

The Group Insurance policy from Unum Life Insurance Company of America for the University of Toledo, effective January 1, 2020, provides life insurance and accidental death and dismemberment (AD&D) coverage to eligible employee groups. Life insurance benefits vary by employee group, offering coverage amounts from 2.5 times annual earnings for certain faculty to fixed amounts for other groups, including retirees, with dependent coverage available based on specific limits. The policy features accelerated benefits, conversion options, and portability, particularly for spouses in the event of divorce. The AD&D insurance matches the life insurance benefit and includes additional features such as a repatriation benefit of up to \$5,000 and specific payments for seatbelt and airbag use in accidents. Eligibility for both insurance types requires active employment and a minimum number of hours worked per week, with no waiting period for eligible groups. The employer covers employee insurance costs, while employees are responsible for dependent coverage costs. The policy is governed by Maine law and ERISA, and it is essential for the employer to review the summary and contact Unum with inquiries.

The AD&D policy specifies a maximum benefit of \$24,000, with a benefit period of six years from the first payment date. It includes an Education Benefit for qualified children, capped at 6% of the employee's insurance amount, up to \$6,000, and a Spouse Training Benefit, limited to the lesser of 5% of the full amount or \$5,000. The Child Care Benefit provides up to \$3,000 annually for each qualified child from birth to age 13, with a maximum of \$12,000 over four years. Claims must be reported promptly, with written notice required within 90 days for death or covered loss claims and within 60 days for the Education Benefit. If proof cannot be provided within these timeframes, it must be submitted within one year. The claim form can be obtained from the employer or directly from Unum, and for disability claims, proof must demonstrate regular physician care and treatment details. A certified death certificate is required for death claims, and Unum reserves the right to request an autopsy where permitted by law.

Beneficiary designations must be made at enrollment and can be changed by submitting a new

form. If no beneficiary is named or all named beneficiaries are disqualified, the death benefit will go to the estate. Payments may be made to surviving family members in a specified order if no beneficiary is designated. Unum will also pay up to \$2,000 to someone who has assumed custody of a beneficiary lacking legal capacity. For claims of \$10,000 or more, Unum offers a retained asset account for payment, while smaller claims are paid in a lump sum. Unum has the right to recover any overpayments due to fraud or processing errors, and the insured must reimburse the company for any overpayments. The policy emphasizes the importance of keeping beneficiary designations current and outlines the conditions under which benefits are paid.

The policy outlines the repayment method determined by Unum, stating that they will not recover more than the amount paid to the insured. Assignability rights for AD&D benefits are owned by the insured unless previously assigned, requiring a written assignment registered with Unum. The Summary of Benefits includes all provisions, amendments, and employee applications, with changes requiring written approval from Unum. Premium payments are required while an insured is disabled, with initial rates specified in the Rate Information Amendment. Premiums for life insurance are waived for employees under 60 who are disabled for six months, provided proof of disability is submitted. Premium due dates are outlined in the Rate Information Amendment, and the employer must remit premiums in U.S. dollars by the due date. Adjustments for premium increases or decreases will occur on the next due date without daily pro-rating. The employer must regularly provide Unum with employee eligibility and coverage information. The Summary of Benefits can be canceled or modified by Unum or the employer under specific conditions, including insufficient employee participation or failure to provide required information. Coverage continues during family and medical leave if premiums are paid and the leave is approved, with reinstatement upon return to work without a new waiting period if the employer's policy does not allow for continuation during leave.

Dependent coverage includes lawful spouses, domestic partners, and unmarried children from live

birth up to age 19, as well as unmarried dependent children aged 19 to 24 who are full-time students. Handicapped dependent children over age 24 are also covered if they became handicapped before age 24. Proof of eligibility for dependent coverage must be submitted to Unum within 31 days of the child's eligibility date. Dependents cannot be covered by more than one employee in the plan, and coverage begins at 12:01 a.m. on the date they become eligible, with the employer covering 100% of the cost. Changes to dependent life coverage can be made during an annual enrollment period or within 31 days of a change in status. If a dependent is totally disabled when coverage would normally begin, coverage will start once the dependent is no longer disabled. Coverage ends under various circumstances, including cancellation of the plan, loss of eligibility, or the death of the employee. Special provisions exist for handicapped children over age 24, requiring proof of dependency and support.

Legal proceedings regarding claims must be initiated within 60 days after proof of claim submission and within three years of the claim requirement. Statements made in applications are considered representations, and inaccuracies can lead to claim denial or coverage cancellation within the first two years. The policy does not replace workers' compensation or state disability insurance, and the employer acts on its own behalf, not as Unum's agent. Beneficiaries will receive payment upon claim approval, requiring a certified death certificate and other documentation. Annual earnings are defined as gross income from the employer, excluding bonuses and commissions. If disabled, life insurance premiums may be waived after a six-month elimination period, provided certain conditions are met. The waiver ends under specific circumstances, including recovery from disability or failure to provide proof of continued disability. Unum defines disability based on the inability to work due to injury or sickness, requiring regular physician care.

Unum will refund all premiums paid for the individual policy, and the death benefit will be paid to the named beneficiary. To change the beneficiary for the group plan, the policyholder must follow the procedures outlined in the Beneficiary Designation page. Upon termination of coverage, both the

policyholder and dependents can convert their coverage to individual life policies without evidence of insurability, with the maximum conversion amount being the insured amounts under the plan. Applications for conversion must be submitted within 31 days of employment termination or loss of eligibility. If an individual life policy is obtained and the policyholder returns to work, they cannot convert again but do not need to surrender the individual policy. Converted insurance can be any level premium whole life plan offered by Unum, and the individual policy will not include extra benefits. If the group plan is canceled, individuals insured for at least five years may convert a limited amount of life insurance, capped at \$10,000 or the coverage amount minus any amounts available under other group plans. Premiums for converted insurance will be based on the individual's age, type and amount of insurance, Unum's rates, and risk class. If death occurs during the 31-day conversion application period, Unum will pay the beneficiary the amount that could have been converted, regardless of whether an application was submitted.

If a policyholder or dependent becomes terminally ill, Unum will pay a one-time Accelerated Benefit of up to 75% of the life insurance amount, not exceeding \$500,000, provided certain conditions are met, including written request and physician certification. Premium payments must continue on the full amount of life insurance, and if rights are assigned, consent from the assignee is required for the Accelerated Benefit. The death benefit will be reduced by any Accelerated Benefit paid, and benefits may be taxable, so individuals should consult a tax advisor.

The plan excludes coverage for deaths caused by suicide within 24 months of the initial effective date or any increases in coverage. If employment ends or hours are reduced, the policyholder may elect portable coverage for themselves and dependents, with specific limits on coverage amounts. The minimum portable coverage is \$5,000 for the policyholder and \$1,000 for dependents. Applications for portable coverage must be made within 31 days of coverage termination or retirement, with eligibility restricted under certain conditions, including health issues and policy cancellation. If portable coverage ends due to non-payment, it cannot be reinstated. Unum may

change premium rates for portable coverage based on risk factors and will notify insured individuals at least 31 days prior to any changes. If portable coverage is not available, individuals may qualify for conversion coverage.

The AD&D policy provides benefits to beneficiaries in the event of the insured's accidental death, contingent upon claim approval and the submission of required documents, including a certified death certificate and a Notice and Proof of Claim form. Payments for covered losses resulting from an accident will be made based on a predetermined benefits list, with the full amount payable for various losses such as life, limbs, and senses, provided the loss occurs within 365 days of the accident while the insured is covered under the plan. The policy outlines exclusions for losses resulting from suicide, criminal activity, substance abuse, and acts of war. If employment ends or hours are reduced, the insured may elect portable coverage, which must be applied for within 31 days of the qualifying event, with specific limits on coverage amounts. Premium rates for portable coverage may change based on risk factors, with prior notification required.

The policy includes definitions relevant to coverage, such as "Employee," "Employer," "Elimination Period," and "Annual Earnings," clarifying the conditions under which benefits are applicable. It also addresses state-specific variations, indicating that certain provisions may differ based on the insured's state of residence, including coverage rescission limits and conversion rights. The document provides detailed claims and appeal procedures under ERISA regulations, emphasizing the right to access relevant documents and the process for appealing denied