

Supplemental Life - Term Life Insurance Coverage Highlights

Diocese of Winona Policy # 604947

Please read carefully the following description of your Unum administered Supplemental Term Life insurance plan.

Your Plan

Eligibility

All full-time and part-time employees of the Diocese of Winona who work at least 20 hours per week or are contracted for at least one half academic load and school employees contracted and non-contracted, whose employment corresponds with the academic school year and work at least 20 hours per week or are contracted for at least one half academic load in active employment in the United States with the Employer.

*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.

Up to a maximum of the lesser of 5x salary or \$500,000.

Spouse: Up to 100% of employee amount in increments of \$5,000.

Not to exceed \$500,000. Benefits will be paid to the employee.

Child(ren): Up to 100% of employee coverage amount in increments of \$2,000.

Not to exceed \$10,000 (up to age 26)

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.

The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

If you have coverage under policy number 551767-035 or elect coverage under 604947 – 001 for yourself, you are eligible to elect dependent coverage for your spouse only, your dependent children only or both.

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

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 \$25,000 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 do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period or change in status and will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date and later wish to increase your coverage, you may do so during annual enrollment or change in status. You and your eligible dependents may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability. Life coverage over the Guarantee Issue amounts will require evidence of insurability and require approval by Unum's Medical Underwriters.

Please see your Plan Administrator for your eligibility date.

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Term Life Coverage Rates

Rates shown are your Monthly deduction:

Age Band	Employee per \$1,000	Spouse per \$1,000	Child per \$1,000
- 24	\$.030	\$.052	\$.256
25-29	\$.035	\$.058	
30-34	\$.050	\$.070	
35-39	\$.080	\$.094	
40-44	\$.095	\$.132	
45-49	\$.140	\$.207	
50-54	\$.215	\$.326	
55-59	\$.410	\$.500	
60-64	\$.600	\$.892	
65-69	\$.962	\$1.558	
70-74	\$1.780	\$2.784	
75+	\$2.050	\$5.398	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

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

Insurance Age

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

Spouse rate is based on employee's insurance age.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

Term Life Calculation Worksheet

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
Spouse \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
Children \$ _____	÷ \$1,000 x	\$ _____ =	\$ _____
YOUR MONTHLY COST			= \$ _____
_____ x 12 = _____ ÷ _____ = _____			
Your Monthly Cost	Annual Cost	# Paychecks per Year	COST PER PAYCHECK*

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 75% of your life insurance amount up to \$500,000 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.

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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.

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.

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Next Steps

How to Apply

To apply for coverage, complete your enrollment form within 31 days of your eligibility date.

All employees: If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

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 Spouse and/or Child: 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 spouse:

- 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;
- is confined at home under the care of a physician for a sickness or injury; or
- has a life threatening condition.

Your dependent children:

- are confined in a hospital or similar institution;
- are receiving chemotherapy, radiation therapy or dialysis treatment; or
- are confined at home under the care of a physician for a sickness or injury.

Changes to Coverage

Each year at annual enrollment you and your eligible dependents will be given the opportunity to change your Life coverage. You and your eligible dependents 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.

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.

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