Better benefits at work.

Learn about your benefits: Important information inside!

Pacific Lutheran University

FOR YOU FROM UNUM

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

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

Pacific Lutheran University is offering you this coverage:

- Term Life Insurance

Term LifeInsurance

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.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to $350,000 to meet your growing needs — with no health questions or exams.

What else is included?

Waiver of premium

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

Portability

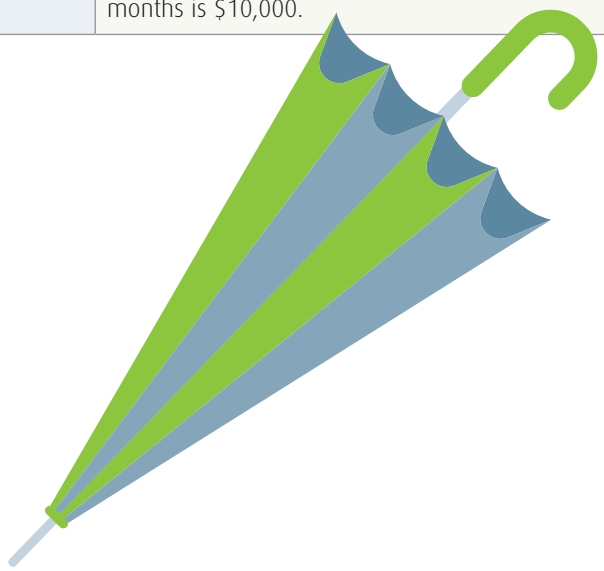
You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

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 at least 1040 hours per year, you may apply for coverage for:

You:	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to $350,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to $50,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to $10,000 of coverage in $10,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 20th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is $10,000.



How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective on 01/01/2021. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2021.)
4. Enter your cost.

	1	2	3	4
Employee	$_____,000	÷ $10,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $5,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $2,500 = $_____	X $_____	= $_____
			Total cost	

Employee monthly rate			Spouse monthly rate	Child monthly rate
Age	Per $10,000 of coverage		Per $5,000 of coverage	$0.180 per $2,500 of coverage
	Tobacco††	Non-tobacco	Cost	
15-24	$0.720	$0.560	$0.160	
25-29	$0.720	$0.560	$0.160	
30-34	$0.720	$0.560	$0.160	
35-39	$0.840	$0.660	$0.180	
40-44	$1.440	$1.140	$0.300	
45-49	$2.400	$1.900	$0.500	
50-54	$4.080	$3.220	$0.860	
55-59	$7.320	$5.800	$1.520	
60-64	$11.900	$8.640	$2.480	
65-69	$18.000	$14.300	$2.480	
70-74	$27.200	$21.600	$2.840	
75+	$40.000	$31.700	$2.840	

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.

Notes

Legal Disclosures

Term Life Insurance

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.

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

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 for you 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 HealthAdvocate, 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 Enrollment Form
— Complete this form to enroll.

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.
If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

☐ Open enrollment ☐ New Empoyee

Step 1: Complete your personal information

First name (please print) | M. initial | Last name | 801771

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

Did you recently become eligible for benefits? (Y/N) | Have you been rehired by your company? (Y/N) | If so, please provide a date (mm-dd-yyyy)

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 previously purchased coverage and are now electing an amount over $350,000 for you or $50,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete Evidence of Insurability. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
☐ $10,000	☐ $5,000	☐ $2,500
☐ $30,000	☐ $15,000	☐ $5,000
☐ $50,000	☐ $20,000	☐ $7,500
☐ $100,000	☐ $25,000	☐ $10,000
☐ $200,000	☐ $30,000	
☐ $350,000 *	☐ $50,000 *	

Want a different amount? ☐ $_____ | ☐ $_____

DETACH AND RETURN THIS FORM

Continued on back >

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

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

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 LifeInsurance**

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

Email: _____

Note: Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.

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.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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