



Eligibility:

If you have been covered for Long Term Disability benefits under a group LTD plan sponsored by your employer for at least 12 consecutive months* and your employment terminates while insured with Unum Life Insurance Company of America (Unum), you may be eligible to convert and become insured under the Unum Group Long Term Disability Conversion Policy.

*These twelve (12) consecutive months include the time you were insured for group long term disability under both this policy and the former policy it replaced, if any.

To be eligible to convert, your coverage must have ceased due to termination of your employment. If you become insured under another group plan within 31 days after termination and have already applied for conversion coverage you are required to notify Unum.

You will be eligible for insurance on the day your coverage terminates under the group plan.

Some Reasons Why You Cannot Convert:

The conversion privilege is not available to you if:

1. your insurance under the group plan terminates for any of the following reasons:
 - a. the group plan terminates;
 - b. the group plan is amended to exclude from coverage the class of employees to which you belong;
 - c. you no longer belong to a class of employees eligible for coverage under the group plan;
 - d. you retire. (You retire when you receive payment from the employer's retirement plan as recognition of past services, OR you have concluded your working career.)
2. you are or become insured for long term disability insurance under another group insurance plan within 31 days after termination.
3. you failed to pay any required premium due.
4. you are disabled under the terms of the group plan.
5. you recover from a disability and you do not return to work for this employer.
6. you are on a leave of absence.

Monthly Benefits:

Your monthly benefit will be 60% of your last basic monthly earnings with this employer, up to a maximum of \$4,000 (standard) or \$6,000 (with evidence of insurability).

If the benefit percentage and maximum monthly benefit under the former plan are less than the above figures, the participant's coverage under this conversion policy will be equal to the former plan's benefit percentage and maximum monthly benefit.

Premium Rates for LTD Conversion Coverage:

Quarterly rates per \$100 of Monthly Benefit

Age	Quarterly Rate
Less than 25	\$ 1.67
25-29	2.52
30-34	3.87
35-39	5.97
40-44	7.32
45-49	10.80
50-54	17.15
55-59	21.14
60 and over	21.27

Plus a one time non-refundable Application Fee: \$25.00.

How to Calculate Your Premium:

Example: Quarterly premium for an individual age 30 with basic monthly earnings of \$2,000:
 $60\% \text{ of } \$2,000 = \$1,200$; $1,200 \div 100 = 12$; $12 \times \$3.87 = \46.44 .

Quarterly mode is the only premium frequency available. Rates are not guaranteed and may be changed at any time with a 31-day notice.

Premium Worksheet:

A. Current Age _____

B. Quarterly Rate (from premium rate chart, based on your age) _____

C. Your last basic monthly earnings (see #15 on the Conversion Application) under the group plan before termination \$ _____

D. Take 60%* of the last basic monthly earnings \$ _____. If this dollar amount exceeds \$4,000**, your benefit amount will be limited to \$4,000**. Insert \$4,000.

You may apply for a \$6,000 benefit limit by submitting the Evidence of Insurability Application from your employer.

If you apply and are approved, your premium will be adjusted on your next bill.

E. Divide D by 100 = \$ _____

F. Multiply E by B = \$ _____ (This equals your quarterly premium amount.)

When applying for Conversion, please remit the amount in F, plus the \$25.00 non-refundable Application Fee.

*If your group plan's benefit percentage was less than 60%, use the same benefit percentage as the group plan.

** If your group plan's maximum monthly benefit was less than \$4,000, use the same maximum monthly benefit as the group plan.

If you have any questions, you may contact your Unum Sales Office, or call our Customer Services Call Center in Portland, Maine at 1-800-421-0344.

PLEASE NOTE: THIS IS NOT A CONTRACT OF INSURANCE

ONCE APPROVED, COMPLETE DETAILS OF COVERAGE INCLUDING EXCLUSIONS, LIMITATIONS AND BENEFIT REDUCTIONS WILL BE EXPLAINED IN YOUR LONG TERM DISABILITY BENEFITS CONVERSION CERTIFICATE. YOU MUST REVIEW YOUR CERTIFICATE CAREFULLY WHEN YOU RECEIVE IT.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



**APPLICATION FOR CONVERSION OF
LONG TERM DISABILITY INSURANCE**
Unum Life Insurance Company of America
Portland, Maine

PLEASE PRINT OR TYPE ALL INFORMATION

To Be Completed By The Employee

- **If you are currently disabled under the terms of your group policy, you should apply for disability benefits not conversion.**
- To apply for this coverage you must submit this completed application, the \$25.00 application fee and your first quarterly premium to Unum's Home Office. The mailing address is:
Unum Portability/Conversion Unit, 2211 Congress Street, Portland, Maine 04122
- The application must be received by Unum Life Insurance Company of America (Unum) within 31 days after termination of coverage.
- If you become eligible for or covered under any other Group Long Term Disability policy within the 31-day period in which you must apply for this Conversion Privilege, you cannot convert to this coverage.

1.) Name (Last, First, Middle Initial)	2.) Sex <input type="checkbox"/> M <input type="checkbox"/> F	3.) Social Security Number
4.) Home Address (Street, City, State, Zip) and Phone Number		5.) Date of Birth (mm/dd/yyyy)

6.) Group LTD Plan Number _____

7.) Check the maximum monthly benefit you are applying for:

(See your Conversion Facts for further explanation.)

- a. Standard Option = \$4,000
- b. Higher Maximum Option = \$6,000

Option B is only available upon completion of an Application and Evidence of Insurability form and acceptance by the insurance company.

Note: If the maximum monthly benefit amount under the group plan from which you are converting is less than the above, then you will convert to that lesser amount.

The statements above are true to the best of my knowledge and belief, and I agree that they shall form a part of the contract of insurance applied for.

8.) Date At _____ On _____
City and State
MM
DD
YYYY

Signature of Applicant _____

Upon approval of this application, a certificate of coverage will be sent directly to you at the address provided.

Note: Employer MUST complete information required on reverse side.

To Be Completed By Employer

9.) Employer (Firm Name and Division)

10.) Group LTD Plan Benefit %

11.) Group LTD Plan Maximum Benefit

12.) Was the individual covered under your present Group Plan or under a combination of your present and prior Group Plans for at least 12 consecutive months? Yes No

If No, the employee is not eligible for coverage under the terms of the contract.

If yes, the individual's effective date (mm/dd/yyyy):

13.) Is employee's group coverage ending as a result of retirement, leave of absence or disability? Yes No

If yes, the employee is not eligible for coverage under the terms of the contract.

14.) Date employee terminated employment: (The conversion coverage must be applied for and the first quarterly premium paid within 31 days of this date (mm/dd/yyyy).)

15.) Employee's basic monthly earnings at time of termination

\$ _____

16.) Employee's Occupation at time of termination

17.) Reason for Employee termination:

18.) Employer Representative Signature

Date (mm/dd/yyyy)

This Section is not a part of the application for conversion.

Note: Employee must complete the application on the reverse side.

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