



Roman Catholic Diocese of Owensboro

Life Insurance Plan Highlights

#691207

Who is eligible for this coverage?	All active lay employees who are working at least 20 hours per work, and teachers who are working at least half of a normal work load as determined by the institution, and their eligible spouses and children (up to age to 26).
What are the coverage amounts?	<p>Employee: Up to 5 times salary in increments of \$10,000; not to exceed \$500,000.</p> <p>Spouse: Up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000.</p> <p>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 six months is \$1,000.</p>
Can I be denied coverage?	<p>Initial enrollment 9/1/2016: If you and your eligible dependents enroll during this enrollment period August 1-August 31, 2016, you may apply for any amount of coverage up to \$180,000 for yourself and any amount of coverage up to \$25,000 for your spouse, without answering any medical questions.</p> <p>If you want coverage over the amount you are guaranteed, you will need to provide answers to health questions. In addition, if you and your eligible dependents do not enroll during this enrollment period, you will have to wait for a future annual enrollment period or a change in status to apply — and then you will need to answer health questions for the entire amount of coverage you apply for.</p> <p>New employees: To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, 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.</p>
Why buy now?	As long as you buy \$10,000 of life coverage now, you can buy more coverage later - up to \$180,000 - without answering any medical questions.
How do I apply?	<p>Initial enrollment 9/1/2016: To apply for coverage, complete your enrollment form by August 31, 2016.</p> <p>If you were hired after 9/1/2016, complete your enrollment form within 31 days of your eligibility date determined by your employer.</p> <p>If you apply for coverage after your effective date or if you choose coverage over the guaranteed 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.</p>
When is coverage effective?	<p>Initial enrollment 9/1/2016: Your coverage is effective 9/1/2016 or the date your application is approved by underwriting, if health questions were required.</p>

New employees:

Please contact your Plan Administrator.

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.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

How much does the coverage cost?

Term life

Age band	Employee rate per \$10,000	Spouse rate per \$5,000
<25	\$0.23	\$0.25
25-29	\$0.27	\$0.30
30-34	\$0.37	\$0.40
35-39	\$0.57	\$0.46
40-44	\$0.84	\$0.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
55-59	\$3.14	\$2.46
60-64	\$4.69	\$4.33
65-69	\$7.90	\$7.66
70-74	\$14.04	\$13.57
75+	\$20.58	\$26.23

Child life monthly rate is \$0.51 per \$2,000. *(One life premium covers all children.)*

Sample Term life cost calculation (Employee age 45, spouse age 50)

Coverage amount	Increment	Rate	Monthly cost
Employee \$100,000	÷ \$10,000	X \$1.34	= \$13.40
Spouse \$50,000	÷ \$5,000	X \$2.08	= \$20.80
Children \$10,000	÷ \$2,000	X \$0.51	= \$2.55

Employee age for premium calculation:

Your rate is based on your age as of 9/1/16 — your coverage-anniversary date. Insurance age is calculated by subtracting your year of birth from the year your coverage becomes effective or the current anniversary date.

Spouse age for premium calculation:

Spouse rate is based on spouse's insurance age and occurs on your coverage-anniversary date.

Do my life insurance benefits decrease with age?

Coverage amounts will reduce according to the following schedule:

Age:	Insurance amount reduces to:
65	65% of original amount
70	50% of original amount

	Coverage may not be increased after a reduction. Spouse amount will reduce by the same percentage and at the same time the employee amount reduces.
Is the coverage portable (can I keep it if I leave my employer)?	If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the Group Portable Rates. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.
Are there any life insurance exclusions or limitations?	Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.
Will my premiums be waived if I'm disabled?	If you are not working due to injury or sickness, and if premium is paid, you may continue to be covered for up to the later of: <ul style="list-style-type: none"> • 6 months; or • until a determination is made on your life insurance premium waiver claim, if applicable
When does my coverage end?	You and your dependents' coverage under the Summary of Benefits ends on the earliest of: <ul style="list-style-type: none"> • 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. <p>In addition, coverage for any one dependent will end on the earliest of:</p> <ul style="list-style-type: none"> • the date your coverage under a plan ends; • the date your dependent ceases to be an eligible dependent; • for a spouse, the date of a divorce or annulment. ; • for dependent coverage, the date of your death. <p>Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.</p>

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 C.FP-1 et al or contact your Unum representative.

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

EN-1773 (1-16) FOR EMPLOYEES



Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Roman Catholic Diocese of Owensboro Kentucky

Term Life Insurance Enrollment Form

Policy #691207/Div 001

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Application Type:

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

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

Spouse First Name (if coverage is selected) Spouse Date of Birth

(mm/dd/yyyy)

/ / / /

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

Amount of Life coverage selected for:

You: \$, , Your Spouse: \$, Your Child: \$,

Calculating the cost:

Age band	Employee rate per \$10,000	Spouse rate per \$5,000
<25	\$0.23	\$0.25
25-29	\$0.27	\$0.30
30-34	\$0.37	\$0.40
35-39	\$0.57	\$0.46
40-44	\$0.84	\$0.64
45-49	\$1.34	\$1.00
50-54	\$2.08	\$1.58
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75+	\$20.58	\$26.23

Child life monthly rate is \$0.51 per \$2,000. One life premium covers all children.

Coverage amount	Increment	Rate	Monthly cost
Employee \$	÷ \$10,000	X \$	= \$
Spouse \$	÷ \$5,000	X \$	= \$
Children \$	÷ \$2,000	X \$	= \$

Employee age for premium calculation:

Your rate is based on your age as of 9/1/16 — your coverage-anniversary date. Insurance age is calculated by subtracting your year of birth from the year your coverage becomes effective or the current anniversary date.

Spouse age for premium calculation:

Spouse rate is based on spouse's insurance age and occurs on your coverage-anniversary date.

Note: If you have chosen Life coverage over the Guarantee Issue amount of \$180,000 for you or \$25,000 for your spouse, 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. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator.

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.

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

Beneficiary Information

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

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

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