



Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. 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. If you have a different condition later, you can receive another benefit.
- This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other.

What's covered?

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery (pays at 25% of lump sum benefit)
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Occupational HIV

Coverage is also included for:

- Cancer
- Carcinoma in situ — pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the company or retire. You'll be billed at home.

What else is included?

A Wellness Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

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

Effective date of coverage: Coverage becomes effective on the first day of the month in which payroll deductions begin. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

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Who can get coverage?

Coverage is guaranteed up to the stated amount. If you don't sign up now but decide to apply later, you may have to answer medical questions.

You:	Choose from \$5,000 to \$50,000 in increments of \$5,000. Coverage is guaranteed up to \$20,000 if you apply during this enrollment. You can get coverage up to \$50,000, but you may have to answer a few medical questions.
Your spouse:	Spouses from age 17 and up can get from \$5,000 to \$30,000 in increments of \$5,000, as long as you have purchased coverage for yourself. Coverage is guaranteed up to \$10,000 if they apply during this enrollment. They can get coverage up to \$30,000, but they may have to answer a few medical questions.
Your children:	Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% 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.

Monthly premium per \$5,000 of coverage

Age	Non-tobacco	Tobacco
0-24	\$2.25	\$3.20
25-29	\$2.45	\$3.85
30-34	\$3.55	\$5.75
35-39	\$4.85	\$8.40
40-44	\$6.90	\$12.35
45-49	\$9.45	\$17.05
50-54	\$12.45	\$22.75
55-59	\$16.45	\$29.00
60-64	\$21.05	\$34.75
65-69	\$23.65	\$36.20
70-99	\$42.40	\$58.35

Calculate your cost

Choose the rate for your current age:

$$\text{\$ } \frac{\text{Amount of coverage you want}}{\text{\$5,000}} \times \text{Rate} + \$1.60 = \text{\$ } \underline{\hspace{2cm}}$$

Wellness benefit premium of \$1.60 is in addition to the base premium
Actual billed amounts may vary. For illustrative purposes only.

Exclusions and limitations

Pre-existing conditions

Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken in the 3 months just prior to your effective date) will not be paid during the first 12 months the policy is in force.

Continuity of coverage

This policy will not limit or exclude coverage for a pre-existing condition or benefit waiting period that would have been covered under the policy being replaced. These provisions will be waived to the extent that similar limitations or exclusions were satisfied under the policy being replaced if the employee (and spouse):

- Are replacing the same amount(s) of coverage that the employee (spouse) had in force; and
- Apply for coverage when first eligible.

Reduction of benefits

Any coverage in force prior to the insured's 70th birthday will be reduced on the policy anniversary date following the insured's 70th birthday. The insured's face amount will be reduced to 50% of the face amount the insured had prior to the policy anniversary date. Any coverage in force after the policy anniversary date following the insured's 70th birthday will not be subject to a benefit reduction on subsequent policy anniversary dates.

Exclusions and limitations

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

- Participating or attempting to participate in a felony or being engaged in an illegal occupation;
- Committing or trying to commit suicide or injuring oneself intentionally; or
- Being on active duty as a member of the armed forces of any nation, or losses sustained or expenses incurred as a result of act of war, whether declared or undeclared; or
- Committing acts of terrorism; or
- Being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage

Termination of employee coverage

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

coverage under the policy ends on the earliest of the:

- Date this policy is canceled;
- 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 for which you made any required contributions; or
- Last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the portability provision or in accordance with the Layoff and Leave of Absence provisions of this policy.

Coverage on your dependent children ends on the earliest of the date your coverage under this policy ends or the date a dependent child no longer meets the definition of dependent children.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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 CI-1 or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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