



## Short Term Disability Income Protection Insurance Plan Highlights

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### The Archdiocese of Portland in Oregon Policy # 105259

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

#### **Your Plan**

##### ***Eligibility***

##### **Group 1**

As a lay employee or permanent deacon employed by the Archdiocese, an affiliated parish or school, or other participating employer in active employment, you're eligible for benefits if you meet any of these criteria:

- a. at least 20 hours a week, 52 weeks a year, or
- b. at least 26 hours a week, 39 weeks a year, or
- c. an average of at least 20 hours a week over 12 months

Employees scheduled to work 6 months or less during 12 consecutive months are not eligible employees

##### **Group 2**

Licensed or waived elementary or secondary classroom teachers who are scheduled to work at least 20 hours a week with an employment agreement for longer than six months in active employment.

##### ***Weekly Benefit Amount***

**60% of your basic weekly earnings to a maximum of \$500**

**Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.** Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

##### ***Definition of Disability***

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

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## **Elimination Period and Benefit Duration**

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

### **Option A: No Coverage**

**Option B:** If your disability is the result of an injury that occurs while you are covered under the plan, your **Elimination Period is 44 days**. If your disability is due to a sickness, your **Elimination Period is 44 days**. If you meet the definition of disability you may receive a **benefit for 7 weeks**.

**Option C:** If your disability is the result of an injury that occurs while you are covered under the plan, your **Elimination Period is 30 days**. If your disability is due to a sickness, your **Elimination Period is 30 days**. If you meet the definition of disability you may receive a **benefit for 9 weeks**.

**Option D:** If your disability is the result of an injury that occurs while you are covered under the plan, your **Elimination Period is 14 days**. If your disability is due to a sickness, your **Elimination Period is 14 days**. If you meet the definition of disability you may receive a benefit for **11 weeks**.

## **Federal Income Taxation**

You may wonder if your disability benefit amount will be taxed. It depends on how your premium — the price of your coverage — is paid.

### **If your premium is paid with:**

- **Pre-Tax Dollars,\*** your benefit amount **will** be taxed
- **Post-Tax Dollars,\*\*** your benefit amount **will not** be taxed
- **Both Pre-Tax and Post-Tax Dollars**, a portion of your benefit amount will be taxed

The disability benefit amounts you receive will be reported annually on a W-2. It will show any taxable and non-taxable portions separately.

*\*Pre-Tax Dollars are dollars paid by your employer toward premium that are not reported as earnings on your annual W-2. They are also dollars you pay toward premium through a cafeteria plan.*

*\*\*Post-Tax Dollars are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.*

## **Additional Benefits**

### **Rehabilitation and Return to Work Assistance**

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

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If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$250 per week. In addition, we will make weekly payments to you for 3 weeks following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

### **Limitations/Exclusions/ Termination of Coverage**

#### **Pre-existing Condition Exclusion**

This exclusion applies only to amounts greater than the basic coverage. You have a pre-existing condition if:

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

#### **Instances When Benefits Would Not Be Paid**

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted under state or federal law;
- any period of disability during which you are incarcerated;
- an **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)*;
- pre-existing condition. **This applies only to amounts greater than the basic coverage.**

#### **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. Please see your Plan Administrator for further information on these provisions.

Unum will provide coverage for a payable claim which occurs while you are covered

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under the policy or plan.

**Next Steps**

***How to Apply***

To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

***Effective Date of Coverage***

Please see your Plan Administrator for your effective date.

***Delayed Effective Date of Coverage***

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.

***Changes to Coverage***

Each year, or when you have a change in status, you will have the opportunity to change your short term disability coverage. Any increase in coverage will be subject to the pre-existing condition exclusion.

***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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.

*Underwritten by:*

**Unum Life Insurance Company of America** 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)

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The Archdiocese of Portland in Oregon  
LTD  
Employer Paid Plan Highlights

**LONG TERM DISABILITY**

***Unum Policy # 105259***

Eligibility	All Diocesan Clergy in the United States working: a. at least 20 hours a week, 52 weeks a year, or b. at least 26 hours a week, 39 weeks a year, or c. an average of at least 20 hours a week over 12 months
Benefit Amount	50% of your monthly earnings, to max of \$4,000 per month.
Definition of Disability:	During the first 24 months, Unum will define disability as follows: • you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and • you have a 20% or more loss of indexed monthly earnings due to the same sickness or injury..
Elimination Period	90 days
Duration	The duration of your benefit payments is based on your age when your disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 60, your benefits could be payable until you reach age 65. If your disability occurs at or after age 60, benefits could be paid according to a benefit duration schedule.
Pre-existing Condition	3/12
Travel Assistance Program	Included
Premium	Employer Paid

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**The Archdiocese of Portland in Oregon  
Policy # 105259**

Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

**Your Plan**

**Eligibility**

**Group 1**

As a lay employee or permanent deacon employed by the Archdiocese, an affiliated parish or school, or other participating employer in active employment, you're eligible for benefits if you meet any of these criteria:

- a. at least 20 hours a week, 52 weeks a year, or
- b. at least 26 hours a week, 39 weeks a year, or
- c. an average of at least 20 hours a week over 12 months

Employees scheduled to work 6 months or less during 12 consecutive months are not eligible employees

**Group 2**

Licensed or waived elementary or secondary classroom teachers who are scheduled to work at least 20 hours a week with an employment agreement for longer than six months in active employment.

**Benefit Amount**

**Base LTD Benefit:**

- **50% of your monthly earnings**
- **To a maximum of \$4000**

Buy up LTD Benefit:

- 60% of your monthly earnings.
- To a maximum of \$6,000

Buy up LTD Benefit:

- 66 2/3% of your monthly earnings.
- To a maximum of \$6,000

**Definition of Disability**

You would be considered disabled and eligible for benefits because of sickness or injury if:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.

You will continue to receive benefits if:

- after benefits have been paid for 24 months, you are working in any occupation and continue to have a 20% or more loss in indexed monthly earnings due to your sickness or injury; or
- you are not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

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**Elimination Period**

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

**LTD benefits would begin after 90 days of disability, as described in the definition above.**

**Benefit Duration**

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 60, benefits will be payable until age 65. If your disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule.

**Gainful Occupation**

Gainful occupation means an occupation that is or can be expected to provide you with an income at least equal to your gross disability payment within 12 months of your return to work.

**Federal Income Taxation**

You may wonder if your disability benefit amount will be taxed. It depends on how your premium — the price of your coverage — is paid.

**If your premium is paid with:**

- **Both Pre-Tax and Post-Tax Dollars**, a portion of your benefit amount will be taxed

The disability benefit amounts you receive will be reported annually on a W-2. It will show any taxable and non-taxable portions separately.

*\*Pre-Tax Dollars are dollars paid by your employer toward premium that are not reported as earnings on your annual W-2. They are also dollars you pay toward premium through a cafeteria plan.*

*\*\*Post-Tax Dollars are dollars paid through payroll deductions after taxes and withholdings have been subtracted from your earnings. They are also dollars paid by your employer toward premium that are reported as earnings on your annual W-2 and taxed accordingly.*

**Additional Benefits****Rehabilitation and Return to Work Assistance**

Unum has a vocational rehabilitation program available to assist you to return to work. This program is offered as a service, and is voluntary on your part and on Unum's part. Unum may elect to offer you a return-to-work program including, but not limited to, the following services:

- coordination with your Employer to assist you to return to work;
- evaluation of adaptive equipment to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- retraining for a new occupation.

**Waiver of Premium**

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

**Worldwide  
Emergency Travel  
Assistance Services**

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get

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immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

### ***Survivor Benefit***

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

### **Limitations/Exclusions/ Termination of Coverage**

#### ***Pre-existing Condition Exclusion***

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines 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.

#### ***Instances When Benefits Would Not Be Paid***

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

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime under state or federal law; loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not pay a benefit for any period of disability during which you are incarcerated.

#### ***Mental and Nervous***

LTD benefits would be paid for 24 months per lifetime for disabilities caused by mental illness that meet the definition of disability. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

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***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 which occurs while you are covered under the policy or plan.

***Next Steps******How to Apply***

To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

***Effective Date of Coverage***

Please see your Plan Administrator for your effective date.

***Delayed Effective Date of Coverage***

Insurance 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.

***Changes to Coverage***

Each year, or when you have a change in status, you will have the opportunity to change your long term disability coverage by one level. Any increase in coverage will be subject to the pre-existing condition exclusion.

***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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.

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

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**The Archdiocese of Portland in Oregon a Corporation Sole  
Life/AD&D  
Employer Paid Plan Highlights**

**LIFE/AD&D INSURANCE**

*Unum Policy # 105259*

**Eligibility**

**Group 1**

Lay employee or permanent deacon employed by Archdiocese, an affiliated parish or school, or participating employer, in active employment, in the United States with the Employer, scheduled to work:

- a. at least 20 hours a week, 52 weeks a year, or
- b. at least 26 hours a week, 39 weeks a year, or
- c. an average of at least 20 hours a week over 12 months

Note: Employees scheduled to work 6 months or less during 12 consecutive months are not eligible employees

**Group 2**

A seminarian, diocesan priest, or member of a religious order under the care of and for whom the Employer has financial responsibility and who is not classified as a retiree in active employment in the United States with the Employer

**Group 3**

Licensed or waived elementary or secondary classroom teachers who are scheduled to work at least 20 hours a week with an employment agreement for longer than six months in active employment in the United States with the Employer

**Benefit Amount**

\$25,000

**Accelerated Death Benefit**

75% to \$500,000

**Survivor Support**

Included

**Portability**

If you retire, reduce your hours or leave your Employer, you can take this coverage with you according to the terms of the contract.

**Life Planning Financial  
And Legal Resources**

Included

**Life Benefit Reduction**

65% at age 65 and 45% at age 70

**Premium**

Employer Paid

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**The Archdiocese of Portland in Oregon  
Policy # 393809**

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

**Your Plan**

**Eligibility**

All employees working in the following groups in the U.S. with the employer, and their eligible spouses and children (up to age 26).

*\*Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.*

**Group 1**

Lay employee or permanent deacon employed by the Archdiocese, an affiliated parish or school, or participating employer, in active employment in the United States with the Employer, scheduled to work:

- a. at least 20 hours a week, 52 weeks a year, or
- b. at least 26 hours a week, 39 weeks a year, or
- c. an average of at least 20 hours a week over 12 months

Note: Employees scheduled to work 6 months or less during 12 consecutive months are not eligible employees

**Group 2**

Diocesan priests under the care of and for whom the Employer has financial responsibility and who are not classified as retirees in active employment in the United States with the Employer

**Group 3**

Licensed or waived elementary or secondary teachers who are scheduled to work at least 20 hours a week with an employment agreement for longer than 6 months in active employment in the United States with the Employer

Note: Employees scheduled to work 6 months or less during 12 consecutive months are not eligible employees

**Coverage Amounts**

Your Term Life coverage options are:

**Employee:** Up to 5 times salary in increments of \$10,000.  
*Not to exceed \$500,000.*

**Spouse:** Up to 100% of employee amount in increments of \$5,000. *Not to exceed \$500,000.* Benefits will be paid to the employee.

**Child:** **Option A:** \$6,000  
**Option B:** \$8,000  
**Option C:** \$10,000

*The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.*

*In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.*

## ***Term Life Insurance and AD&D Coverage Highlights (Continued)***

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Your AD&D coverage options are:

Employee: An amount equal to your life amount.  
*Not to exceed \$500,000.*

Spouse: An amount equal to your spouse's life amount. Up to 100% of employee amount in increments of \$5,000.  
*Not to exceed \$500,000.* Benefits will be paid to the employee.

Child: An amount equal to your child(ren)'s life amount.  
*The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000.* Benefits will be paid to the employee.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Speech and hearing

Other losses may be covered as well. Please see your Plan Administrator.

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

Age:	Insurance Amount Reduces to:
65	65% of original amount
70	45% of original amount

Coverage may not be increased after a reduction.

### ***Guarantee Issue***

If you enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to **\$150,000** for yourself and any amount of coverage up to **\$25,000** for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. AD&D coverage does not require evidence of insurability.

Please see your Plan Administrator for your eligibility date.

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## **Term Life Insurance and AD&D Coverage Highlights (Continued)**

### **Term Life Coverage Rates**

Age Band

Rates shown are your Monthly deduction:

	Employee per \$10,000	Spouse per \$5,000	Child per \$2,000
- 24	\$.660	\$.440	\$.500
25-29	\$.660	\$.440	
30-34	\$.770	\$.500	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
35-39	\$.970	\$.610	
40-44	\$1.580	\$.960	
45-49	\$2.800	\$1.670	
50-54	\$4.770	\$2.770	
55-59	\$7.800	\$4.350	
60-64	\$10.180	\$6.810	
65-69	\$17.790	\$11.940	
70-74	\$39.390	\$23.250	
75+	\$39.390	\$45.380	

NOTE: Your rate will increase as you age and move to the next age band.

### **AD&D Coverage Rates**

	AD&D Cost Per:	Monthly Rate
Employee:	\$10,000	\$.300
Spouse:	\$ 5,000	\$.160
Child:	\$ 2,000	\$.100

### **Insurance Age**

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

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

### **Term Life Calculation Worksheet**

	Coverage Amount	Increment	Rate	=	Monthly Cost	
Employee	\$ _____	÷ \$10,000 x	\$ _____	=	\$ _____	
Spouse	\$ _____	÷ \$ 5,000 x	\$ _____	=	\$ _____	
Children	\$ _____	÷ \$ 2,000 x	\$ _____	=	\$ _____	
<b>Total Monthly Cost</b>					=	\$ _____

### **AD&D Calculation Worksheet**

	Coverage Amount	Increment	Rate	=	Monthly Cost	
Employee	\$ _____	÷ \$10,000 x	\$ _____	=	\$ _____	
Spouse	\$ _____	÷ \$ 5,000 x	\$ _____	=	\$ _____	
Children	\$ _____	÷ \$ 2,000 x	\$ _____	=	\$ _____	
<b>Total Monthly Cost</b>					=	\$ _____

### **Additional Benefits**

#### **Life Planning Financial & Legal Resources**

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

## ***Term Life Insurance and AD&D Coverage Highlights (Continued)***

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### ***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 75% of your life insurance amount up to \$500,000, 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.

### ***Additional AD&D Benefits***

**Education Benefit:** If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. (Not available in Illinois or New York.)

**Seat Belt/Air Bag Benefit:** If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

### ***Limitations/Exclusions/ Termination of Coverage***

#### ***Suicide Exclusion***

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

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

#### ***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;
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## ***Term Life Insurance and AD&D Coverage Highlights (Continued)***

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

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

### **Next Steps**

#### ***How to Apply***

To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum’s expense.

#### ***Effective Date of Coverage***

Please see your Plan Administrator for your effective date.

#### ***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.

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; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition.

#### ***Changes to Coverage***

Each year you and your spouse will be given the opportunity to change your Life coverage and AD&D coverage. You and your spouse may purchase additional Life

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## ***Term Life Insurance and AD&D Coverage Highlights (Continued)***

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coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum's Medical Underwriters. The suicide exclusion will apply to any increase in coverage. AD&D coverage does not require evidence of insurability for increase amounts.

### ***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

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.

*Underwritten by:* **Unum Life Insurance Company of America**, 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)  
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# ARCHDIOCESE OF PORTLAND IN OREGON

## UNUM MONTHLY RATES

Additional Life/Accidental Death and Dismemberment Insurance

### *Employee Additional Life/AD&D*

Age of Employee on December 31 of current year	Monthly rate for each \$10,000 in coverage
Under 30	\$.96
30-34	\$1.07
35-39	\$1.27
40-44	\$1.88
45-49	\$3.10
50-54	\$5.07
55-59	\$8.10
60-64	\$10.48
65-69	\$18.09
70 or over	\$39.69

Employee coverage cannot exceed the lesser of \$500,000 or 5 times the employee's annual wages.

### *Spouse Additional Life/AD&D*

Age of Spouse on December 31 of current year	Monthly rate for each \$5,000 in coverage
Under 30	\$.60
30-34	\$.66
35-39	\$.77
40-44	\$1.12
45-49	\$1.83
50-54	\$2.93
55-59	\$4.51
60-64	\$6.97
65-69	\$12.10
70-74	\$23.41
75 or over	\$45.54

Spouse coverage cannot exceed 100% of the employee's coverage.

If you and your spouse are both eligible employees for the Benefits Program, you cannot be covered both as a spouse and an employee. Also, only one of you can cover your dependent children (see the enrollment form for children's rates).

Your premium for additional Life/AD&D is based on your age as of December 31 of the current year. For example, if your coverage starts July 2016, and you will turn age 30 on November 10, 2016, effective with July coverage you will pay the monthly premium for a person age 30-34 until 2021. Effective with your January 2021 coverage, your monthly premium will increase to the age 35-39 rate, since your age on December 31, 2021 will be 35.