.06	\$6.06
30 - 34	\$7.45	\$7.45
35 - 39	\$9.53	\$9.53
40 - 44	\$12.43	\$12.43
45 - 49	\$16.17	\$16.17
50 - 54	\$21.85	\$21.85
55 - 59	\$29.74	\$29.74
60 - 64	\$41.65	\$41.65
65 - 69	\$60.62	\$60.62
70 - 74	\$91.91	\$91.91
75 - 79	\$131.51	\$131.51
80 - 84	\$185.93	\$185.93
85+	\$295.31	\$295.31

Bi-weekly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$20,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$3.40	\$3.40
25 - 29	\$4.04	\$4.04
30 - 34	\$4.97	\$4.97
35 - 39	\$6.35	\$6.35
40 - 44	\$8.29	\$8.29
45 - 49	\$10.78	\$10.78
50 - 54	\$14.57	\$14.57
55 - 59	\$19.83	\$19.83
60 - 64	\$27.77	\$27.77
65 - 69	\$40.41	\$40.41
70 - 74	\$61.27	\$61.27
75 - 79	\$87.67	\$87.67
80 - 84	\$123.95	\$123.95
85+	\$196.87	\$196.87

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf.



Accident Insurance

Unum Life Insurance Company of America



How does it work?

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your bi-weekly premium	Option 1
You	\$6.34
You and your spouse	\$11.19
You and your children	\$13.37
Family	\$18.22

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

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SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	\$1,500
Loss of Use	
Hearing (one ear)	\$12,500
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000

Hospitalization

Admission	\$1,000
Admission – Hospital ICU (added to Admission)	\$1,000
Daily Stay	\$300
Daily Stay – Hospital ICU (added to Daily Stay)	\$300
Short Stay	\$200

Injury

Injury due to felony & sexual assault	\$150
Organized Sports	10%
Burns	

Injury

2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000
Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350

Injury

Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 inches	\$150
Repair At least 2 inches but less than 6 inches	\$300
Repair 6 inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$75
Physician Follow-Up Maximum Visits	2 Visits

SCHEDULE OF BENEFITS

Recovery

Prescription Drug	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Behavior Health Therapy	\$20
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	\$20
Therapy Services Maximum Days	15 Days

Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$100
General Anesthesia	\$250
Connective Tissue	
Exploratory without Repair	\$100
Repair for One Connective Tissue	\$800
Repair for Two or more Connective Tissues	\$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	\$1,500
Exploratory	\$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	\$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$150
Knee Cartilage (Meniscus) with Repair	\$750
Outpatient Surgical Facility	

Surgery

Outpatient Surgical Facility	\$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$125
One Disc	\$675
Two or more Discs	\$1,000

Treatment

Organized Sports	10%
Ambulance	
Air	\$1,000
Ground	\$300
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
Emergency Dental Repair	
Dental Crown	\$350
Dental Extraction	\$115
Filling or Chip Repair	\$90
Imaging	
Tier 1: X-rays or Ultrasound	\$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	\$150
Prosthetic Device	
One Device or Limb	\$750
Two or more Devices or Limbs	\$1,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	\$250
Not Burns - 20% or greater of skin surface	\$500
Treatment	
Emergency Room Treatment	\$100
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100

Treatment

Transfusions	\$400
Transportation (per trip)	\$100
Family Care	\$50
Pet Boarding (per day)	\$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75



Hospital Insurance

Unum Life Insurance Company of America



How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your bi-weekly premium	
You	\$16.87
You and your spouse	\$32.25
You and your children	\$23.02
Family	\$38.40

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

This plan has a childbirth limitation. See disclosures for more information.

If enrolling, and eligible for Medicare (age 65+, or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,500
ICU Admission	Payable for a maximum of 1 day per year	\$1,500
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$200

Short Term Disability Insurance

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

‘Substantial and material acts’ means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Continuity of Coverage

If the employee was not insured under the plan continuity of coverage will not apply. If the employee was insured under the prior plan but is not in active employment on the Unum plan effective date (due to illness or injury), the person will be covered under the Unum plan, but payment will be limited to what would have been paid under the prior plan. Unum will reduce the payment by the prior carrier’s liability. If the employee was insured under the prior plan and is in active employment on the Unum plan effective date, the person must satisfy the pre-ex provision under the Unum plan or the prior carrier’s plan. If satisfied under the Unum plan, payment will be made according to the Unum plan. If satisfied under the prior plan (but not the Unum plan), payment will be administered under the Unum plan, but the payment will be the lesser of the Unum weekly benefit or the prior plan’s weekly benefit.

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
 - Active participation in a riot
 - Intentionally self-inflicted injuries;
 - Loss of professional license, occupational license or certification;
 - Commission of a crime for which you have been convicted;
 - Any period of disability during which you are incarcerated;
 - Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);
 - Excluded pre-existing conditions (see definition).
- The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided under the covered layoff or

leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child’s attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- 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
- Committing or attempting to commit a crime under state or federal law
- 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 – ‘Being intoxicated’ means your or your dependent’s blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents’ coverage under the policy 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage
- In addition, coverage for any one dependent will end on the earliest of:
- The date your coverage under a plan ends
 - The date your dependent ceases to be an eligible dependent
 - For a spouse, the date of a divorce or annulment
 - For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while



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you and your dependents are covered under the policy or plan. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and laws when applicable.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- 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
- Committing or attempting to commit a crime under state or federal law
- 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 doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

Work-life balance Employee Assistance Program

The Work-life balance Employee Assistance Program, provided by HealthAdvocate, is available with select unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Worldwide emergency travel assistance

Worldwide emergency travel assistance services, provided by Assist America, Inc., are

available with select Unum insurance offerings. Terms and availability of service are subject to chance and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Critical Illness

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Date of diagnosis must be after the coverage effective date.

Exclusions and limitations

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

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; 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 any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance. Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GCIP16-1 or the Certificate Form GCIC16-1 or contact your Unum representative.

Accident Insurance

Organized Sports Benefit

This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations

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

- committing or attempting to commit a felony;



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- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;#practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Termination of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue

- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

THIS IS A LIMITED BENEFITS POLICY

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2, GAC16-2-IL, GAC16-3-NH, GAC16-2-OH, and GAC16-2-UT. Policy Form GAP16-1 et al. in all states, GAP16-3-NH in New Hampshire or contact your Unum representative.

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

Hospital Insurance

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Childbirth Limitation

We will pay benefits due to Childbirth for any Insured within the first nine months after the Insured's Coverage Effective Date.

Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- being engaged in an illegal occupation;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
- being legally intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of illegal drugs; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
 - stroke, Alzheimer's disease, trauma, viral infection; or
 - other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage as defined in federal law. Some states may require individuals to have comprehensive medical coverage before purchasing hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete definitions of coverage and availability, please refer to Certificate Form GHIC16-1 and policy form GHIP16-1 or contact your Unum representative.

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

Underwritten by: Group Voluntary Term Life, Group Term Life, Short Term Disability, Accident and Hospital Insurance,

Unum Life Insurance Company of America, Portland, Maine

Unum Insurance Company, Portland, Maine

Critical Illness

Unum Insurance Company, Portland, Maine

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Disability Insurance Enrollment Form

Unum Life Insurance Company of America, Portland, ME

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.



Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Colorado River Union High School District 2

Complete your personal information and choose your coverage amount

First name (please print)	M. initial	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Gender (M/F)	Date of birth (mm-dd-yyyy)	Original hire date (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual salary	Hours worked per week	Occupation	
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	
Did you recently become eligible for benefits? (Y/N) <input type="text"/>	Have you been rehired by your company? (Y/N) <input type="text"/>	If so, please provide a date (mm-dd-yyyy) <input type="text"/>	

Short Term Disability Insurance

714686

Choose a coverage amount

**You can purchase
\$100 – Up to 60% of your weekly income
(in \$100 increments)**

Use the disability worksheet to calculate the maximum weekly benefit available

**Enter the weekly benefit coverage amount
you would like to purchase:**

\$ ____ , ____ .00

**To calculate your cost per paycheck,
refer to the disability worksheet under
'Calculate your costs'.**

If you were previously eligible and didn't purchase coverage, please complete Evidence of Insurability. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

714686

Short Term Disability Insurance — SIGN AND CERTIFY

YES — I want Short Term Disability Coverage

YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

_____/____/____
Signature Date

NO — I do not want Short Term Disability Coverage

I DO NOT want Short Term Disability Insurance

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

_____/____/____
Signature Date

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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1394259-1

DETACH AND RETURN THIS FORM



Required:

First name (please print)

M. initial Last name

Email: _____

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.



1394259-1



Term Life Insurance Enrollment Form — Complete this form to enroll.



Unum Life Insurance Company of America, Portland, ME

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Colorado River Union High School District 2

Step 1: Complete your personal information

First name (please print) M. initial Last name **714685**

Social Security Number Gender Date of birth (mm-dd-yyyy)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary \$ Occupation Hours worked per week

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse cannot exceed 100% of the coverage amount you purchase for

Term Life Insurance

* If you previously purchased coverage and are now electing an amount over \$200,000 for you or \$25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete Evidence of Insurability. Ask your Plan Administrator for details.

Employee	Spouse	Child
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$200,000 *	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000

Want a different amount? \$ _____ \$ _____

AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Bi-weekly cost	Coverage amount	Bi-weekly cost	Coverage amount	Bi-weekly cost
<input type="checkbox"/> \$10,000	\$0.15	<input type="checkbox"/> \$5,000	\$0.08	<input type="checkbox"/> \$2,000	\$0.01
<input type="checkbox"/> \$30,000	\$0.46	<input type="checkbox"/> \$10,000	\$0.16	<input type="checkbox"/> \$4,000	\$0.01
<input type="checkbox"/> \$50,000	\$0.76	<input type="checkbox"/> \$20,000	\$0.31	<input type="checkbox"/> \$6,000	\$0.02
<input type="checkbox"/> \$100,000	\$1.52	<input type="checkbox"/> \$25,000	\$0.39	<input type="checkbox"/> \$8,000	\$0.03
<input type="checkbox"/> \$200,000	\$3.04	<input type="checkbox"/> \$100,000	\$1.56	<input type="checkbox"/> \$10,000	\$0.03

Want a different amount? \$ _____ \$ _____

DETACH AND RETURN THIS FORM

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. The total percent of benefit must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

_____/_____/_____
Signature Date

No, I do not want coverage under the **Term Life Insurance and AD&D**

No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

_____/_____/_____
Signature Date

Return forms to: plan administrator

Email: _____
Note: Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.





Critical Illness Enrollment Form — Complete this form to enroll.



THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Unum Life Insurance Company of America, Portland, ME

Please complete both sides of this form to ensure a smooth enrollment. If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete the form. Please contact your plan administrator for assistance.

Colorado River Union High School District 2

Step 1: Complete your personal information

First name (please print) M. initial Last name

Social Security Number Gender Date of birth (mm-dd-yyyy) Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address Apartment #

City State ZIP code

Original hire date Hours worked per week Email

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Spouse first name M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose your coverage amount

Employee coverage

(Child coverage is automatically included)

- Option 1: \$10,000
- Option 2: \$20,000
- Option 3: \$30,000

Spouse coverage

You can purchase coverage for your spouse as long as you have purchased coverage for yourself. Your spouse coverage will be 100% of your amount.

- YES, I want coverage for my spouse
- NO, I do not want coverage for my spouse

If you have chosen coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete a Statement of Health form. The amount of coverage over the Guarantee Issue amount will be subject to medical underwriting and will become effective on the first of the month coincident with or next following the date Unum approves your Statement of Health form.

If you DO NOT APPLY FOR coverage for you or your spouse during your or their initial enrollment period, you will need to complete a Statement of Health form for all amounts of coverage. You may complete and electronically submit the Statement of Health form — please see your Plan Administrator.

Critical Illness Enrollment Form (continued)

Step 3: Name your beneficiaries

Your **primary beneficiary** is the person (or persons) who will receive the benefit payment from your insurance policy if you were to die. The **total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your **secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Signature

Yes, I do want Critical Illness.

I understand that my coverage may be subject to limitations, exclusions and terminations as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

_____/_____/_____
Signature Date

No, I do not want Critical Illness.

I understand that if I elect coverage in the future, I may need to complete a Statement of Health form relative to my health status in order for Unum to determine my eligibility for coverage.

_____/_____/_____
Signature Date

Note: Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.

Underwritten by:
Critical Illness Insurance,
Unum Insurance Company, Portland, Maine
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Return forms to: plan administrator





THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Unum Life Insurance Company of America, Portland, ME

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your employer.

Initial enrollment: To make initial elections; OR Annual enrollment: To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum.

Note: if you do not wish to make any changes, do not complete this form. Please contact your employer with any questions.

Colorado River Union High School District 2

Step 1: Complete your personal information

Form fields for personal information: First name, M. initial, Last name, Social Security Number, Gender, Date of birth, Street address, Apartment #, City, State, ZIP code, Original hire date, Hours worked per week, Email, Did you recently become eligible for benefits?, Have you been rehired by your company?, If so, please provide a date.

Form fields for spouse information: Spouse first name, M. initial, Last name, Date of birth.

Step 2: Choose your coverage amount

Accident Insurance

Table with 2 columns: Your bi-weekly premium, Option 1. Rows include You (\$6.34), You and your spouse (\$11.19), You and your children (\$13.37), Family (\$18.22).

Hospital Insurance

Table with 2 columns: Your bi-weekly premium, Option 1. Rows include You (\$16.87), You and your spouse (\$32.25), You and your children (\$23.02), Family (\$38.40).

Note: If your coverage election requires medical underwriting, you will need to complete a Statement of Health form. Coverage elections that are subject to medical underwriting will become effective on the first of the month coincident with or next following the date Unum approves your Statement of Health form.

Accident and Hospital Insurance Enrollment Form

Step 3: Name your beneficiaries

Your **primary beneficiary** is the person (or persons) who will receive the benefit payment from your insurance policy if you were to die. The **total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your **secondary beneficiary** would receive the benefit payment from your insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Signature

Yes, I do want Accident insurance.

No, I do not want Accident insurance.

Yes, I do want Hospital insurance.

No, I do not want Hospital insurance.

I understand that my coverage may be subject to limitations, exclusions and terminations as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

Return forms to: plan administrator

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.

Underwritten by: Accident and Hospital Insurance,
Unum Insurance Company, Portland, Maine
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