



Accident Insurance

can pay you money for covered accidental injuries and their treatment.

How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

What's included?

Wellness Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Ages 17 and up
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

How much does it cost?

Weekly Premium	
You	\$2.64
You and your spouse	\$4.36
You and your child(ren)	\$4.75
You, your spouse and child(ren)	\$6.48

For illustrative purposes only. Actual cost may vary.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.



Accident Insurance – Schedule of Benefits

Covered injuries		Benefit amount	Emergency and hospitalization benefits		Benefit amount	Accidental death and other covered losses		Benefit amount
Fractures			Ambulance (ground, once per accident)		\$400	Accidental death*		
Open Reduction (dependent on location of injury)		\$150 to \$7,500	Air ambulance		\$1500	Employee		\$50,000
Closed Reduction (dependent on location of injury)		\$75 to \$3,750	Emergency room treatment		\$150	Spouse		\$20,000
Chips		25% of closed amount	Emergency treatment in physician office/urgent care facility		\$75	Child		\$10,000
Dislocations			Hospital admission (admission or intensive care admission once per covered accident)		\$1,000	*The accidental death benefit triples if the insured individual is injured as a fare-paying passenger on a common carrier: Employee-\$150,000; spouse-\$60,000; child-\$30,000		
Open Reduction (dependent on location of injury)		\$300 to \$6,000	Intensive care admission (same as above)		\$1,500	Initial accidental dismemberment — one benefit per accident, not payable with initial accidental loss		
Closed Reduction (dependent on location of injury)		\$150 to \$3,000	Hospital confinement (per day up to 365 days)		\$200	Loss of both hands or both feet; or		\$15,000
Burns			Intensive care confinement (per day up to 15 days)		\$400	Loss of one hand and one foot; or		\$15,000
At least 10 square inches, but less than 20 square inches		2nd degree - \$0 3rd degree - \$2,500	Medical imaging test (once per accident)		\$200	Loss of one hand or one foot;		\$7,500
At least 20 square inches, but less than 35 square inches		2nd degree - \$0 3rd degree - \$5,000	Outpatient surgery facility service (once per accident)		\$300	Loss of two or more fingers, toes or any combination; or		\$1,500
35 or more square inches of the body surface		2nd degree - \$1,000 3rd degree - \$10,000	Pain management (epidural, once per accident)		\$100	Loss of one finger or toe		\$750
Skin grafts for 2nd and 3rd degree burns		50% of burn benefit	Treatment and other services			Catastrophic accidental dismemberment† — once per lifetime, not payable with catastrophic loss		
Skin graft for any other accidental traumatic loss of skin			Surgery benefit			Loss of both hands or both feet; or loss of one hand and one foot		
At least 10 square inches, but less than 20 square inches		\$150	Open abdominal, thoracic		\$1,500	Employee (prior to age 65)		\$100,000
At least 20 square inches, but less than 35 square inches		\$250	Exploratory (without repair)		\$150	Spouse and child		\$50,000
35 or more square inches of the body surface		\$500	Hernia repair		\$150	Employee (ages 65-69)		\$50,000
Concussion		\$150	Physician follow-up visit (2 visits per accident)		\$75	Spouse and child		\$25,000
Coma		\$10,000	Chiropractic visit (up to 3 visits per calendar year)		\$25	Employee (70+ years old)		\$25,000
Ruptured disc		\$800	Therapy services (up to 10 per accident)			Spouse and child		\$12,500
Knee cartilage			Occupational therapy		\$25	Accidental loss — paralysis, sight, hearing and speech Initial accidental loss — one benefit per accident, not payable with initial dismemberment		
Torn with surgical repair		\$750	Speech therapy		\$25	Permanent paralysis; or		\$15,000
Exploratory surgery or cartilage shaved, only		\$150	Physical therapy		\$25	Loss of sight of both eyes; or		\$15,000
Laceration		\$25-\$600	Prosthetic device or artificial limb			Loss of sight of one eye; or		\$7,500
Tendon/ligament and rotator cuff			One		\$750	Loss of the hearing of one ear		\$7,500
Surgical repair of one		\$800	More than one		\$1,500	Catastrophic accidental loss† — once per lifetime, not payable with catastrophic dismemberment		
Surgical repair of two or more		\$1,200	Appliance (once per accident)		\$100	Permanent paralysis; or loss of hearing in both ears; or loss of the ability to speak; or loss of sight of both eyes		
Exploratory surgery without repair		\$150	Blood, plasma and platelets		\$400	Employee (prior to age 65)		\$100,000
Dental work, emergency			Travel due to accident Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip		\$0.40 per mile	Spouse and child		\$50,000
Extraction		\$100	Lodging (per night up to 30 days per accident)		\$150	Employee (ages 65-69)		\$50,000
Crown		\$300	Rehabilitation unit confinement (per day up to 15 days; max 30 days per calendar year)		\$100	Spouse and child		\$25,000
Eye injury		\$300				Employee (70+ years old)		\$25,000
						Spouse and child		\$12,500

Accident coverage is a limited policy.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

The 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 GA-1 or contact your Unum representative.

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Level 2 with AD&D

Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

THIS IS A LIMITED BENEFITS POLICY.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Individuals must have comprehensive medical coverage to be eligible for this accident insurance.

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;

- participating or attempting to participate in a felony or being engaged in an illegal occupation;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following:

- injuries that are caused by or are the result of a person driving or operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law.

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:

- date this policy is cancelled;
- date you are no longer in an eligible group;
- date your eligible group is no longer covered;
- date of your death;
- last day of the period for which you made any required contributions; or last day you are in active employment. However, as long as premium is paid as required, coverage will continue in accordance with the layoff and leave of absence provisions of this policy. Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

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Unum complies with state civil union and domestic partner laws when applicable.

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Group Accident Insurance Instructions for Evidence of Insurability Application

Application Type: Check off the applicable application type based on the following definitions:

- **Newly Eligible:** application for insurance on a newly eligible or newly hired employee. Usually an employee applying for this coverage for the first time.
- **Late Applicant:** application for insurance on a previously eligible employee. If you are working for employer in an eligible group and 31 days after the date you were eligible for coverage has passed. Requires completion of health questions in Section 4 if applying for the Hospital Confinement due to Covered Sickness Benefit.
- **Replace Existing Unum Coverage:** Change from existing to later or updated version of this product. Evidence of insurability may be required. A new policy / certificate will be issued to replace the existing policy.
- **Change to Existing Coverage:** If you currently have insurance coverage with Unum and would like to make any changes to your coverage. Including, but not inclusive, to addition or deletion of benefits.
- **Rehire:** If your employment with this group ends and you are rehired.

SECTION 1: Employee Information

Fully complete this section making sure you have answered any and all questions completely and accurately. Information pertaining to your employer name and address (Group number and Eligibility Class, if known) as well as your personal information must be provided.

SECTION 2: Spouse Information

If applying for dependent coverage, fully complete this section making sure you have answered any and all questions completely and accurately.

SECTION 3: Coverage Information

Based on your Plan Highlights (Highlight sheet), choose the amount of coverage you desire (Employee).

Select only one family coverage option for Group Accident.

If your plan includes the option for Hospital Confinement due to Covered Sickness and you wish to elect this Benefit, check Hospital Confinement due to Covered Sickness Benefit under "Optional Employee selected benefits."

If you require assistance to complete this section, please contact your Plan Administrator.

SECTION 4: Medical Profile

If applying for the Hospital Confinement due to Covered Sickness Benefit, answer the health questions in Section 4.

SECTION 5: Employee (Applicant) Statements

You are required to complete this section. This application cannot be processed if you fail to sign and date the application.

NOTE:

If there are unanswered questions or missing information on the application, it may delay consideration of your application for insurance.

**APPLICATION FOR
GROUP ACCIDENT INSURANCE**

Unum Life Insurance Company of America ("Unum")
2211 Congress Street • Portland, Maine 04122

Application Type: Newly Eligible Late Applicant Replace Existing Unum Coverage
 Change to Existing Coverage Rehire

**THE APPLICANT MUST BE ENROLLED IN A QUALIFIED MAJOR MEDICAL PLAN
PRIOR TO APPLYING FOR THE GROUP ACCIDENT SUPPLEMENTAL POLICY.**

SECTION 1: Enrollment in a qualified major medical plan. Complete for all applicable applicants.

Are you/your dependents enrolled in a Qualified Major Medical Health Plan?

Employee Yes No

Dependent Child(ren) Yes No (if applicable) N/A (not applying for dependent children coverage)

If you answered "No" for either you or your dependent children, you, your dependent children and your spouse are not eligible for this coverage. Please do not submit this application. If you answered "Yes" for both yourself and your dependent children (if applicable), you may also apply for spouse coverage.

Spouse Yes No (if applicable) N/A (not applying for spouse coverage)

If you answered "No" for your spouse, please do not apply for this coverage for your spouse.

SECTION 2: Employee (Applicant) Information – Always Complete

Employee Name (First, Middle, Last)		Social Security Number
Home Address (Street/PO Box)		Gender <input type="checkbox"/> F <input type="checkbox"/> M
City		Date of Birth (mm/dd/yyyy)
State	Zip Code	Home Phone #
Email Address		Employee ID/Payroll #
Employer Name	Customer Number	Date of Hire (mm/dd/yyyy)
St/PO Box		Occupation
City		
State	Zip Code	Work Phone #
Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Scheduled Number of Work Hours/week
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

SECTION 3: Spouse Information – Complete Only if applying for Spouse Coverage

Name (First, Middle, Last)		Social Security Number
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Does the Spouse live in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," is your Spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

Employee Name: _____
(Applicant)

Employee SSN: _____
(Applicant)

SECTION 4: Coverage Information

Group Accident	Cost per pay period
<input type="checkbox"/> Employee (only)	
<input type="checkbox"/> Employee, Spouse	\$ _____
<input type="checkbox"/> Employee, Dependent Child(ren)	
<input type="checkbox"/> Employee, Spouse and Dependent Child(ren)	
Employer selected benefit	
<input type="checkbox"/> Wellness	\$ _____
Total Cost Per Pay Period	\$ _____

SECTION 5: Employee (Applicant) Statements

I understand the effective date of coverage issued based on this application is subject to:

- The application being acceptable under the rules, limits and standards of Unum Life Insurance Company of America; and
- The insurance is issued as applied for (or if not issued as applied for, then as modified).

The effective date of approved coverage will be set forth in the certificate of coverage provided to you and determined as follows:

- If you pay part or all of the cost of your coverage, the effective date will not be earlier than the first of the month in which payroll deductions begin.
- If your employer pays the full cost of your coverage, the effective date will be no earlier than the first day of the month following the date you become eligible for coverage.

To the best of my knowledge and belief, all of the foregoing statements of this application are true, complete and correctly stated. They are offered to Unum Life Insurance Company of America and its reinsurers as the basis for any insurance issued on this application.

The term emergency medical personnel includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provided emergency services; crime lab personnel, correctional guards, including security guards at the Minnesota security hospital, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency or while an injured person is being transported to receive medical care and who would qualify for immunity under the good Samaritan law.

CAUTION: Unum Life Insurance Company of America will rely on the information provided in order to evaluate this application. If the answers provided are incorrect or untrue, Unum Life Insurance Company of America may deny benefits or rescind insurance. Any person who, submits an application, files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Employee (Applicant) Signature

Date (mm/dd/yyyy)

INSTRUCTIONS

Complete the information below only if you or any person proposed for coverage on the preceding application is currently eligible for Medicare. To be eligible for Medicare, you must be either: (1) age 65 or older; or (2) disabled.

Medicare Certification Form

This is to certify that I have received the "Guide to Health Insurance for People with Medicare" and the "Important Notice to Persons on Medicare".

Employee (Applicant) Signature

Date (mm/dd/yyyy)

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