



## Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. You can use the money however you want.

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions. If you have a different condition later, you can receive another benefit.
- This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other.

### What's covered?

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery (pays at 25% of lump sum benefit)
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Permanent paralysis of at least two limbs due to a covered accident

### Coverage is also included for:

- Cancer
- Carcinoma in situ — pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

### Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the company or retire. You'll be billed at home.

### What else is included?

#### A Wellness Benefit

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

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

Please refer to the policy for complete details about these covered conditions. Coverage may vary by state. See exclusions and limitations.

**Effective date of coverage:** Coverage becomes effective on the first day of the month in which payroll deductions begin. 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.

## Critical Illness Insurance

### Who can get coverage?

Coverage is guaranteed. If you don't sign up now but decide to apply later, you may have to answer medical questions.

<b>You:</b>	Choose \$10,000 or \$20,000 of coverage. Coverage is guaranteed if you apply during this enrollment. If you do not sign up now but decide to apply later, you may have to answer medical questions.
<b>Your spouse:</b>	Spouses from age 17 and up can get \$10,000 as long as you have purchased coverage for yourself.
<b>Your children:</b>	Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Age	Weekly premium			
	\$10,000		\$20,000	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco
0-24	\$1.38	\$1.80	\$2.40	\$3.23
25-29	\$1.48	\$2.12	\$2.58	\$3.88
30-34	\$1.98	\$2.95	\$3.60	\$5.54
35-39	\$2.56	\$4.18	\$4.75	\$7.98
40-44	\$3.48	\$5.93	\$6.60	\$11.49
45-49	\$4.66	\$8.08	\$8.95	\$15.78
50-54	\$6.00	\$10.64	\$11.63	\$20.91
55-59	\$7.78	\$13.45	\$15.18	\$26.54
60-64	\$9.88	\$16.06	\$19.38	\$31.75
65-69	\$11.03	\$16.71	\$21.69	\$33.05
70-99	\$19.52	\$26.70	\$38.68	\$53.03

Actual billed amounts may vary. For illustrative purposes only.

### Exclusions and limitations

#### Pre-existing conditions

Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you 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 in the 12 months just prior to your effective date) will not be paid during the first 12 months the policy is in force.

#### 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.

#### 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 or attempting to participate in a felony or being engaged in an illegal occupation;
- Committing or trying to commit suicide or injuring oneself intentionally, whether sane or not; or
- Participating in war or any act of war, whether declared or undeclared; or
- Committing acts of terrorism; or
- Being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage.

#### 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 canceled;
- 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 if you elect to continue coverage under the portability provision or

in accordance with the Layoff and Leave of Absence provisions of this policy. Coverage on your dependent children ends on the earliest of the date your coverage under this 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.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

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 or contact your Unum representative.

#### Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**APPLICATION FOR  
GROUP CRITICAL ILLNESS INSURANCE  
Evidence of Insurability**

**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

**SECTION 1: 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

**SECTION 2: 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)

**SECTION 3: Coverage Information – Complete for Employee (Applicant) and for Spouse (if applicable)**

	Employee (Applicant)	Spouse
1. Have you or your spouse (if applying) used any tobacco products (such as cigarettes, cigars, snuff, dip, chew or pipe) or any nicotine delivery system in the past 12 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will coverage applied for replace or modify any existing Unum insurance coverage? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide details below:		

Insured's Name	Policy Number

Employee Name: \_\_\_\_\_  
 (Applicant)

Employee SSN: \_\_\_\_\_  
 (Applicant)

**SECTION 3: Coverage Information (continued)**

3. Coverage Type	Coverage Amount	Cost Per Pay Period
a. Group Critical Illness Insurance <input type="checkbox"/> Critical Illness or <input type="checkbox"/> Critical Illness with Cancer	Employee     \$ _____ Spouse       \$ _____	Employee     \$ _____ Spouse       \$ _____
b. <input type="checkbox"/> Wellness Benefit		\$ _____
Total Cost Per Pay Period .....		\$ _____

THIS INFORMATION RELATES TO QUESTION 2 BELOW AND ANY HEALTH QUESTIONS THAT RELATE TO EXPOSURE OF BLOODBORNE PATHOGENS. PLEASE READ EACH QUESTION CAREFULLY.

The applicant does not have to disclose an HIV (AIDS Virus) test which was administered:

1. To a criminal offender or crime victim as a result of a crime that was reported to police;
2. To a patient who received the services of emergency medical services personnel at a hospital or medical care facility;  
or
3. To emergency medical personnel who were tested as a result of performing emergency medical services.

Refer to the EMPLOYEE (APPLICANT) STATEMENTS section of this form for a definition of emergency medical personnel.

**SECTION 4: Tier I Medical Profile – Complete as required for all underwritten coverage**

	Employee (Applicant)	Spouse
1. Current height and weight	____ ft. ____ in. ____ lbs.	____ ft. ____ in. ____ lbs.
2. Have you (applicant) or your spouse (if applying) tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 4: Tier I Medical Profile – Complete as required for all underwritten coverage (continued)**

**Employee (Applicant)**      **Spouse**

3. In the past 10 years, have you or your spouse (if applying) received medical advice, sought treatment, including medication, or been hospitalized for any of the following:  Yes  No  Yes  No
- Atrial fibrillation, angina, heart attack, coronary artery disease, heart surgery, congestive heart failure or cardiomyopathy
  - Chronic Obstructive Pulmonary Disease (COPD) or emphysema
  - Cirrhosis of the liver or Hepatitis B or C
  - Diabetes (except gestational or diet controlled)
  - Glaucoma, retinitis pigmentosa or macular degeneration
  - High blood pressure treated with 3 or more medications
  - Kidney disease (excluding kidney stones) or failure
  - Major organ failure (liver, heart, lung or pancreas)
  - Stroke/Transient Ischemic Attack (TIA)

4. Respond only if applying for cancer coverage:

In the past 10 years, have you or your spouse (if applying) been medically diagnosed, received medical advice, sought treatment, including medication, or been hospitalized for cancer or malignancy of any kind (including carcinoma in situ and melanoma), excluding basal and squamous cell carcinoma?.....  Yes  No  Yes  No

**SECTION 5: Tier II Medical Profile – Complete if additional underwriting is required**

**Employee (Applicant)**

1. To the best of your knowledge and belief, have any two of your natural parents or natural siblings (sisters or brothers) been diagnosed with the same disease before age 60 based on the following list:
- a. Heart attack or disease, stroke, kidney disease or diabetes.....  Yes  No
  - b. Respond only if applying for cancer coverage:
    - Cancer (excluding basal cell carcinoma and squamous cell carcinoma).....  Yes  No
2. Have you ever received medical advice, sought treatment, including medication, or been hospitalized for any of the following:
- a.
    - Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic lung disease
    - Cirrhosis of the liver or Hepatitis B or C
    - Diabetes (except gestational)
    - Heart attack, coronary artery disease, angina, or surgery on the heart or heart valve(s)
    - Kidney disease or failure (excluding kidney stones, sponge, horseshoe or ectopic kidney and kidney removal due to trauma)
    - Major organ failure (liver, heart, lung or pancreas)
    - Peripheral vascular disease
    - Stroke/Transient Ischemic Attack (TIA) .....  Yes  No
  - b. Respond only if applying for cancer coverage:
    - Cancer (excluding basal cell carcinoma and squamous cell carcinoma).....  Yes  No

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 6: 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.

I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums).

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)
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