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**University System of Maryland  
Policy # 115327**

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

**Your Plan**

**Eligibility**

All regular faculty or staff members who are employed at least 50% of full-time status, and eligible contingent employees (see Policy VII-1.40) in active employment in the United States with the Employer, excluding employees classified as retirees by the University System of Maryland.

**Coverage Amounts**

Your Term Life coverage options are:

Employee: Up to 6 times salary in increments of \$10,000.  
*Not to exceed \$750,000.*

Spouse: Amounts in \$10,000 benefit units as applied for by the employee and approved by UnumProvident not to exceed the lesser of 100% of the employee Life amount of \$150,000.

Child(ren): Live birth to 14 days \$1,000

14 days to 6 months \$1,000

6 months to the end of the year in which they obtain age 22 or to the end of the year in which they obtain age 26 if a full time student: \$5,000 or \$10,000 as applied for by the employee and approved by UnumProvident.

**Guarantee Issue**

If you enroll within 60 days of your eligibility date, you may apply for any amount of coverage up to \$50,000 for yourself, \$20,000 for your spouse and \$10,000 for your child(ren). Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you do not enroll within 60 days of your eligibility date, you can apply for coverage at any time and will be required to furnish evidence of insurability for the entire amount of coverage.

If you enroll within 60 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at anytime during the year.

Please see your Plan Administrator for your eligibility date.

## **Term Life Insurance Coverage Highlights (Continued)**

### **Term Life Coverage Rates**

Rates shown are your Monthly deduction:

Age Band	Employee/Spouse per \$10,000	Child(ren) \$0.30/5,000
- 24	\$00.570	
25-29	\$00.570	
30-34	\$00.570	
35-39	\$00.760	
40-44	\$01.430	
45-49	\$02.280	
50-54	\$03.800	
55-59	\$06.840	
60-64	\$07.220	
65-69	\$12.540	
70-74	\$31.350	
75-79	\$40.190	
80+	\$66.310	

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

### **Insurance Age**

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.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

### **Term Life Calculation Worksheet**

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____	= \$ _____
<b>Total Monthly Cost</b>			= \$ _____

### **Additional Benefits**

#### **Survivor Financial Counseling Services**

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial counselors, all highly trained attorneys, help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the counselor offer or sell any product or service.

#### **Portability**

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.

#### **Accelerated Benefit**

If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$750,000, 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).

## ***Term Life Insurance Coverage Highlights (Continued)***

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### ***Waiver of Premium***

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

### ***Retained Asset Account***

Benefits of \$10,000 or more are paid through the UnumProvident Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

### ***Limitations/Exclusions/ Termination of Coverage***

#### ***Suicide Exclusion***

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after 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 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;

UnumProvident will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

### ***Next Steps***

#### ***How to Apply***

To apply for coverage, complete your enrollment form within 60 days of your eligibility date.

If you apply for coverage after your eligibility date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which will be mailed to your home address. You may also be required to take certain medical tests at UnumProvident's expense.

#### ***Effective Date of Coverage***

Your coverage will be effective on the first of the month coincident with or next following the date you are eligible for coverage, if you apply for insurance on or before that date, for any amount of insurance that is not subject to evidence of insurability requirements. If you apply for coverage within 60 days after your eligibility date, your coverage will be effective on the first of the month coincident with or next following the date you apply, for any amount of insurance that is not subject to evidence of insurability requirements. Any amount of insurance that is subject to evidence of insurability will be effective on the first of the month coincident with or next following the date UNUM approves your evidence of insurability form.

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## **Term Life Insurance Coverage Highlights (Continued)**

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**Delayed Effective Date of Coverage**

Employee: 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.

**Changes to Coverage**

You may purchase additional Life coverage at any time with evidence of insurability and approval by UnumProvident'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 the Client Service Center at UnumProvident by calling 1-866-762-8705.

This plan highlight is a summary provided to help you understand your insurance coverage from UnumProvident. Details may differ from state to state. 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.

Survivor financial counseling services are provided exclusively by The Ayco Company, L.P. The services are subject to availability and may be withdrawn by UnumProvident without prior notice.

*Underwritten by:* **Unum Life Insurance Company of America**, 2211 Congress Street, Portland, Maine 04122, [www.unumprovident.com](http://www.unumprovident.com)  
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