Specified Disease 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 or categories. If you have a different condition later, you can receive another benefit.

What’s covered?

Category 1
- Heart attack
- Stroke
- Coronary bypass surgery (pays at 25% of lump sum benefit)

Category 2
- Benign brain tumor
- Major organ failure
- End stage renal (kidney) failure
- Blindness

Category 3
- Coma
- Occupational HIV
- Permanent paralysis

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 Specified Disease coverage can also receive $75 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.
Who can get coverage?
Coverage is guaranteed up to the stated amount. If you don’t sign up now but decide to apply later, you may have to answer medical questions.

<table>
<thead>
<tr>
<th>You:</th>
<th>Choose from $5,000 to $10,000 in increments of $1,000. Coverage is guaranteed up to $10,000 if you apply during this enrollment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your spouse:</td>
<td>Spouses from ages 17 to 64 can get $5,000 of coverage as long as you have purchased coverage for yourself. They can get coverage up to $30,000 in increments of $1,000, but they may have to answer a few health questions.</td>
</tr>
<tr>
<td>Your children:</td>
<td>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.</td>
</tr>
</tbody>
</table>

Exclusions and limitations

Waiting period
The benefit for this coverage is subject to a 30-day waiting period following the effective date of the insured’s coverage. This does not apply to coma, occupational HIV and permanent paralysis or specific covered childhood diseases.

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 inforce 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
- Being under the influence of or addicted to intoxicants or narcotics. This would not include physician-prescribed medication, taken in the prescribed dosage;
- Having a date of diagnosis during the benefit waiting period.

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 of the period for which you were no longer in an eligible group.

Coverage under the policy ends on the earliest of the:

- Last day of the period for which you made any required contributions; or
- Date of your death;
- Date you are no longer in an eligible group;
- Date this policy is canceled;
- Date you were no longer in an eligible group; or
- Date of the insured’s coverage. This does not apply to coma, occupational HIV and permanent paralysis or specific covered childhood diseases.

Unum has been a leading provider in group disability benefits for over 4 decades.¹


Voluntary Benefits⁴

- Critical Illness

Group Disability⁴

- Individuals
- Spouses from ages 17 to 64 can get $5,000 of coverage as long as you have purchased coverage for yourself. They can get coverage up to $30,000 in increments of $1,000, but they may have to answer a few health questions.
- 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.