Diocese of Winona-Rochester Policy # 604947

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

Your Plan					
Eligibility	20 hours per contracted a year and wor	All full-time and part-time employees of the Diocese of Winona-Rochester 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.			
		bled children over the maximum child age may be eligible for benefits, please see minister for more details.			
Coverage Amounts	Your Term I	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: 70 75	Insurance Amount Reduces to: 65% of original amount 50% of original amount			
	Coverage n	nay 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 ye	our Plan Administrator for your eligibility date.			

Term Life Coverage Rates

Rates shown are your Monthly deduction:

	ionany academoni		
Age Band	Employee	Spouse	Child per
-	per \$1,000	per \$1,000	\$1,000
	-	-	
- 24	\$.030	\$.052	\$.256
25-29	\$.035	\$.058	
30-34	\$.050	\$.070	NOTE: The
35-39	\$.080	\$.094	premium paid for
40-44	\$.095	\$.132	child coverage is
45-49	\$.140	\$.207	based on the cost of
50-54	\$.215	\$.326	coverage for one
55-59	\$.410	\$.500	child, regardless of
60-64	\$.600	\$.892	how many children
65-69	\$.962	\$1.558	you have.
70-74	\$1.780	\$2.784	
75+	\$2.050	\$5.398	

Insurance Age

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

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	Coverage A	mount	Increment	Ra	te		Monthly Cost	
Worksheet	Employee	\$	÷ \$1,000 x	\$. =	\$		
	Spouse	\$	÷ \$1,000 x	\$. =	\$		
	Children	\$	÷ \$1,000 x	\$	=	\$		
		YOUR MONTHLY COS				Г		
		x 12 =		÷		_ =		
	Your Monthly Cost		Annual Cost	# Paychecks			COST PER	
				per Year			PAYCHECK*	
Additional Benefits								
Life Planning Financial & Legal Resources	to survivors a you upon the master level	nd terminally i death or termin consultants. T ent lifestyles, a	ill employees at no	cost to you covered spou covered spou	This se use. The les need	rvice finan ed to	cial consultants are protect resources,	
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 premi payments will be waived during the period of disability.				ork, your premium			
Retained Asset Account	bearing accou	nt will be estab		ciary's name			count. This interest 1 then write a check	

Limitations/Exclusions/ Termination of Coverage

Suicide Exclusion	Life benefits will not be paid for deaths caused by suicide in the first twenty-four months 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 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. 	

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	<u>Employee</u> : 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.
	<u>Dependent Spouse and/or Child</u> : 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 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; or are 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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