Unum’s long term disability insurance pays you a percentage of your gross monthly salary if you cannot work due to a covered injury or illness. It can provide a monthly benefit whether your disability prevents you from working at all or limits your ability to work. These benefits can help you cover your expenses and protect your finances at a time when you’re paying extra medical bills.

Coverage Highlights

<table>
<thead>
<tr>
<th>Benefit amount</th>
<th>60% of monthly earnings to a maximum benefit of $10,000.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination period</td>
<td>LTD benefits would begin after 180 consecutive days of disability.</td>
</tr>
<tr>
<td>Definition of disability</td>
<td>2 year regular occupation</td>
</tr>
<tr>
<td>Does this plan include help with work-life balance?</td>
<td>Yes. Our work-life balance employee assistance program (EAP) provides professional advice for a wide range of personal and work-related issues. The services is available to your and your family members 24 hours a day, 365 days a year.</td>
</tr>
<tr>
<td>Pre-existing condition</td>
<td>12/12/24 exclusion</td>
</tr>
</tbody>
</table>
The work-life balance employee assistance program is provided by Ceridian Corporation and is available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The service is not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

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

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. See the actual policy or your Unum representative for specific provisions and details of availability.

© 2013 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
Please read carefully the following description of your Unum Long Term Disability Income Protection insurance plan.

**Your Plan**

**Eligibility**

You are eligible for LTD coverage if you are an active permanent employee in the United States working a minimum of 20 hours per week.

- **New Hires**
  - You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date.
  - If you apply for coverage more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

- **Open Enrollment**
  - You can elect coverage but your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Please see your Plan Administrator for your eligibility date.

**Benefit Amount**

Monthly LTD Benefit:

- 60% of your monthly predisability earnings
- To a maximum benefit of $10,000
*Example below illustrates how at least two common reductions would reduce the maximum benefit the insured would receive (benefit percent and amounts are for illustration purposes only and may not be representative of your plan):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured's monthly pre-disability earnings</td>
<td>$3,000</td>
</tr>
<tr>
<td>Long term disability benefit percentage</td>
<td>x 60%</td>
</tr>
<tr>
<td>Unreduced maximum benefit</td>
<td>$1,800</td>
</tr>
<tr>
<td>Less Social Security disability benefit per month</td>
<td>-900</td>
</tr>
<tr>
<td>Less state disability income benefit per month</td>
<td>-300</td>
</tr>
</tbody>
</table>

**Monthly long term disability benefit:** $600

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly predisability earnings or your maximum monthly benefit, unless the excess amount is payable as a Cost of Living Adjustment.

**Your disability benefit may be reduced by benefit reductions** including amounts you receive or are entitled to receive as:

- a temporary disability benefit under a workers compensation law;
- a benefit under an occupational disease law or any other act or law with similar intent, other than workers’ compensation;
- disability income payments under any state compulsory benefit act or law;
- disability payments due to your disability from Social Security or similar governmental programs. Your disability benefit may also be reduced by disability payments that your dependent spouse and children receive or are entitled to receive due to your disability from Social Security or similar governmental programs.

**Your disability benefit may be reduced by benefit reductions** including amounts you receive as:

- disability income payments under any governmental retirement system as a result of your job with your Employer;
- certain disability payments under your Employer’s retirement plan.
- disability payments under Title 46, United States Code Section 688 (The Jones Act).

If you are totally, partially or residually disabled, your disability benefit may be reduced by any earnings you have while disabled. During the first 12 months of payments, if your disability payments plus your disability earnings exceed 100% of your pre disability earnings we will subtract the amount over 100% from your benefit payment. After 12 months, your disability payment will be reduced by 50% of any disability earnings. Disability earnings are earnings which you receive for work performed while you are disabled and working for your Employer or from another employer for whom you became employed after your disability began.

If you are totally, partially or residually disabled, in order to receive a benefit, you must have a 20% or greater loss of your monthly pre-disability earnings due to the same disability.
**Definition of Disability**

For the first 30 months, you are totally disabled when, as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way.

After benefits have been paid for 24 months of disability you are totally disabled when, as a result of sickness or injury, you are not able to engage with reasonable continuity in any occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

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.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

You are partially disabled when you are not totally disabled and that while actually working in your usual occupation, as a result of sickness or injury you are unable to earn 80% or more of your indexed monthly pre-disability earnings.

After benefits have been paid for 24 months you are partially disabled when you are not totally disabled and that while actually working in an occupation, as a result of sickness or injury you are unable to engage with reasonable continuity in that or in any other occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, station in life, and physical and mental capacity.

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.

Usual occupation means the substantial and material acts you are routinely performing for your Employer when your disability begins.

**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 180 consecutive days of disability, if you are disabled, as described in the definition above. Unum will treat your disability as continuous if your disability stops for 30 days or less during the elimination period.

**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 up to age 70, but not less than 1 year. If your disability occurs at or after age 70, benefits would be paid for 1 year.
**Federal Income Taxation**

Your premium payment made through payroll deduction at LBCC will be made with post-tax dollars. The benefit amount you receive will not be taxed. Any benefit amounts you receive will be reported annually by Unum.

**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**

**Waiver of Premium**

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

**Work/Life Balance**

**Employee Assistance Program**

1-800-854-1446

Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members twenty-four hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting childcare, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master’s-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources. There is no additional charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, Unum's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

**Worldwide Emergency Travel Assistance Services**

1-800-872-1414

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 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. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.  
You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments. If you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death. |
| **Limitations/Exclusions/ Termination of Coverage** | |
| **Pre-existing Condition Exclusion** | You have an excluded pre-existing condition if:  
• you received medical treatment, care or services for a diagnosed condition, or took prescribed drugs or prescribed medicines for that condition, in the 12 months just prior to your effective date of coverage; and  
• the disability resulting from that condition begins in the first 24 months after your effective date of coverage unless you have been treatment free for 12 consecutive months after your effective date of coverage. |
| **Instances When Benefits Would Not Be Paid** | Benefits would not be paid for disabilities caused by, or resulting from:  
• intentionally self-inflicted injuries;  
• active participation in a riot;  
• commission of a felony for which you have been convicted;  
• war, declared or undeclared, or any act of war;  
• excluded pre-existing conditions (see definition).  
The loss of a professional or occupational license or certification does not, in itself, constitute disability. |
| **Mental and Nervous** | The maximum pay period for all disabilities due solely to mental disorders is 24 months. Mental disorders payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability. |
Termination of Coverage

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

- The date the policy or your coverage under the policy 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

However, coverage will continue:

- while benefits are being paid;
- while you are fulfilling the requirements of your elimination period, so long as premium is being paid; or
- in accordance with the layoff and leave of absence provisions of the policy. 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 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. After that date, you may still enroll at any time during the plan year or wait until open enrollment to apply; however, you will be required to provide evidence of insurability in order to qualify for coverage. This will include a review of your overall medical health including routine, planned, unplanned or ongoing medical care or consultation, and may result in a declination of coverage.

Effective Date of Coverage

Please see your Plan Administrator for your effective date.

Delayed Effective Date of Coverage

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

Questions

If you should have any questions about your coverage or how to enroll, please contact Unum at 1-800-421-0344 or see your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. 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 CA, et al.

Work-life balance employee assistance program services are provided by Ceridian Corporation.

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

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.

Underwritten by:
Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

©2007 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
Please complete this form in its entirety. Blank fields will cause significant delays in processing.

Employee Social Security Number: ___________ - _________ - __________________

Gender: M [ ] F [ ]

Date of Birth (mm/dd/yyyy): _______ / _______ / _______

Hours Worked Per Week: _______

Employee First Name: ________________________

M.I.: ________________________

Last Name: ________________________

Employee Street Address: ________________________

City: ________________________

State: ________________________

Zip Code: ________________________

Original Date of Hire: _______ / _______ / _______

Annual Salary: _______

Occupation: ________________________

Exempt [ ] Non-Exempt [ ]

Date entered into an eligible class (ex: part time to full time) or

Rehire Date or

Date of promotion to an eligible class

(If unknown, consult with your Plan Administrator to complete.)

Rates* per $100 of Covered Salary (Rates are shown as tenthly)

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.096</td>
<td>50 – 54</td>
<td>$1.212</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.168</td>
<td>55 – 59</td>
<td>$1.404</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.336</td>
<td>60 – 64</td>
<td>$1.176</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.576</td>
<td>65 – 69</td>
<td>$0.516</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.828</td>
<td>70 +</td>
<td>$0.516</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$1.092</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*LTD rates are based on five-year increments. Rates increase as you age.

To calculate the per-paycheck cost for this coverage, complete the calculations below. Calculation is just an estimate of premium amount and may be subject to change.

Aging takes place on the anniversary date which is calculated by taking the Plan Year and subtracting the Birth Year.

**Example 1:** The policy anniversary date is 1/1/12. EE turns 30 on 2/14/12. On the 1/1/12 anniversary date, the EE will begin billing as age 30 even though the birthday has not happened yet.

**Example 2:** The policy anniversary date is 10/1/12. EE turns 30 on 2/14/12. The EE wouldn’t begin billing as age 30 until the anniversary date of 10/1/12.

**Note:** If your annual salary exceeds $200,000, use $200,000 as your annual salary in the calculation.

\[
\begin{align*}
\text{Annual Salary} & \div 12 = \text{Monthly Salary} \\
\text{Monthly Salary} & \div 100 \times \text{Rate} = \text{Your Tenthly Cost}
\end{align*}
\]

* Final cost may vary slightly due to rounding.

**Yes,** I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.

**No,** I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.

Employee Signature: ________________________

Date: __ __ / __ __ / __ __ __

Return Forms To: Benefits – G2

By: __ __ / __ __ __

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Revised 082015