



Could your bank account survive a serious illness?

Be prepared with group critical illness insurance from Unum.

Can your wallet survive a critical illness?

The answer can be yes with group critical illness insurance from Unum.

If you suffer a critical illness like a heart attack or stroke, how will you pay the bills that aren't covered by health insurance? Will you:

- dip into your savings?
- use your credit cards?
- get a loan?
- sell your house or other valuable assets?

If you develop a critical illness, you could be hard hit with medical expenses not covered by your health insurance and reduced income from being out of a job. Help protect yourself and your family from the financial impact of a serious illness with Unum's group critical illness insurance.

Explore this site to learn more about this important benefit.

What are the facts?

What's the health risk?

- Every 40 seconds someone in America has a stroke.*
- More than 26 million Americans suffer disabling injuries each year.+
- The estimated probability of developing cancer during a lifetime:§
 - 1 in 2 for men.
 - 1 in 3 for women.

* American Stroke Association, "what is Stroke?" 2008.

+ National Safety Council, Injury Facts, 2008.

§ American Cancer Society, "Cancer Statistics 2008," March 2008.

± American Cancer Society, "Cancer Statistics 2008," March 2008.



How does group critical illness insurance work?

Use the critical illness benefit any way you choose.

Critical illness insurance can pay a lump sum benefit at the diagnosis of a covered illness. It can be used however you choose for the expenses health insurance doesn't cover, such as insurance and prescription drug co-payments, nursing or home health care, and rehabilitation.

Illnesses covered by the plan include:

Covered conditions

- Blindness
- Benign brain tumor
- Coronary artery bypass surgery¹
- End-stage renal (kidney) failure
- Heart attack
- Major organ failure²
- Stroke³

Covered conditions due to injury

- Coma⁴
- Permanent paralysis⁵
- Occupational HIV⁶

Optional Cancer coverage

- Cancer
- Carcinoma in situ⁷

Specific childhood conditions

- Cerebral palsy
- Cleft lip or palate
- Cystic fibrosis
- Down syndrome
- Spina bifida

Plan Features


- You may choose a benefit amount from \$5,000 to \$15,000.
- Your dependent children are automatically covered at 25% of your employee benefit.
- Spouse coverage available up to \$10,000.
- Once a benefit is paid for one of the critical illness, additional benefits are payable for the other critical illnesses subject to the diagnosis being medically unrelated and separated by 90 days or more.*
- Critical illness coverage is subject to a 30-day waiting period.**

* May vary by state

** Does not apply to covered conditions due to injury or specific childhood conditions.

Wellness benefit

- Automatically included in your plan
- One of these tests may be performed at your routine yearly exam
- Provides a \$75 benefit per calendar year per insured if a covered health screening test is performed, including:
 - Blood test for triglycerides
 - Bone marrow aspiration/biopsy
 - CA 15-3 (blood test for breast cancer)
 - CA125 (blood test for ovarian cancer)



100% of the benefit payable for each covered condition, with the exception of coronary artery bypass surgery and carcinoma in situ, which are paid at 25% of the purchased benefit amount

Please see policy definitions for complete details about these covered conditions.

- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram
- Electrocardiogram
- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Two-hour post-load plasma glucose
- Hemoglobin A1C (HbA1c)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- Thin prep pap test
- Virtual colonoscopy

1 Pay out of the coronary artery bypass surgery benefit does not reduce pay out for the diagnosis of heart attack.

2 Diagnosis of major organ failure of the heart, lungs, liver or pancreas resulting in the insured being placed on the United Network for Organ Sharing list for a transplant.

3 Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event.

4 Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days.

5 Complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 90 days as confirmed by a physician.

6 Diagnosis of the human immunodeficiency virus resulting from a covered accident which exposed the insured to HIV-contaminated body fluids.

7 Pay out of the carcinoma in situ benefit does not reduce pay out for the diagnosis of cancer.

What are my options?

- What coverage is right for me?
- Who do I need to cover?
- Do I need the optional cancer coverage?

Get what's right for you

Choose the benefit amount that's right for you – from \$5,000 to \$15,000. Group critical illness insurance is offered to all eligible employees who are actively at work.¹

Available family coverage options

Spouse – Coverage can be added to your certificate for your spouse (ages 17 through 64).

- You must apply for or have coverage before electing spouse coverage.
- Available benefit amounts up to \$10,000.
- Covered conditions and payment percentages are the same as those for you.

Children* – Child critical illness coverage is automatically added at no additional cost to your certificate for eligible children, stepchildren and legally adopted children, newborn through 24 years, who are dependent on you for support and are not married.

- Children will receive a benefit equal to 25% of your benefit amount.

- The covered critical illnesses are the same as those for you; plus additional childhood diseases – cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida.
- Eligible children who meet the conditions listed above will remain insured until reaching age 25 or becoming married.

* Definition varies by state

More about optional cancer coverage

- Coverage is available for you and all covered family members
- Adds cancer and carcinoma in situ as additional covered conditions
- You may include cancer coverage for an additional premium

¹ Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health or if you are on a leave of absence.

Group critical illness provisions, exclusions and more

Provisions, exclusions and more

Pre-existing condition limitation

Benefits for a pre-existing condition will not be paid for a diagnosis of a critical illness during the first 12 months the coverage is in force. May vary by state.

Pre-existing condition means a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which the insured 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 during the 12 months just prior to the insured's coverage effective date; or the insured had a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which an ordinarily prudent person would have consulted a health care provider during the 12 months just prior to the insured's coverage effective date. May vary by state.

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.

Coverage effective date

Your coverage becomes effective on the first day of the month in which payroll deductions begin. (May vary based on employee eligibility.)

The employee will receive the plan and coverage amount applied for on the application, unless it is determined to be unacceptable under Unum's rules, limits or standards. In such event, the plan and coverage amount may be modified or declined.

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: (1) date this policy is cancelled; (2) date you are no longer in an eligible group; (3) date your eligible group is no longer covered; (4) date of your death; (5) last day of the period for which you made any required contributions; or (6) 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.

Coverage on your dependent children ends on the earliest of the date your coverage under the 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.

Termination of spouse coverage

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

Otherwise, spouse coverage under the policy ends on the earliest of the: (1) date this policy is cancelled; (2) date you no longer are in an eligible group; (3) date your eligible group is no longer covered; (4) date of your death; (5) last day of the period for which you made any required contributions; (6) last day you are in active employment unless continued due to a covered layoff or leave of absence or due to any injury or sickness; (7) date your coverage under the policy ends; (8) date your spouse no longer meets the definition of spouse; or (9) date of divorce or annulment.

Unum will provide coverage for payable claim which occurs while your spouse under the policy.

Portability

If, while you are covered under the policy, your employment with the policyholder ends or you are no longer in an eligible group, you may have the right to apply to continue coverage under the policy for yourself, your spouse and your dependent children, if covered. You must apply for coverage under this portability provision and pay the first premium within 60 days after the date your employment ends or you are no longer in an eligible group.

Active employees cannot port voluntary coverage if the employer terminates the policy.

Insureds must have comprehensive medical coverage before purchasing coverage.

THIS IS A LIMITED POLICY.

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 and contact your Unum representative. Unum complies with all state civil union and domestic partner laws when applicable.

Underwritten by:

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CU-4450 (9-09)