

## Michigan Technological University

#### **Policy # 93771**

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

#### Your Plan

#### Eligibility

Full-Time employees subject to Collective Bargaining Agreement with the Police Officers Association working at least 30 hours each week in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 25 if they are full-time students).

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

#### Coverage Amounts

**Employee:** Your employer is paying for a base Life and AD&D plan of \$5,000.

AD&D coverage provides additional benefits for an accidental death, and for an accidental dismemberment, as defined in the schedule of benefits (contact your Plan Administrator for additional details).

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.

You may purchase **additional Life and AD&D** coverage in options of \$5,000, or 2 times annual earnings. Additional Life maximum \$300,000.

**Dependent:** You may purchase **Life and AD&D** coverage for dependents.

Option 1: \$3,000 Spouse and \$2,000 Child
Option 2: \$6,000 Spouse and \$4,000 Child
Option 3: \$25,000 Spouse and \$10,000 Child

**Note:** You must be insured under the plan in order to elect coverage for your dependents.

#### Guarantee Issue

**Current Employees:** If you and your eligible dependents enroll on or before 01/01/2017, you may apply for any amount of Life insurance coverage up to \$300,000 for yourself and any amount of coverage up to \$25,000 for your spouse without evidence of insurability. If you apply for coverage for yourself or your dependents on or after 01/01/2017, or choose coverage above these amounts, you will be required to furnish evidence of insurability and be approved in order to qualify for coverage.

Employees hired on or after 01/01/2017: If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$300,000 for yourself and any amount of coverage up to \$25,000 for your spouse without evidence of insurability. If you apply for coverage for yourself or your dependents more than 31 days after your eligibility date, or choose coverage above these amounts, you will be required to provide evidence of insurability and be approved in order to qualify for coverage.

Please see your Plan Administrator for your eligibility date.

#### **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.

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. You may also have the option to convert your Term life coverage to an individual life insurance policy.

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 50% of your life insurance amount up to \$250,000, 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.

### <u>Limitations/Exclusions/</u> <u>Termination of Coverage</u>

#### Suicide Exclusion

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

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

#### AD&D Benefit Exclusions

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

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

#### Termination of Coverage

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

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;

- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

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

- The date your coverage under a plan ends;
- 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

**Current employees:** To apply for coverage, complete your enrollment form by 01/01/2017.

For employees hired on or after 01/01/2017: To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

**All employees:** 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

## Your coverage will become effective on 01/01/2017. For employees who become eligible after this date, please see your Plan Administrator for your effective date.

## Delayed Effective Date of Coverage

<u>Employee</u>: 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.

<u>Dependent</u>: 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

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

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

#### **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.

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