



Group LTD Conversion Facts

Unum Life Insurance Company of America

Eligibility:

If you have been covered for Long Term Disability benefits under a group LTD plan sponsored by your employer for at least 12 consecutive months* and your employment terminates while insured with Unum Life Insurance Company of America (UnumProvident), you may be eligible to convert and become insured under the UnumProvident Group Long Term Disability Conversion Policy.

*These twelve (12) consecutive months include the time you were insured for group long term disability under both this policy and the former policy it replaced, if any.

To be eligible to convert, your coverage must have ceased due to termination of your employment. If you become insured under another group plan within 31 days after termination and have already applied for conversion coverage you are required to notify UnumProvident.

You will be eligible for insurance on the day your coverage terminates under the group plan.

Some Reasons Why You Cannot Convert:

The conversion privilege is not available to you if:

1. your insurance under the group plan terminates for any of the following reasons:
 - a. the group plan terminates;
 - b. the group plan is amended to exclude from coverage the class of employees to which you belong;
 - c. you no longer belong to a class of employees eligible for coverage under the group plan;
 - d. you retire. (You retire when you receive payment from the employer's retirement plan as recognition of past services, OR you have concluded your working career.)
2. you are or become insured for long term disability insurance under another group insurance plan within 31 days after termination.
3. you failed to pay any required premium due.
4. you are disabled under the terms of the group plan.
5. you recover from a disability and you do not return to work for this employer.
6. you are on a leave of absence.

Monthly Benefits:

Your monthly benefit will be 60% of your last basic monthly earnings with this employer, up to a maximum of \$4,000 (standard) or \$6,000 (with evidence of insurability).

If the benefit percentage and maximum monthly benefit under the former plan are less than the above figures, the participant's coverage under this conversion policy will be equal to the former plan's benefit percentage and maximum monthly benefit.

Premium Rates for LTD Conversion Coverage:

Quarterly rates per \$100 of Monthly Benefit

Age	Quarterly Rate
Less than 25	\$ 1.67
25-29	2.52
30-34	3.87
35-39	5.97
40-44	7.32
45-49	10.80
50-54	17.15
55-59	21.14
60 and over	21.27

Plus a one time non-refundable Application Fee: \$25.00.

How to Calculate Your Premium:

Example: Quarterly premium for an individual age 30 with basic monthly earnings of \$2,000:
 $60\% \text{ of } \$2,000 = \$1,200$; $1,200 \div 100 = 12$; $12 \times \$3.87 = \46.64 .

Quarterly mode is the only premium frequency available. Rates are not guaranteed and may be changed at any time with a 31-day notice.

Premium Worksheet:

A. Current Age _____

B. Quarterly Rate (from premium rate chart, based on your age) _____

C. Your last basic monthly earnings (see #15 on the Conversion Application) under the group plan before termination
\$ _____

D. Take 60%* of the last basic monthly earnings \$ _____. If this dollar amount exceeds \$4,000**, your benefit amount will be limited to \$4,000**. Insert \$4,000.

You may apply for a \$6,000 benefit limit by submitting the Evidence of Insurability Application from your employer.

If you apply and are approved, your premium will be adjusted on your next bill.

E. Divide D by 100 = \$ _____

F. Multiply E by B = \$ _____ (This equals your quarterly premium amount.)

When applying for Conversion, please remit the amount in F, plus the \$25.00 non-refundable Application Fee.

*If your group plan's benefit percentage was less than 60%, use the same benefit percentage as the group plan.

** If your group plan's maximum monthly benefit was less than \$4,000, use the same maximum monthly benefit as the group plan.

If you have any questions, you may contact your UnumProvident Sales Office, or call our Customer Services Call Center in Portland, Maine at 1-800-421-0344.

PLEASE NOTE: THIS IS NOT A CONTRACT OF INSURANCE

ONCE APPROVED, COMPLETE DETAILS OF COVERAGE INCLUDING EXCLUSIONS, LIMITATIONS AND BENEFIT REDUCTIONS WILL BE EXPLAINED IN YOUR LONG TERM DISABILITY BENEFITS CONVERSION CERTIFICATE. YOU MUST REVIEW YOUR CERTIFICATE CAREFULLY WHEN YOU RECEIVE IT.

To Be Completed By Employer

9.) Employer (Firm Name and Division)

10.) Group LTD Plan Benefit %

11.) Group LTD Plan Maximum Benefit

12.) Was the individual covered under your present Group Plan or under a combination of your present and prior Group Plans for at least 12 consecutive months? Yes No

If No, the employee is not eligible for coverage under the terms of the contract.

If yes, the individual's effective date: ___ ___ / ___ ___ / ___ ___ ___ ___

13.) Is employee's group coverage ending as a result of retirement, leave of absence or disability? Yes No

If yes, the employee is not eligible for coverage under the terms of the contract.

14.) Date employee terminated employment: (The conversion coverage must be applied for and the first quarterly premium paid within 31 days of this date.) ___ ___ / ___ ___ / ___ ___ ___ ___

15.) Employee's basic monthly earnings at time of termination

\$ _____

16.) Employee's Occupation at time of termination

17.) Reason for Employee termination:

18.) Employer Representative Signature

Date

___ ___ / ___ ___ / ___ ___ ___ ___

This Section is not a part of the application for conversion.

Note: Employee must complete the application on the reverse side.