

**Learn about your
benefits: Important
information inside!**

You have 31 days to enroll.

Oberlin College & Conservatory

NEW HIRE

**Don't miss your chance:
Get valuable financial protection now!**

Your benefits package is an important part of your total compensation.

Oberlin College & Conservatory is offering you this coverage:

- Term Life Insurance with Accidental Death & Dismemberment (AD&D)

Please see your Plan Administrator for enrollment details

You have 31 days to enroll.



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$100,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work and meet the eligibility requirements of Oberlin College & Conservatory you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$1,000 increments, up to 5 times your earnings. You can get up to \$100,000 with no health questions. This is your guaranteed issue amount.
Your Spouse	Get up to \$250,000 of coverage in \$1,000 increments. Your spouse can get up to \$25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
Your Children	Get up to \$10,000 of coverage in \$1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$1,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$250,000 of AD&D coverage for your spouse in \$1,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$1,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Worksheet

Calculate your costs

1. Enter the Term Life coverage amount you want.†

2. Divide by the amount shown.

3. Multiply by the rate.

Use the Term Life rate table (at right) to find the rate based on age.

(To get your age, subtract your birth year from your plan year. To determine your spouse rate, subtract the spouse birth year from your plan year. See your plan administrator for your plan effective date.)

4. Enter your monthly cost.

Term Life	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Total cost				

Term Life monthly rate for employee		Spouse monthly rate	Child monthly rate
Age	Per \$1,000 of coverage		Per \$1,000 of coverage
	Tobacco††	Non-tobacco	
15 - 24	\$0.104	\$0.050	\$0.050
25 - 29	\$0.104	\$0.060	\$0.060
30 - 34	\$0.104	\$0.080	\$0.080
35 - 39	\$0.218	\$0.101	\$0.101
40 - 44	\$0.314	\$0.129	\$0.129
45 - 49	\$0.509	\$0.203	\$0.203
50 - 54	\$0.824	\$0.343	\$0.343
55 - 59	\$1.148	\$0.523	\$0.523
60 - 64	\$1.411	\$0.706	\$0.706
65 - 69	\$2.463	\$1.373	\$1.373
70 - 74	\$4.057	\$2.540	\$2.540
75+	\$7.250	\$4.982	\$4.982

1. Enter the AD&D coverage amount you want.†

2. Divide by the amount shown.

3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.

4. Enter your monthly cost.

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$0.036	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$0.036	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$0.036	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$1,000	\$0.036
Spouse	per \$1,000	\$0.036
Child	per \$1,000	\$0.036

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- 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 dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

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.

Life Planning Financial & Legal Resources services, provided by LifeWorks, are available with select Unum insurance offerings. Terms and availability of service are subject to change.

Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Term Life Insurance

Complete this form to enroll. THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Oberlin College & Conservatory

Step 1: Complete your personal information

First name (please print) M. initial Last name 910824-001

Social Security Number Gender Date of birth (mm-dd-yyyy) Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary Occupation Hours worked per week

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you've chosen life coverage over the amount of \$100,000 for you, or \$25,000 for your spouse, please complete an Evidence of Insurability form. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$15,000	
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$20,000	
<input type="checkbox"/> \$100,000 *	<input type="checkbox"/> \$25,000 *	

Want a different amount? \$ \$ \$

AD&D insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.36	<input type="checkbox"/> \$5,000	\$0.18	<input type="checkbox"/> \$5,000	\$0.18
<input type="checkbox"/> \$30,000	\$1.08	<input type="checkbox"/> \$10,000	\$0.36	<input type="checkbox"/> \$10,000	\$0.36
<input type="checkbox"/> \$50,000	\$1.80	<input type="checkbox"/> \$15,000	\$0.54		
<input type="checkbox"/> \$70,000	\$2.52	<input type="checkbox"/> \$20,000	\$0.72		
<input type="checkbox"/> \$100,000	\$3.60	<input type="checkbox"/> \$25,000	\$0.90		

Want a different amount? \$ \$ \$

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. 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, or if I've made an error completing this form.

Signature

___ / ___ / ____
Date

No, I do not want coverage under the Term Life Insurance.

No, I do not want coverage under Accidental Death & Dismemberment.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature

___ / ___ / ____
Date

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

