Individual Plan Administration Guide

For additional information please visit our web site at http://www.unum.com/ or http://unum.com/Employers/.

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The Enrollment / Application Process

Unum will provide you with the necessary resources to help establish a successful enrollment/application strategy for your business environment. The strategy may include standard, personalized, or customized materials, training, or on-site resources to help employees understand their benefits and make informed buying decisions.

Determine eligibility

Your Guaranteed Standard Issue Offer (GSI) Letter specifies the employees eligible for individually issued coverage under your Unum IDI plan. Please refer to the Eligibility Section of your Offer Letter to determine who is eligible to enroll/apply for coverage.

Access web-based enrollment materials

Access Unum's web-based request form to request pre-printed enrollment/application materials. The request form is located on the welcome page of this guide. To access the form, follow these steps:

1. Close or minimize the "Enrollment/Application" section of the guide.
2. Click the button titled "Click here to request Multi-life enrollment materials." The button is located under the "Tools" heading on the left side of the welcome page.
3. Complete and submit the form as instructed within the form.

Provide employee information

You will be asked to submit the following information for each eligible employee:

- Your (Plan Administrator) Contact Information
- Employer Information
- Name
- Date of Birth
- Social Security Number
- Home Address
- Job Title
- Date of Hire
- Pay Frequency
- Salary Plus Bonus and Commission (if applicable)

Enrollment periods and deadlines

Eligible employees may apply/enroll for coverage during the application/enrollment period defined in your Offer Letter. Unum must receive signed, dated and fully completed applications/enrollment forms within the defined period before an individual can be approved for coverage via the simplified underwriting process associated with a GSI offer. Employees applying for coverage after the enrollment period will require full medical underwriting.

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Questions

If you have questions regarding employee eligibility or the enrollment material request process, contact your Benefit Advisor or local Unum Service Representative.

Completing enrollment / application Forms

Eligible employees will receive preprinted enrollment/application materials. The following information is required:

- Payroll Deduction Authorization – Sign and Date
- Declination of Coverage – If the Employee does not wish to participate
- Enrollment/Application – Everything that is not pre-filled requires an Employee response. Declaration, Agreement and Authorization – two signatures and dates required – one on the Declaration Section and one in the Authorization Section
- State Specific Forms – Please contact your local Unum Service Representative for information regarding state-mandated forms specific to your state

Check for accuracy and completion

Identifying and correcting information on enrollment/application forms before they reach Unum ensures that employees are properly enrolled and approved for benefits as soon as possible and helps ensure an accurate initial bill.

Submitting the enrollment / application forms

Once enrollment/application materials have been completed, forward them in the pre-addressed postage paid envelope to:

Unum
Attn: IDI New Business
P.O. Box 15009
Worcester, MA 01615

Declining Coverage

Contributory and Non-Contributory Plans

Coverage under your plan could be contributory, non-contributory, or a combination of both.

A **contributory** plan requires an employee to contribute toward some portion of the premium.

A **non-contributory** plan allows the employees to apply/enroll for coverage pre-selected and pre-paid by the employer.

Declination by the Employee

An employee may decline the option to apply for coverage only if it is offered as part of a contributory plan. If an employee declines coverage on a contributory plan and later decides to elect coverage, full medical underwriting is required. Employees covered under non-contributory plans are automatically eligible to apply for coverage; declining coverage is not an option.

Declination by Unum

If an employee with other inforce coverage enrolls/applies for a Unum policy, we may decline the enrollment/application if the combined applied-for and inforce coverage exceeds our issue and participation limits. Available coverage may be reduced in order to adhere to the plan design and other basis of issue stipulations outlined in your Offer Letter, even if the combined amount would not exceed our issue and participation limits.

Employees are also required to meet the "Active-at Work" requirement outlined in your Offer Letter. If an employee is declined coverage due to the Active at Work requirement and applies for coverage at a later time, full medical underwriting will be required.

There may be other requirements for employees. These will be outlined in your Offer Letter and the specific information will be obtained from the employee in the enrollment/application. The Catastrophic Rider and the Lifetime Continuation Option both require simplified underwriting and can be declined even if an employee satisfies the Active at Work requirement.

If you have questions regarding these requirements, contact your local Unum Service Representative.

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Enrollment / Application Period

Please refer to the "Terms and Conditions" section of your Offer Letter to determine the enrollment/application period. Unum will not approve employees for coverage until all forms are signed, dated, fully completed, and approved by underwriting. Applications must be submitted within the specified enrollment dates in order to be eligible for the Guaranteed Standard Issue (GSI) concessions outlined in your offer letter, if applicable.

If you have questions regarding the enrollment/application process, contact your local Unum Service Representative.

New, Existing and Rehired Employees

New Employees

There are certain restrictions to adding newly eligible employees. Please refer to your Offer Letter or contact your benefit advisor or local Unum Service Representative for details.

Existing Employees

Newly eligible employees can apply/enroll for the GSI coverage within the timeframe specified in your Offer Letter. Any existing employees who did not purchase coverage during the initial application/enrollment may apply for coverage with full medical underwriting. Please contact your benefit advisor or local Unum Service Representative for details.

Rehired Employees

If an employee had previously been approved for coverage under your company's GSI offer, but did not retain the policy after leaving the employer, an application with full underwriting may be required at Underwriting Department discretion.

If an employee had previously been approved for coverage using the regular underwriting (full underwriting) process, he/she may apply for new coverage at any time. Coverage will not become effective until and unless the full underwriting process is complete and Unum approves the application.

If an employee retained his or her policy on an individual basis after leaving the employer, the employer may pay for the policy by adding it to the employer's premium notice.

Please contact your benefit advisor or local Unum Service Representative for details.

Issuing and Distributing Policies

All list bill IDI policies are mailed from Unum to the benefit advisor, employer or local Unum Service Representative for delivery, or they can be mailed directly to the insured individuals (depending on state requirements.) If the employer received a GSI underwriting offer that was predicated on the employer reaching a minimum level of employee participation in the program, insurance policies may or may not be issued and mailed depending on whether the minimum participation requirement is satisfied. Please contact your benefit advisor or local Unum Service Representative if you have questions regarding the impact of employee participation levels on your case.

Mailing in Amendments/Riders

An Amendment or Rider is a formal document changing an answer to an individual's application for insurance coverage or changing the provisions of an insurance policy. Please mail signed amendments in the self-addressed envelope provided with the Amendment/Rider. Please do not include signed Amendments/Riders with your premium payments.

Please contact your benefit advisor or local Unum Service Representative with questions.

Adding Subsidiaries, Divisions and Affiliates

If your company is adding a new subsidiary, division, affiliate, or location, notify your Unum Service Representative and provide the following information.

- Name of division, subsidiary, and affiliate
- Location
- Contact name, phone number and address
- Number of lives
- Need for separate billing divisions set-up
- Where to send enrollment materials (e.g. - Employee homes, Employer address)
- A census of employees at the new subsidiary, division, affiliate, or location with the following information:
  - Name
  - Social Security Number
  - Date of Birth
  - Date of Hire
  - Home Address
  - Work Address
  - Salary Plus 2 year average of incentives
  - Job Title

When this information has been received, pre-printed enrollment/application materials will be sent to the appropriate recipient for completion.

If you have questions regarding adding a new subsidiary, division or affiliate or new location, please contact your local Unum Service Representative.

Policy Ownership Rights

The purpose of IDI policies is to help provide income and/or financial protection to the disabled insured individual under the terms of the contract. The principal ownership right of an individual policy is the right to receive benefits payable under the policy. Thus, the implied "beneficiary" of the policy is the insured employee who is also the policy owner.

The premium for an individual policy purchased through an employer-sponsored plan may be paid by the employer, the employee, or a combination of both. The owner or beneficiary of the policy may not always be the same as the premium payer. Your insured employee is the owner of his or her policy even if you, the employer, pay some or all the premium. Only the owner of an individual policy is entitled to information concerning the contents of the application for a policy and the policy's benefits, or to make changes to that policy.

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Name and Address Changes

Name Changes

Employee name changes require written request, via email or postal mail, with reason for change. For assistance, please contact your Multi-Life Case Administrator toll-free at 1-(800)-633-7490 for IDI policies

Address Changes

Employee resident address changes can be made by phone, e-mail or postal mail. For assistance, please contact your Multi-Life Case Administrator toll-free at 1-(800)-633-7490 for IDI policies.

Removing Ratings or Exclusions

Ratings are the premium increase attached to substandard risks. Exclusions (waivers) are specified conditions or circumstances, listed in the policy, for which the policy will not provide benefits, or which defines benefit period.

A fully completed Policy Change application should be submitted by the policy owner to request the removal of a rating or exclusion. While such a request requires underwriting approval, all past and current medical history must be considered when evaluating the reconsideration request.

Removal of a tobacco rating will be considered if the insured has not used tobacco in the last 12 months. (Tobacco means cigarettes, cigars, snuff/dip/chew, pipe or Nicotine Delivery Systems.) Please call our Customer Service Call Center at 1-800-799-0990 to obtain an administrative change form to request removal of a tobacco rating. Note that the request must include the date of last tobacco use. A urinalysis may also be required to approve this change.

If a request for reduction or removal of a rating or exclusion is approved, Unum will notify the policy owner, amend the policy by amendment or rider, and/or adjust the premium accordingly. Any premium reduction will be reflected on your list bill. Ratings and exclusions do not apply to GSI. Please contact your local Unum Service Representative or benefit advisor for assistance.

Terminations/Continuation of Coverage

Unum requests prompt notification of all terminating employees. A policy owner's individual coverage continues after leaving the employer provided the policy owner continues to pay the premium. Upon receiving notification of each terminated insured employee, your Billing Representative will remove the individual from your List Bill premium notice.

To notify Unum of terminating employees, simply make a note on your premium billing statement (the termination date on Employer paid cases, last payroll deduction date for Employee paid cases, and current resident address) or contact your Billing Representative with that information within 30 days of termination. This enables us to contact former employees and notify them of the option to continue their valuable coverage provided premiums are paid on time. We will refund overpaid premium according to the terms of your plan.

Unum will contact the employee by letter at the residence address of record advising of his/her continued coverage provided the employee begins paying the premium directly.

Payment options available include monthly bank withdrawal via preauthorized check (PAC) or quarterly, semi-annual or annual direct billing.

Discounts received on individual policies may be transferable if terminated employees choose to pay their premiums on an individual payment basis. Please contact your Billing Coordinator, Customer Account Representative, or local Unum Service Representative regarding employee terminations and the status of discount portability.

Reinstatement

A reinstatement places a policy back in force at its original premium rate after the policy has lapsed due to non-payment. Your Unum policies allow for automatic reinstatement of the policy as originally issued without additional evidence of insurability if the required premium is paid within the contract grace period (usually 30 days from the due date for IDI plans.

If payment is not received within 61 days after its due date for IDI, a reinstatement application is required for each individual policy involved. These reinstatement applications are subject to underwriting approval before a policy can be reinstated. All past premium must be submitted with the reinstatement application in order for it to be considered.

Please contact your benefit advisor, the Unum Customer Service Call Center or your local Unum Service Representative for assistance with reinstatement applications.

Leave of Absence

At times, one or more of your covered employees may be on a temporary leave of absence. During such times, the employee's policy will continue in force as long as the premium is paid on time. If you continue to remit premium payments on behalf of the employee on leave, there is no need to notify Unum of the leave of absence.

Employee's on-leave also have the option to pay the required premium monthly by check in accordance with your company's current billing frequency. You or the employee can remit the payment directly to Unum. All personal premium checks should include the insured's policy number and group name. A premium notice will not be sent to the insured. As long as premiums continue to be paid by you or the employee directly, the employee's name will be on the premium notice sent to the employer. Please refer to the Helpful Contact Information page for mailing addresses.

Please notify us of any employee on Leave of Absence who chooses to pay premium directly to Unum. You can do so by indicating on your premium remittance documentation/notice how your employee will be sending his/her premium payments.

Please contact your Multi-Life Case Administrator, Billing Representative, or local Unum Service Representative if you have any questions.

Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act of 1993 (FMLA) requires employers with 50 or more workers to allow employees to take up to 12 weeks off without pay for:

The birth of a child
The placement of a child for adoption or foster care
The care of a family member (child, spouse, or parent) with a serious health condition
An employee's own serious health condition

Under FMLA guidelines, employees may continue employer sponsored coverage through timely premium payment. Unum allows premium payment from either you or the employee directly to our company. All personal premium checks should include the policy number and group name.

As long as premiums continue to be paid by you or by or your employee, the employee's name will be on the premium notice sent to your group. A premium notice will not be sent to the employee.

Please notify us if an FMLA absence applies to any of your covered employees. You can do so by indicating on your premium remittance notice how your employee will be sending his/her premium payments.

Please contact your Multi-Life Case Administrator, Billing Representative, or local Unum Service Representative if you have any questions.

Not all products, product features and services are available in all states.

Lifetime Continuation Provision

If your coverage includes the Lifetime Continuation Provision, insured individuals between the ages specified in your Offer Letter and policy are allowed to exchange IDI coverage for a Unum Individual Long Term Care insurance policy from the current Unum portfolio of products.

The Lifetime Continuation Provision is called “Purchase Option Guarantee” in Texas and “Option to Exchange” in California.

Please contact your benefit advisor, Unum Customer Service Call Center or local Unum Service Representative for assistance when an insured employee wishes to exercise this option.

Guaranteed Coverage Increase (GCI)

Guaranteed Coverage Increase is an agreement between the employer and Unum, which allows the purchase of additional insurance every year without additional evidence of medical insurability. It is available to most groups whose coverage has been issued under a GSI offer.

There is no charge to add this benefit; however, there is a charge associated with each increase exercised under the agreement. At the case level, employers may elect to forego obtaining annual GCI increases one time. Any subsequent decisions to forego this extra-contractual benefit will lead to its removal from the GSI offer. On non-contributory offers, increases must be applied to all within the group who are eligible. On contributory offers, the decision to accept an increase is left to the discretion of the individual policyholder, however, those eligible who choose not to accept an increase will not be eligible for future GCIs.

Increases are based on each employee’s percentage increase in income from the previous year, subject to the terms of the GSI plan design. The additional premium for each employee’s increase in coverage will be based on Unum’s rate currently in effect for each insured’s age for his/her policy at the time the GCI is exercised.

Please contact your local Unum Service Representative with questions.

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Contact Information

INFORCE CUSTOMER SERVICE	
Individual Disability	
*Provident & NY Life	800-633-7490 option 3
*UNUM	800-227-8138 option 3
*Paul Revere	800-799-0990 option 3
CUSTOMER CARE (CLAIMS)	
Individual Provident Life- (Multi-life & IDI)	800-874-7496
Individual Disability Unum- (LDP & ILTC)	800-228-4568
Individual Paul Revere Life- (IDI)	800-519-4571
Tax ID Numbers	
Provident Life & Accident:	62-0331200
Unum Life Insurance Company of America	▪ 04-3376070 (third party sick pay [i.e. W-2s for STD, LTD]) ▪ 01-0278678 (1099 tax reporting and Schedule A's
Unum Group NAIC	62-235
First Unum (NY only):	04-3376059(third party plans)
	13-1898173
Paul Revere	04 150004

HOME OFFICE ADDRESSES		
One Fountain Square Chattanooga, TN 37402 PH: 800-635-5597	2211 Congress St Portland, ME 04122 PH: 207-575-2211	One Mercantile Street Worcester, MA 01608 PH: 800-633-7490

BILLING LOCKBOXES		
Provident Life and Accident Retail Lockbox Department P.O. Box 740592 Atlanta, GA 30374-0591	First Unum Life Insurance Co. PO Box 740591 Atlanta, GA. 30374-0591	The Paul Revere Life Insurance Co. PO Box 740590 Atlanta, GA 30374-0591

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Individual Disability insurance (IDI) Policies – Provident Label

The Billing Representative

Your account is assigned to a Billing Representative. The Billing Representative will monitor and reconcile statements and provide assistance with any billing questions you may have. Please feel free to contact your Billing Representative toll-free at 1-800-633-7490 between the hours of 8:00 AM – 4:45 PM EST, Monday through Friday.

The Multilife Case Administrator

Your account is also assigned to a Multilife Case Administrator (MLCA). The MLCA will work closely with Sales and Underwriting during the implementation process to ensure accurate billing information is collected and entered into the billing system. The MLCA will prepare and deliver the Payroll Deduction file for employee paid cases. The Billing Coordinator will also prepare and deliver the Initial Bill. Should you have any questions related to these items, please contact your MLCA toll-free at 1-800-633-7490 option 3 between the hours of 8:00 AM – 4:45 PM EST, Monday through Friday.

Invoice Options

- Paper
- E-bill (Electronic invoice delivered via E-mail protected by WinZip)
- I-Services E-Billing (Invoice placed on secure website for client download.)
- FTP (Files delivered from Unum server to Client server via file transfer protocol. Encrypted and protected by PGP. Contact MLCA if desired.) Eligibility required and will be determined by MLCA.

We are flexible in creating a premium invoice method that works best for you. The following billing frequencies are available:

- Monthly
- Quarterly
- Semi-Annual
- Annual

Billing sequence options are available:

- Names in Alpha Sort
- Employee Identification Number Sort
- Social Security Number Sort (Not available with Paper invoice)
- Policy Number Sort

If you require your invoice to be subdivided by division, agency or department, we can establish this for you by assigning a different list bill number to each division, agency, or department. Please contact your MLCA.

Payroll Deduction

If your account is employee paid, the employer (or third party administrator) will be responsible for administering the collection of premium through payroll deduction. The total premium collected at the end of the deduction period should be remitted to Unum.

Invoices for employee paid accounts are generated monthly or weekly depending on product/coverage. Based on your actual payroll cycle (i.e. weekly, bi-weekly, semi-monthly), Unum will exactly match the deduction amounts so that your monthly bills reflect the total amount that has been deducted.

Unum bills a month in advance of the bill due date. As a result, payroll deductions must begin one month prior to the Billing date of the applicable policy. If an Employee is not approved for coverage immediately and must undergo a longer Underwriting process, Underwriting will issue the policy with a future billing effective date upon approval. This allows us to provide the payroll deduction file to the Plan Administrator by his/her deadline in order for deductions to begin one month prior to the Billing date. Delayed deductions may affect billing administration.

Instructions for Premium Remittance

Premium payments must be received by the due date printed on each premium invoice. If payments are not received within 31 days of this date, policies will be considered in the grace period.

Prompt payments help ensure that all changes you have made to the invoice are processed and correct on your next billing statement. If the premium that you are remitting does not exactly match the amount due on your invoice, you will need to provide us with documentation to help us credit your payment correctly for each of the policies included on that invoice.

Remittance of full payment is expected. Partial payments may be returned. Please send, with your payment, the premium notice with any changes or instructions clearly noted.

Should you have any problems meeting your due date, please contact your Billing Representative through our Customer Service Call Center or your local Unum Service Representative.

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Newly Covered Employees

After the policy has been issued, addition(s) are added to the employer's list bill renewal premium notice. It is therefore possible that a newly covered employee in Employer paid accounts will owe premium for two or more months by the time you receive a bill. All prior premiums will be annotated on the billing. For employee paid cases, the policy will be given the next billing date in order to allow the employer sufficient time to properly deduct for the premium that will be due.

If a newly covered employee does not show up on the premium notice from us, please contact your Billing Coordinator.

Overpayments and Refunds

Premium refunds may be in order if you inadvertently paid for a terminated Employee on a past billing. Please note these on your next premium notice by marking a 'T' and the cancellation date, or last deduction date next to the individual's name in the 'Reason' section on the invoice.

If a refund is due for a terminated policy, the refund check will be made payable to the employer if the employer pays fifty percent or more of the premiums. The employer will be responsible for distribution of any refund to an employee.

If the employee pays 100% of the premium, a refund check will be made payable to the employee and will be mailed to the Employee's home address. Please help us keep our files current by providing changes in resident addresses for terminated employees on premium notice or fax the information to our Policy Change Unit at 1-423-755-8924.

If employer paid on a monthly basis, credits may be added to your billing, instead of refunds, thus creating an adjusted amount due that will be reflected on your next premium notice. If employee paid, overpayments will be refunded to the employee.

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Combined Billing

We have the ability to include Provident label policies on certain existing Paul Revere and Unum List Bills (combined billing). Customers will receive one bill for all policies, which can be paid with one check and sent to one location.

Excel (.xls), delimited file format – comma (.csv), tab (.txt) or space (.prn) are delivered electronically via email, FTP, Unum's iServices, secure site/customer server or mainframe-to-mainframe using specific formatting. Paper bill with summary cover sheet is also available.

Traditional administration (i.e. employee terminations or additions) will be handled in the respective IDI area, as processed today. Billing or administrative questions should be directed to *1-800-633-7490 option 3*.

In order to qualify for Combined Billing, there must be an existing Paul Revere, Provident and/or Unum List Bills with a combined total of 500 lives or more.
IDI Administration providing all criteria are met will approve requests for Combined Billing from Policyholders, Brokers, Field Offices or Underwriting. Requests can be submitted to your current IDI Billing contact or through the 800# call center.

Premium payments submitted on combined cases will be processed through the Unum lockbox facility (First Union Bank). In the event the case is not paid as billed, the appropriate premiums will be transferred internally for crediting, and the necessary action taken to make any adjustments as indicated.

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Individual Disability Insurance (IDI) - Paul Revere Label

Invoice Options

We are flexible in creating a premium invoice method that works best for you. The following billing frequencies are available:

- Monthly
- Quarterly
- Semi-Annual
- Annual

We can also provide payment information for 24, 26, 52-week pay cycles.

The billing medium preferred by most customers is a traditional “paper bill” sent by regular mail. In addition to the traditional paper billing, the following electronic billing methods may be available:

- Internet file transfer
- Internet e-mail attachements (Excel)
- Mainframe-to-Mainframe transfer
- 3.5” diskette

Under any of the electronic formats, we can provide a changes only bill.

Instructions for Billing Changes

To keep your billing accurate, it is important that you notify us of changes among your employees, such as change of address or termination of employment, as soon as they occur. Instructions for billing changes are included with each bill. Therefore, it is extremely important to submit a copy of your bill with the changes to be made, along with your premium.

Billing changes should be reflected in the “Change Code” column of your bill. Changes will be reflected on your next bill if we receive your request at least ten days prior to the next billing date.

Please use the designated codes listed on the Instructions for Billing Changes. If none of the listed codes fit the adjustment you need, please note the change needed in the “Comments” section.

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Lifelong Disability Protection (LDP) - Unum Label

Invoice Options

We are flexible in creating a premium invoice method that works best for you. The following billing frequencies are available:

- Monthly
- Quarterly
- Semi-Annually
- Annually

We can also provide payment information for 24, 26, 52-week pay cycles.

There are several categories of billing alternatives:

- List Bill
- Direct Bill
- Automatic Payment Plan
- Electronic Funds Transfer

The following methods of transmission may be used:

- Paper bill
- 3.5” diskette
- Internet E-mail attachements (Excel ; encryptions available)

You have been assigned a Customer Account Representative who will work with you on billing questions or issues. Please contact this representative toll-free at 1-(800)-633-7490 option 3 any time you have questions or concerns regarding your billing.

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List Bill

The collection of premium and remittance to us is the responsibility of the employer. A premium statement will be mailed to the employer based on the frequency selected: monthly, quarterly, semi-annually and annually.

Your premium statement will list names of insured employees under one master account, the premium due for each, any adjustments from your prior statement and the total premium due. Premium billing statements are mailed 20 days prior to the due date.

Direct Bill

For this billing method, the insured employees pay premiums. No premium bills are sent to the employer under the Direct Bill method. If your plan allows for this method, individual premium bills are sent directly to the address selected by each insured employee (typically resident address) based on the billing frequency selected by the employee.

Automatic Payment Plan (Also referred to as pre-authorized checking or PAC)

For the PAC method, an automatic monthly withdrawal is set up under the employee's checking account. The employee completes a Pre-Authorization form and provides a voided check in order to authorize and initiate this payment plan. Once the automatic withdrawal is established, the employee will not receive a bill. Premium will be deducted monthly from the checking account.

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Individual Disability Insurance (IDI) Integrated Claim Process

Unum's Disability Integrated Claim Process provides unified administration of all disability claims for one insured. In the event the insured is covered by more than one disability policy with Unum, that insured will have one point of contact regarding the management of his/her claims. The insured is required to complete only one claim form. When additional information is required, it is requested only once; all information received on the claim is shared across policies.

How to Obtain Forms

Forms can be ordered from Unum by:

- using the Client Forms Requisition
- calling 1-800-421-0344, or in New York 1-800-356-5817 or
- downloading from the Unum.com Benefits Managers site.

To access forms from current page, follow these steps:

1. Using the Forms and Materials tab found on the Welcome page, select "view, print." Clicking on this option will display a form selection screen.
2. On the left hand side of the web page there are two ways to locate the form needed:
    - Using the Forms and Reference Material Wizard, choose coverage type, and then category and state. Next, select a product and then choose the correct form from the list that displays; **or**
    - Go directly to the form by entering the form number in the Form Number field and clicking "GO."

Notifying Unum of a Claim

Unum's Benefits Center is committed to providing prompt, courteous, fair and accurate claim service. You can assist your employees who submit claims to us and expedite the claim process by immediately notifying our Benefits Center when an employee becomes disabled. Unum will promptly send a claim form directly to the insured for completion by himself or herself and the attending physician, or the insured's legal representative.

Depending on the specifics of the individual claim, the employer may be asked to provide information as part of the claim process. The employer may also be asked to participate in coordinating plans to help the employee return to work, if possible. In these situations, you will be contacted by the Benefits Center or by other resources working with the Benefits Center.

To report a claim or ask questions, you or your insured employee can contact the Benefits Center toll-free at 1-(800)-633-7479 for IDI plans.

Waiver of Premium Benefit

Some Unum policies provide a "Waiver of Premium" benefit. This means that premiums are not due while an insured is receiving benefit payments. Once the Disability Benefits Specialist assigned to the claim has determined that an insured has met all policy requirements to be eligible for waiver of premium, the specialist will notify our billing department.

Premiums will continue to be included on your premium notice until the "Waiver of Premium" status has been established. Please continue to remit payments during that time. If premiums have been paid beyond the waiver qualification date, a refund check will be made payable to the employer.

Refund checks will be made payable to the insured unless the premium is employer paid, in which case the refund check will then be made payable to the employer. Once the waiver has been established, the insured will be listed on your bill with a "$0" balance due.

When an insured is no longer eligible for Waiver of Premium, his/her premium will be billed on the next scheduled premium notice. It may be necessary to pay one or more premiums to bring the insured's policy current.

Please contact the Unum Customer Service Call Center toll-free at 1-(800)-799-0990 with any questions.

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ERISA Procedures for Disability Claims

The Employee Retirement Income Security Act of 1974 (ERISA) applies to employee welfare or benefit plans that are established or maintained by employers to provide certain benefits to their employees. Disability benefits are one type of plan that may be subject to ERISA. You and your legal counsel should make a determination of whether your plan is subject to ERISA guidelines.

A summary of the procedures mandated by ERISA, effective for all disability claims filed on or after January 1, 2002, is outlined below for your information and records. For such claims, the new procedures supersede any claim procedures contained in the current policy, certificate or summary of benefits issued in connection with your disability insurance program.

The ERISA regulations require that a description of the plan's procedures be included as part of the summary plan description provided to plan participants. You should distribute to each plan participant such a summary, or a communication that you and your legal advisor believe is compliant with the new regulations as soon as possible. If you typically distribute ERISA certificates to plan participants electronically, using Department of Labor (DOL) guidelines, you may distribute this summary electronically as well.

If you have questions regarding a specific claim or appeal, please contact Unum's Benefits Center. For general questions ERISA, please contact your local Unum Service Representative.

ERISA Supplemental Summary Plan Description (SPD):

Procedures for Disability Claims and Appeals

How to File a Claim

If you wish to file a claim for benefits, you should follow the claim procedures described in your individual insurance policy or certificate. Unum must receive a completed claim form. The form must be completed by you, your attending physician and your employer. If you have any questions about what to do, you should contact Unum directly at 1-(800)-633-7479 for IDI plans.

Claims Procedures

[Unum] will give you notice of the decision on the claim no later than 45 days after it is filed. This time period may be extended twice by 30 days, if [Unum] [both] determines that such an extension is necessary due to matters beyond the control of the plan and notifies you of the circumstances requiring the extension of time and the date by which [Unum] expects to render a decision.

If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the required information, and you will be afforded at least 45 days within which to provide the specified information. If you deliver the requested information within the time specified, any 30-day extension period will begin after you have

provided that information. If you fail to deliver the requested information within the time specified, Unum may decide your claim without that information.

If your claim for benefits is wholly or partially denied, any notice of adverse benefit determination under the plan will;

A. State the specific reason(s) for determination;
B. Reference specific plan provision(s) on which the determination is based;
C. Describe additional material or information necessary to complete the Claim and why such information is necessary;
D. Describe plan procedures and time limits for appealing the determination, and your right to obtain information about those procedures and the right to sue in federal court; and
E. Disclose any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or state that such information will be provided free of charge upon request).

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Appeal Procedures

You have 180 days from the receipt of Notice of an adverse benefit determination to file an appeal. Requests for appeals should be sent to the address specified in the claim denial. A decision on review will be made no later than 45 days following receipt of the written request for review. If Unum determines that special circumstances require an extension of time for a decision on review, the review period may be extended by an additional 45 days (90 days in total). We will notify you in writing if an additional 45-day extension is needed.

If an extension is necessary due to your failure to submit the information necessary to decide the appeal, the notice of extension will specifically describe the required information, and you will be afforded at least 45 days from receipt of the notice to provide the specified information. If you deliver the requested information within the time specified, the 45-day extension of the appeal period will begin after you have provided that information. If you fail to deliver the requested information within the time specified, we may decide your appeal without that information.

You will have the opportunity to submit written comments, documents, or other information in support of your appeal. You will have access to all relevant documents as defined by applicable U.S. Department of Labor regulations. The review of the adverse benefit determination will take into account all new

information, whether or not presented or available at the initial determination. No deference will be afforded to the initial determination.

The review will be conducted by Unum and will be made by a person different from the person who made the initial determination. Such person will not be the original decision maker's subordinate. In the case of a claim denied on the grounds of a medical judgment, we will consult with a health professional with appropriate training and experience. The health care professional who is consulted on appeal will not be the individual who was consulted during the initial determination or a subordinate. If the advice of a medical or vocational expert was obtained by us in connection with the denial of your claims, we will provide you with the names of each such expert, regardless of whether the advice was relied upon.

A notice that your request on appeal is denied will contain the following information:

A. the specific reason(s) for the appeal determination;
B. a reference to the specific plan provision(s) on which the determination is based;
C. a statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or a statement that such information will be provided free of charge upon request);
D. a statement describing your right to bring a civil suit under federal law;
E. a statement that you are entitled to receive, upon request and without charge, reasonable access to or copies of all documents, records or other information relevant to the determination; and
F. a statement that "You or your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what options may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

Not all products, product features and services are available in all states.

GLB Privacy Notice

A federal legislation was enacted and later called Gramm-Leach-Bliley Act of 1999. Also known as GLB, this is a new model privacy regulation adopted by the National Association of Insurance Commissioners (NAIC). GLB requires financial institutions, including insurance companies, to adopt various privacy practices to protect the confidentiality of customers' nonpublic personal information. In September 2000, the NAIC adopted a regulation that provides state insurance regulators with a model by which to implement the privacy provisions of GLB. To conform to this regulation, Unum will be sending a copy of their Privacy Notice practices to each insured.

This mailing will occur annually on or around the policy anniversary.

Not all products, product features and services are available in all states.

Helpful Telephone Numbers

Customer Service Call Center:	IDI - 1-800-799-0990
Billing:	IDI - 1-800-633-7490 option 3
Customer Care (Claims):	IDI - 1-800-633-7479