

What would your family do without your income?

Unum's Term Life and Accidental Death & Dismemberment (AD&D) Insurance can help.

Better prepared for the future

Jarrod and Amy have two careers, two children, two day-care payments and a two-story house on the lake. If either one dies prematurely, one paycheck won't keep the family afloat. They have basic life insurance at work, but they want enough coverage to meet their actual needs.

What happens after you're gone?

If a primary wage earner died:¹

29% of Americans believe they would feel the financial impact within one month.



- **43%** would feel the financial impact within six months.
- Only **27%** would take a year or more to feel the impact.

Features with value

1. Adds more coverage at affordable group rates

Your employer may offer basic term life, but it's probably not enough for your needs. Buy more term life insurance at an affordable rate. If you leave your job, Unum will allow you to switch to an individual policy. Unum will bill you directly for the premium.

2. Requires no physical exam

If you apply during your initial enrollment, you are guaranteed to receive a specific amount of coverage — your plan's guaranteed issue amount — without taking a medical exam or answering any health-related questions.

MY WORKSHEET

(This may help you decide how much coverage you need.)

Outstanding debt

How much will be left for your family to pay?

Mortgage balance	\$ _____
Other debt (credit cards, loans, car payment)	\$ _____
TOTAL	\$ _____

Ongoing expenses

How much do your dependents need each year?

Utilities (electric, phone, cable, Internet)	\$ _____
Medical costs, insurance	\$ _____
Food, clothing, gasoline	\$ _____
Savings contributions (retirement)	\$ _____
TOTAL	\$ _____

Future plans

How much will your loved ones need for the future?

College	\$ _____
Other (retirement, long term care)	\$ _____
TOTAL	\$ _____

GRAND TOTAL	\$ _____
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Subtract existing coverage	- \$ _____
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Consider adding this amount of life insurance

\$ _____

How to apply

Your benefit enrollment is coming soon. To learn more, watch for information from your employer.

Get the coverage you need.

Term Life and AD&D Insurance is offered to all eligible employees. Choose the benefit amount you need — up to your plan's maximum, for both.

Three reasons to buy this coverage at work — now

1. Once you buy coverage during the initial enrollment, you can add to it each year up to your plan's guaranteed issue amount, without a medical exam or health questions.
2. You get affordable rates for you and your family. Premiums are conveniently deducted from your paycheck.
3. You can keep insurance coverage if you leave the company or retire, provided you aren't seriously ill. You're billed at home for your premium amount.

Benefits highlights you'll appreciate:

AD&D benefit — This is paid, in addition to the life benefit, if you or a covered dependent die in a covered accident. It also pays if you suffer a covered dismemberment.

Accelerated (early) benefit — If you become terminally ill with less than 12 months to live, you have access to part or all of your life benefit early, up to your plan's maximum.

Life Planning Financial & Legal Resources — Financial planning and counseling are available to you or your family members at no extra cost if you are diagnosed with a terminal illness or die.

Seat belt benefit — Pays an additional benefit if you die in a covered private-passenger car accident while wearing a seat belt. An extra benefit is paid if the seat is protected by an airbag plus seat belt and your seat belt is properly fastened.

Education benefit — If you or your insured spouse dies within 365 days of a covered accident, this benefit can help pay for your unmarried children's ongoing college education.*

Repatriation (bring you home) benefit — If you or your covered dependent(s) die in a covered accident more than 100 miles from home, this benefit helps pay to prepare the body and send it to a mortuary.

Available family coverage (if offered by your employer)

Who can have it?	What's the benefit amount?	How long can they keep it?
Spouse Available with purchase of employee coverage; during initial enrollment, does not require a physical exam or health questions unless you request a benefit above the guaranteed issue amount.	In increments specified by your plan design — up to 100% (or 50% in some states) of the employee benefit amount.	Your spouse can keep coverage as long as you keep yours, no matter where (or if) you work.
Child Available with purchase of employee coverage for eligible dependent children, which may include stepchildren and legally adopted children, age birth through 26 years.**	Increments of \$2,000 up to \$10,000, and up to 100% (or 50% in some states) of the employee benefit amount.	Ends when employee policy ends or when children turn 19 (or 26 if full-time students). At that time, children can purchase an individual policy, not to exceed the original children's benefit amount.

My Term Life and AD&D coverage

Amount I applied for: \$ _____

Cost per pay period: \$ _____

Date deductions begin: ____/____/____

(For your records — complete during your enrollment)

Portability is not available to employees and/or dependents who have a medical condition that has a material effect on life expectancy; these individuals may be eligible for conversion coverage.

* The education benefit is not available in IL and NY.

** An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment of age 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

¹ LIMRA, "2015 Insurance Barometer Study" (2015).

Underwritten by: Unum Life Insurance Company of America, Portland, Maine
In New York, underwritten by: First Unum Life Insurance Company, New York, New York

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions or limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Life Planning Financial & Legal Resources services, provided by Ceridian HCM, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Unum complies with all state civil union and domestic partner laws when applicable.

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**Long Beach Community College District
Policy # 414970**

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

Your Plan

Eligibility

All permanent employees working at least 20 hours each week in active employment 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.*

Coverage Amounts

Your Term Life coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.
Not to exceed \$750,000.

Spouse: Up to 100% of employee amount in increments of \$5,000.
Not to exceed \$750,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.
Not to exceed \$10,000.
The maximum death benefit for a child between the ages of live birth and 6 months is \$1000. 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.

Your AD&D coverage options are:

Employee: Up to 5 times salary in increments of \$10,000.
Not to exceed \$750,000.
You may purchase AD&D coverage for yourself regardless of whether you purchase Life coverage.

Spouse: Up to 100% of employee amount in increments of \$5,000.
Not to exceed \$750,000. Benefits will be paid to the employee.

Child: Up to 100% of employee coverage amount in increments of \$2,000.
Not to exceed \$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 AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.

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

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

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:
70	65% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

Guarantee Issue

- **New Hire**

- 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 \$200,000 for yourself and any amount of coverage up to \$30,000 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 enroll more than 31 days after your eligibility date, all amounts of Life insurance coverage elected will be subject to evidence of insurability.

- **Open Enrollment**

- If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage at any time during the plan year or during an annual enrollment period. You will be required to furnish evidence of insurability for the entire amount of Life coverage elected. AD&D coverage does not require evidence of insurability.
- If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage to the Guarantee Issue amounts, you may do so WITHOUT having to provide evidence of insurability. Only Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Please see your Plan Administrator for your eligibility date.

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

Term Life Coverage Rates

Rates shown are your Tenthly deduction:

Age Band	Employee per \$10,000	Spouse per \$5000	Child per \$2,000
- 24	\$0.480	\$0.240	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.
25-29	\$0.480	\$0.240	
30-34	\$0.600	\$0.300	
35-39	\$0.960	\$0.480	
40-44	\$1.440	\$0.720	
45-49	\$2.300	\$1.150	
50-54	\$3.650	\$1.825	
55-59	\$5.560	\$2.780	
60-64	\$7.800	\$3.900	
65-69	\$14.040	\$7.020	
70-74	\$26.160	\$13.080	
75+	\$52.010	\$26.005	

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

AD&D Coverage Rates

	AD&D Cost Per:	Tenthly Rate
Employee:	\$10,000	\$.30
Spouse:	\$5,000	\$.15
Child:	\$2,000	\$.060

Insurance 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 calculated as follows:

The Plan Year subtract the Birth Year = the age they will be on the plan anniversary.

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.

Term Life Calculation Worksheet

	Coverage Amount	Increment	Rate		Tenthly Cost
Employee	\$_____	☐ \$10,000	\$_____	=	\$_____
		x			
Spouse	\$_____	☐ \$5,000 x	\$_____	=	\$_____
Children	\$_____	☐ \$2,000 x	\$_____	=	\$_____
Total Tenthly Cost				=	\$_____

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

AD&D Calculation Worksheet

Coverage Amount		Increment	Rate		Tenthly Cost
Employee	\$_____	☐ \$10,000	\$_____	=	\$_____
		x			
Spouse	\$_____	☐ \$5,000 x	\$_____	=	\$_____
Children	\$_____	☐ \$2,000 x	\$_____	=	\$_____
Total Tenthly Cost				=	\$_____

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. 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 100% 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.

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.

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

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

To apply for coverage, complete your enrollment form within 31 days of your eligibility date. If you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan

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

Administrator. You may also be required to take certain medical tests at Unum's expense. Should you miss your initial 31 day period to enroll, you may still apply at any time during the plan year or wait until the next open enrollment to apply. However, you will need to complete a medical questionnaire for any amount of Life coverage elected. This 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

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 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.

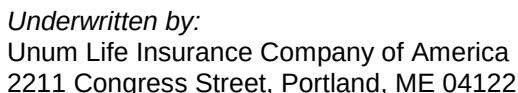
Questions

If you should have any questions about your coverage or how to enroll, please contact 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. 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
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Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

☐ **Initial Enrollment:** To make initial elections; OR

☐ **Annual Enrollment:** To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum. **Note: If you do not wish to make any changes, do not complete this form. Please contact your plan administrator with any questions.**

Employee Social Security Number				Gender		Date of Birth (mm/dd/yyyy)				Hours Worked Per Week							
- -				M ☐ F ☐		/ /											
Employee First Name								M.I.		Last Name							
Employee Street Address								City				State		Zip Code			
Original Date of Hire				Annual Salary				Occupation									
/ /				, ,													
				☐ Exempt ☐ Non-Exempt													

If date below unknown, consult with your Plan Administrator to complete:

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

☐ **Rehire Date or**

☐ Date of promotion to an eligible class

Spouse First Name (if coverage is selected)

Spouse Date of Birth (mm/dd/yyyy)

[illegible]

Have any tobacco products been used in the last 12 months? You: ☐ Yes ☐ No Your Spouse: ☐ Yes ☐ No

COVERAGE ELECTIONS: Please indicate below the coverage amounts you would like to select for you and your spouse/registered domestic partner and/or child, if applicable. Dependent life and/or AD&D coverage amounts cannot exceed 100% of your life and/or AD&D coverage amounts. Any coverage amounts left blank will result in a coverage amount of \$0.

Amount of coverage selected for:

Life You: \$		,			,			
AD&D You:								
\$		,			,			

Your Spouse: \$

--	--	--

 ,

--	--	--

or Registered Domestic Partner

Your Spouse: \$

--	--	--

 ,

--	--	--

or Registered Domestic Partner

Your Child: \$

--	--

 ,

--	--

Your Child: \$

--	--

 ,

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Note: If you have chosen Life coverage over the Guarantee Issue amount of \$200,000 for you or \$30,000 for your spouse / registered domestic partner, you will also need to complete an Evidence of Insurability form. The amount of Life coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective in accordance with the terms of the policy. If you **DO NOT APPLY FOR** coverage for you or your dependent(s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage. This applies to Life coverage only. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator.

Beneficiary Information: Please complete the beneficiary information on the reverse side of this form.

Request for Signature and Certification: *I have read and understand the "Limitations and Exclusions" on the reverse side of this enrollment form. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.*

_____/_____/_____
Employee Signature Date Work Phone Home Phone

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER

Beneficiary Information

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the beneficiary(ies) named above are not living, then pay:		

Please be aware that your coverage may be impacted by certain limitations and exclusions including, but not limited to, the following:

Limitations and Exclusions

Delayed Effective Date:

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents: Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of 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. Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.

Exclusion for Suicide:

Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

This Suicide Exclusion does not apply to Washington residents.

AD&D Benefit Exclusions

AD&D Benefits would 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, or self-inflicted injury;
- 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 any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- 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.)

Please see your Plan Administrator [or your Policy] for a complete listing of applicable limitations and exclusions.

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