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## **Region VIII TIPS Employee Benefits Cooperative**

Please read carefully the following description of your Unum Educator Select Income Protection Plan insurance.

### **Your Plan**

#### ***Eligibility***

You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the later of: the plan effective date; or the day after you complete the waiting period.

#### ***Guarantee Issue***

Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

#### ***Benefit Amount***

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$7,500. Please see your Plan Administrator for the definition of monthly earnings.

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

#### ***Elimination Period***

The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

**You may choose an Elimination Period (injury/sickness) of 0/7, 14/14, 30/30, 60/60, 90/90 or 180/180 days.**

If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement. Inpatient means that you are confined to a hospital room due to your sickness or injury

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for 23 or more consecutive hours. (Applies to Elimination Periods of 30 days or less.)

***Benefit Duration***

Your duration of benefits is based on your age when the disability occurs.

**Plan: ADEA II:** Your duration of benefits is based on the following table:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 years
Age 65 through 69	To age 70, but not less than 1 year
Age 70 and over	1 year

***Federal Income Taxation***

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. If you paid 100% of the premium for the plan year with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, or if you and your Employer share in the cost, then a portion of your benefits will be taxed.

**Additional Benefits**

***Work/Life Balance  
Employee Assistance  
Program<sup>1</sup>***

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 child care, 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.

***Return to Work/  
Work Incentive Benefit***

Unum supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. If you are disabled but working part time with monthly disability earnings of 20% or more of your indexed monthly earnings, during the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment plus your disability earnings, exceeds 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

***Rehabilitation and Return to  
Work Assistance***

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work

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Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

(This benefit is not allowed in New Jersey.)

***Worksite Modification***

If a worksite modification will enable you to remain at work or return to work, a designated Unum professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and Unum, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

***Waiver of Premium***

After you have received disability payments under the plan for 90 consecutive days, from that point forward you will not be required to pay premiums as long as you are receiving disability benefits.

***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, unless there is none. In that case, no payment will be made. 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 are receiving monthly payments and your physician certifies in writing that you have been diagnosed as terminally ill and your life expectancy has been reduced to less than 12 months. This benefit is only payable once and if you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death. (Note this "Accelerated Survivor Benefit" is not available in Connecticut.)

***Dependent Care Expense Benefit***

If you are disabled and participating in Unum's Rehabilitation and Return to Work Assistance program, Unum will pay a Dependent Care Expense Benefit when you are disabled and you provide satisfactory proof that you:

- are incurring expenses to provide care for a child under the age of 15;
  - and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.
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The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

### ***Education Benefit***

If you are disabled and receiving monthly disability benefits, you may receive an additional monthly Education Benefit of \$200 for each child who is an *eligible student*. Benefits will be payable in between terms provided the eligible student is enrolled for the next scheduled term.

*Eligible student* means your unmarried dependent child(ren) who are:

- less than 25 years of age; and
- attending an accredited post-secondary school beyond the 12<sup>th</sup> grade level on a **full-time** basis.

### **Other Important Provisions**

#### ***Pre-existing Condition Exclusion***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

#### ***Definition of Disability***

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury;
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury; and
- during the elimination period you are unable to perform any of the material and substantial duties of your regular occupation.

After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

#### ***Gainful Occupation***

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work, that exceeds 80% of your indexed monthly earnings if you are working or 60% of your indexed monthly earnings if you are not working.

#### ***Benefit Integration***

**Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled.** Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from workers compensation or similar occupational benefit laws, sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as described in Louisiana Revised Statutes or any other act or law with similar intent.

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After you have received monthly disability payments for 6 months, your gross disability payment will be reduced by such items as additional deductible sources of income you receive or are entitled to receive under: state compulsory benefit laws; automobile liability insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of the greater of \$100 or 10% of the gross disability payment.

***Mental Illness/Self-Reported Symptoms***

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

***Instances When Benefits Would Not Be Paid***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a crime for which you have been convicted;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not cover a disability due to war, declared or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

***Termination of Coverage***

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

- 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 later of the last day you are in active employment except as provided under the covered layoff or leave of absence provision; or if applicable, the last day of your contract with your Employer but not beyond the end of your Employer's current school contract year.

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

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## **Next Steps**

### ***How to Apply/ Effective Date of Coverage***

**Current Employees:** To apply for coverage, complete your enrollment form by the annual enrollment deadline. Your effective date of coverage is September 1.

**Newly Hired Employees:** To apply for coverage, complete your enrollment form within 60 days of your eligibility date. Please see your Plan Administrator for your effective date.

If you do not enroll during the initial enrollment period, you may apply only during an annual enrollment.

### ***Delayed Effective Date of Coverage***

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will not take effect until you return to active employment. Please contact your Plan Administrator after you return to active employment for when your coverage will begin.

### ***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.

<sup>1</sup> Work-life balance employee assistance program and On-Claim Support services are provided by Ceridian Corporation. Services are 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 services are 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** 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)

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## REGION VIII TIPS EMPLOYEE BENEFITS COOPERATIVE

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **12 Payments** per year)*

Product: Educator Select Income Protection Plan			Plan A					
			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	<b>200</b>	8.00	6.78	5.88	4.80	2.76	1.96
5400	450	<b>300</b>	12.00	10.17	8.82	7.20	4.14	2.94
7200	600	<b>400</b>	16.00	13.56	11.76	9.60	5.52	3.92
9000	750	<b>500</b>	20.00	16.95	14.70	12.00	6.90	4.90
10800	900	<b>600</b>	24.00	20.34	17.64	14.40	8.28	5.88
12600	1050	<b>700</b>	28.00	23.73	20.58	16.80	9.66	6.86
14400	1200	<b>800</b>	32.00	27.12	23.52	19.20	11.04	7.84
16200	1350	<b>900</b>	36.00	30.51	26.46	21.60	12.42	8.82
18000	1500	<b>1000</b>	40.00	33.90	29.40	24.00	13.80	9.80
19800	1650	<b>1100</b>	44.00	37.29	32.34	26.40	15.18	10.78
21600	1800	<b>1200</b>	48.00	40.68	35.28	28.80	16.56	11.76
23400	1950	<b>1300</b>	52.00	44.07	38.22	31.20	17.94	12.74
25200	2100	<b>1400</b>	56.00	47.46	41.16	33.60	19.32	13.72
27000	2250	<b>1500</b>	60.00	50.85	44.10	36.00	20.70	14.70
28800	2400	<b>1600</b>	64.00	54.24	47.04	38.40	22.08	15.68
30600	2550	<b>1700</b>	68.00	57.63	49.98	40.80	23.46	16.66
32400	2700	<b>1800</b>	72.00	61.02	52.92	43.20	24.84	17.64
34200	2850	<b>1900</b>	76.00	64.41	55.86	45.60	26.22	18.62
36000	3000	<b>2000</b>	80.00	67.80	58.80	48.00	27.60	19.60
37800	3150	<b>2100</b>	84.00	71.19	61.74	50.40	28.98	20.58
39600	3300	<b>2200</b>	88.00	74.58	64.68	52.80	30.36	21.56
41400	3450	<b>2300</b>	92.00	77.97	67.62	55.20	31.74	22.54
43200	3600	<b>2400</b>	96.00	81.36	70.56	57.60	33.12	23.52
45000	3750	<b>2500</b>	100.00	84.75	73.50	60.00	34.50	24.50
46800	3900	<b>2600</b>	104.00	88.14	76.44	62.40	35.88	25.48
48600	4050	<b>2700</b>	108.00	91.53	79.38	64.80	37.26	26.46
50400	4200	<b>2800</b>	112.00	94.92	82.32	67.20	38.64	27.44
52200	4350	<b>2900</b>	116.00	98.31	85.26	69.60	40.02	28.42
54000	4500	<b>3000</b>	120.00	101.70	88.20	72.00	41.40	29.40
55800	4650	<b>3100</b>	124.00	105.09	91.14	74.40	42.78	30.38
57600	4800	<b>3200</b>	128.00	108.48	94.08	76.80	44.16	31.36
59400	4950	<b>3300</b>	132.00	111.87	97.02	79.20	45.54	32.34
61200	5100	<b>3400</b>	136.00	115.26	99.96	81.60	46.92	33.32
63000	5250	<b>3500</b>	140.00	118.65	102.90	84.00	48.30	34.30
64800	5400	<b>3600</b>	144.00	122.04	105.84	86.40	49.68	35.28
66600	5550	<b>3700</b>	148.00	125.43	108.78	88.80	51.06	36.26
68400	5700	<b>3800</b>	152.00	128.82	111.72	91.20	52.44	37.24
70200	5850	<b>3900</b>	156.00	132.21	114.66	93.60	53.82	38.22
72000	6000	<b>4000</b>	160.00	135.60	117.60	96.00	55.20	39.20
73800	6150	<b>4100</b>	164.00	138.99	120.54	98.40	56.58	40.18
75600	6300	<b>4200</b>	168.00	142.38	123.48	100.80	57.96	41.16
77400	6450	<b>4300</b>	172.00	145.77	126.42	103.20	59.34	42.14
79200	6600	<b>4400</b>	176.00	149.16	129.36	105.60	60.72	43.12
81000	6750	<b>4500</b>	180.00	152.55	132.30	108.00	62.10	44.10
82800	6900	<b>4600</b>	184.00	155.94	135.24	110.40	63.48	45.08
84600	7050	<b>4700</b>	188.00	159.33	138.18	112.80	64.86	46.06
86400	7200	<b>4800</b>	192.00	162.72	141.12	115.20	66.24	47.04
88200	7350	<b>4900</b>	196.00	166.11	144.06	117.60	67.62	48.02
90000	7500	<b>5000</b>	200.00	169.50	147.00	120.00	69.00	49.00
91800	7650	<b>5100</b>	204.00	172.89	149.94	122.40	70.38	49.98
93600	7800	<b>5200</b>	208.00	176.28	152.88	124.80	71.76	50.96

REF #: 2477129

**\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.**

**Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.**



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Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	212.00	179.67	155.82	127.20	73.14	51.94
97200	8100	<b>5400</b>	216.00	183.06	158.76	129.60	74.52	52.92
99000	8250	<b>5500</b>	220.00	186.45	161.70	132.00	75.90	53.90
100800	8400	<b>5600</b>	224.00	189.84	164.64	134.40	77.28	54.88
102600	8550	<b>5700</b>	228.00	193.23	167.58	136.80	78.66	55.86
104400	8700	<b>5800</b>	232.00	196.62	170.52	139.20	80.04	56.84
106200	8850	<b>5900</b>	236.00	200.01	173.46	141.60	81.42	57.82
108000	9000	<b>6000</b>	240.00	203.40	176.40	144.00	82.80	58.80
109800	9150	<b>6100</b>	244.00	206.79	179.34	146.40	84.18	59.78
111600	9300	<b>6200</b>	248.00	210.18	182.28	148.80	85.56	60.76
113400	9450	<b>6300</b>	252.00	213.57	185.22	151.20	86.94	61.74
115200	9600	<b>6400</b>	256.00	216.96	188.16	153.60	88.32	62.72
117000	9750	<b>6500</b>	260.00	220.35	191.10	156.00	89.70	63.70
118800	9900	<b>6600</b>	264.00	223.74	194.04	158.40	91.08	64.68
120600	10050	<b>6700</b>	268.00	227.13	196.98	160.80	92.46	65.66
122400	10200	<b>6800</b>	272.00	230.52	199.92	163.20	93.84	66.64
124200	10350	<b>6900</b>	276.00	233.91	202.86	165.60	95.22	67.62
126000	10500	<b>7000</b>	280.00	237.30	205.80	168.00	96.60	68.60
127800	10650	<b>7100</b>	284.00	240.69	208.74	170.40	97.98	69.58
129600	10800	<b>7200</b>	288.00	244.08	211.68	172.80	99.36	70.56
131400	10950	<b>7300</b>	292.00	247.47	214.62	175.20	100.74	71.54
133200	11100	<b>7400</b>	296.00	250.86	217.56	177.60	102.12	72.52
135000	11250	<b>7500</b>	300.00	254.25	220.50	180.00	103.50	73.50

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