

# Group long term care Plan administration guide

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### **Enrollment Process**

**This section applies to you if your employees pay all or part of the cost of their Unum \* benefits.**

Your contract specifies the employee group(s) or class(es) of individuals eligible for coverage under your Unum contract. Please refer to the Eligibility Section of your contract to determine who is eligible for coverage.

After determining your plan's eligibility, distribute a packet of enrollment forms and any additional state required forms to eligible employees on the first day of employment or as soon as they become eligible for coverage. These employees are entitled to enroll themselves (and their eligible spouse, if your contract allows) for coverage within the enrollment period after your company's specified waiting period ends. For an individual to be covered, we must receive all signed, dated and fully completed forms within the enrollment period window. For employees who do not apply for coverage within the enrollment period window and who wish to apply, please refer to your Unum contract for details.

Please refer to your Unum contract for additional information on delayed effective dates.

Employees not meeting the definition of an eligible employee (including working the minimum number of hours) will not be eligible for coverage.

**\*Throughout this guide Unum is sometimes referred to as “we” or “us” or “our.”**

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### **How to Complete Enrollment**

When enrolling new employees, Unum needs the following information for each employee:

- Employee name and address
- Employee Social Security Number & Spouse Social Security Number, if applicable
- Employee Date of Birth & Spouse Date of Birth, if applicable
- Date of Hire
- Coverage(s) selections
- Spouse coverage, if applicable
- Enrollment Form signed within the enrollment period
- Group policy number, and division and class, if applicable
- Applicable state required forms
- Group Long Term Care Insurance Application / Evidence of Insurability, if applicable

Be sure to keep copies of the forms and other documentation for your files.

Please review the forms for accuracy and completeness and attach any necessary documentation. Please forward the materials to:

Unum  
Group Long Term Care  
2211 Congress Street  
Portland, ME 04122

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### **Declining Coverage**

**Pay special attention to situations when employees decline coverage.** Coverage under your contract could be employer funded, voluntary, or a combination of both.

**A voluntary plan requires an employee to pay all, or a portion of, the premium. An employer funded plan provides employees with coverage pre-selected and paid for by the employer.**

Employees covered under employer funded plans are automatically covered; declining coverage is not an option.

An employee may decline coverage only if it is offered as part of a voluntary plan. If an employee declines coverage on a voluntary plan and later decides to elect coverage, we will require satisfactory Evidence of Insurability. Please refer to additional information on Evidence of Insurability in the Employee Changes section.

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## **New and Rehired**

When new employees join your company or are rehired, please assist them in completing the enrollment process.

If your contract has a waiting period, refer to your contract to determine if there is a Rehire Provision and if prior service is applicable toward the waiting period.

### **When Coverage Begins (unless otherwise stated in the contract):**

#### **For policies with effective dates through December 1, 1998:**

##### **For an Active Employee**

**Coverage which does not need to be applied for will begin at 12:01 a.m. on the later of:**

the Policy effective date; or

the first day of the month on or next following the month in which the employee becomes eligible for coverage.

**Coverage applied for within the employee's first enrollment period that does not exceed evidence of insurability limits will begin at 12:01 a.m. on the later of:**

the policy effective date; or

the first of the month on or next following the month in which the employee applied for coverage.

**Coverage applied for within the employee's first enrollment period that does exceed evidence of insurability will begin at 12:01 a.m. on the later of:**

The policy effective date if we approve the employee's application for Long Term Care Insurance on or before that date: or

the first of the month after we approve the employee's application for Long Term Care Insurance.

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**For GLTC04 Series Policies:**

**For an Eligible, Active Employee Who Has Satisfied the Waiting Period**

**Coverage which does not need to be applied for will begin at 12:01 a.m. on the later of:**

the Policy effective date; or

the day after the employee completes the waiting period.

**Coverage applied for within the employee's first enrollment period that does not exceed evidence of insurability limits will begin at 12:01 a.m. on the latest of:**

the policy effective date; or

the day after the employee completes the waiting period, or

the day the employee applied for coverage.

**Coverage applied for within the employee's first enrollment period that does exceed evidence of insurability will begin at 12:01 a.m. on the latest of:**

the policy effective date if we approve the employee's application for Long Term Care Insurance on or before that date: or

the day after the employee completes the waiting period, or

the day we approve the employee's Application for Long Term Care Insurance.

**Coverage applied for after the employee's first enrollment period will begin at 12:01 a.m. on:**

the day we approve the employee's Application for Long Term Care Insurance.

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**For all other policies:**

**For an Active Employee**

**Coverage which does not need to be applied for will begin at 12:01 a.m. on the later of:**

the Policy effective date; or

the first day of the month on or next following the month in which the employee becomes eligible for coverage.

**Coverage applied for within the employee's first enrollment period that does not exceed evidence of insurability limits will begin at 12:01 a.m. on the later of:**

the policy effective date; or

the first of the month on or next following the month in which the employee applied for coverage.

**Coverage applied for within the employee's first enrollment period that does exceed evidence of insurability will begin at 12:01 a.m. on the later of:**

The policy effective date if we approve the employee's application for Long Term Care Insurance on or before that date: or

the first of the month after we approve the employee's application for Long Term Care Insurance, if approval is between the first and the fifteenth of the month; or

the first of the second month after we approve the employee's application for Long Term Care Insurance, if approval is between the sixteenth and the end of the month.

**Coverage applied for after the employee's first enrollment period will begin at 12:01 a.m. on the later of:**

the first of the month after we approve the employees application for Long Term Care insurance, if approval is between the first and the fifteen of the month; or

the first of the second month after we approve the employee's application for Long Term Care insurance, if approval is between the sixteenth and the end of the month.

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**For policies with effective dates through December 1, 1998:**

**For the spouse of an Active Employee:**

Coverage applied for will begin at 12:01 a.m. on the later of :

the policy effective date if we approve the spouse's application for Long Term Care Insurance on or before that date; or

the first of the month after we approve the spouse's application for Long Term Care insurance.

**For GLTC04 Series Policies:**

**For the spouse of an Active Employee:**

Coverage applied for will begin at 12:01 a.m. on the later of :

the policy effective date if we approve the spouse's application for Long Term Care Insurance on or before that date; or

the day we approve the spouse's application for Long Term Care insurance.

**For all other policies:**

**For the spouse of an Active Employee:**

Coverage applied for will begin at 12:01 a.m. on the later of :

the policy effective date if we approve the spouse's application for Long Term Care Insurance on or before that date; or

the first of the month after we approve the spouse's application for Long Term Care Insurance, if approval is between the first and the fifteenth of the month; or

the first of the second month after we approve the spouse's application for Long Term Care Insurance, if approval is between the sixteenth and the end of the month.



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**Annual Enrollment** (your contract may include a defined annual enrollment period)

If you have annual enrollment language in your contract, your Unum Service Representative will work with you to develop an annual enrollment strategy to support your plan. Enrollment forms will be sent to you based on the agreed upon annual enrollment strategy. The forms will outline the available benefit choices. The forms can be used to help employees make changes to their coverage.

There are several important points you need to be aware of regarding annual enrollment:

- Requested changes for dependents who are disabled will not take place until they are no longer disabled.
- During an annual enrollment or when a Change in Status occurs, employees may increase their coverage only if Evidence of Insurability requirements indicated in your Unum contract have been met.
- Requested changes for employees who are not actively at work or are disabled will not take place until they return to active employment status.
- It is your responsibility to distribute the annual enrollment forms to your employees.

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

### **Confirming Elections**

Enrollment forms are completed during:

- Enrollment of New Hires or Newly Eligible Employees
- Annual enrollment (if applicable)
- Throughout the Year

Once the coverage applied for is approved, Confirmation or Schedule of Benefits forms\* are generated for the newly covered participant.

When you receive confirmation forms, it is important that you distribute the Confirmation or Schedule of Benefits forms immediately for your employees' review.

\* Name of form may differ according to contract.

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**Step Action – Enrollment Process**

**EMPLOYER FUNDED PLANS - EMPLOYER PAYS PREMIUM**

**Plan Administrator's Role**



All employees are automatically covered, if eligible. Therefore, you are not required to obtain completed enrollment forms for these employees. However, you will need to report all pertinent information on the invoice, the add/term worksheet or through the Customer Contact Center to ensure accurate bill and claims administration. Pertinent information is as follows:

- Employee Name
- Social Security Number
- Date of Birth
- Date of Hire/Rehire Date
- Class/Occupation, if applicable
- Spouse information will need an enrollment form



Report this information to Unum.

- On your Invoice or
- On the Long Term Care Add/Term Worksheet



Please refer to your Unum contract for additional information on delayed effective dates.



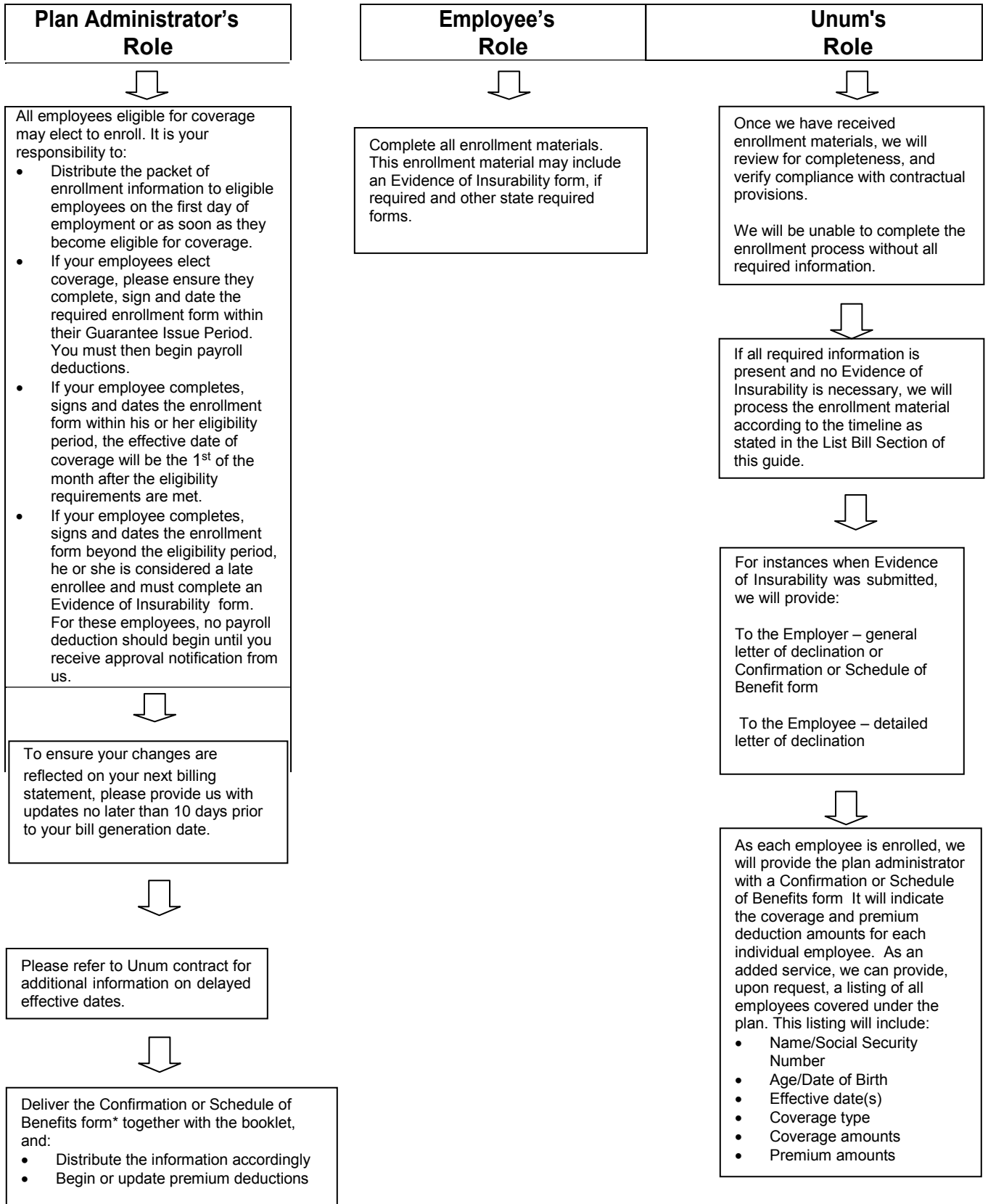
Once Confirmation or Schedule of Benefits forms\* are received for each employee, it is your responsibility to:

- Deliver the Confirmation or Schedule of Benefits form\* together with the booklet, and
- Begin or update premium deductions

\* Note: Name of form may differ according to contract.

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## VOLUNTARY PLANS-EMPLOYEE PAYS ALL OR A PORTION OF PREMIUM



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## **EMPLOYEE CHANGES**

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### **Adding Subsidiaries, Divisions, Affiliates**

If your company wishes to include a new subsidiary, division, affiliate or new location, in the group plan's eligibility, please request approval from Unum in writing on your company's letterhead. Unum's Underwriting team will assess your request to expand the plan's eligibility.

Your request should include the following information:

- Effective date
- Name of division, subsidiary or affiliate
- Location
- Contact name, phone numbers and address
- Number of lives
- Census, if available
- Request for separate billing division (if desired) – *Note: A separate billing division requires a minimum of ten lives.*

If approved by Unum, the subsidiary, division, or affiliate will be listed separately in the contract.

## ***EMPLOYEE CHANGES***

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### **Terminations**

When an employee terminates, or is no longer eligible, that employee may have certain rights regarding continuation of coverage. It is **your responsibility** to inform those employees of their continuation of coverage rights and help them take advantage of those rights provided under the terms of your Unum contract. Please see the Continuation of Coverage Section of this guide.

To advise Unum of a terminated employee or spouse, include the information on the premium statement, fax the information or send the information in an e-mail.

If the employee's termination was a result of total disability, that employee may be eligible to have the Premium waived.

**Note:** For additional details, refer to the Waiver of Premium information in the Claims section of your Unum contract.

## **EMPLOYEE CHANGES**

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### **Continuation of Coverage or Portability**

Depending on your contract, continuing coverage may be referred to as Continuation of Coverage or Portability. Continuation of Coverage or Portability means the eligible insured can continue his or her inforce coverage at group rates within a specific timeframe immediately following the date the insured becomes ineligible. Your contract defines this timeframe, which is typically 31 days.

If an Insured terminates employment or becomes ineligible for coverage, you must notify the insured of their rights to continue coverage.

Generally, insureds can take advantage of the Continuation of Coverage or Portability provision if:

- The employee's employment ends or she/he retires
- The employee dies and there is a surviving spouse (The spouse may continue the spouse's coverage, not the employee's coverage)
- The employee and spouse divorce
- Employee/spouse who becomes ineligible for group coverage due to changes or termination of class/job titles
- The group policy with the employer terminates

### **Third Party Designee Form (Notice of Termination for Nonpayment of Premium)**

**The Continuation of Coverage or Portability Application must be accompanied by the "third party form."**

This form allows the insured the right to designate another person, in addition to the insured, to receive notice of lapse or termination for nonpayment of premium. Notice will not be sent to the designee until thirty (30) days after the premium is due and unpaid. Coverage may not be issued until we receive this form.

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### **Continuation of Group Coverage for Reservists**

Depending on the specific provisions of your contract, coverage under the contract may be continued, subject to payment of premiums (including contributory portions), for insured reservist employees called to active military duty for the longer of the leave of absence period in the contract or the period provided under the specific Family and Medical Leave Act provision of the contract.

Military leave does not fall under the Family and Medical Leave Act; however, the Uniformed Services Employment and Reemployment Rights Act of 1994 includes a provision requiring employers to provide the same non-seniority based rights and benefits to those on military leave as they provide to those on other types of leaves (such as FMLA). Please consult your own legal advisors for guidance on these questions or other leave matters.

Also, depending on the specific provisions of your contract, an insured reservist employee who is called to active military service and whose eligibility for coverage would thereafter terminate (for example, when the period of active military service exceeds the period of coverage under the leave of absence or FMLA provision of the contract), may have the right to continuation of coverage. See the Continuation of Coverage or Portability provision of this Guide for details about continuation of coverage.



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### **Change in Eligibility Status**

Based on your contract provisions, changes in eligibility may result from the following:

- Change from part-time to full-time employment status – based on the minimum number of hours provision in your contract. Please refer to the Enrollment Section of this guide for action steps.
- Change from full-time to part-time employment status – based on the minimum number of hours provision in your contract. Please refer to the Enrollment or Continuation of Coverage Sections of this guide.

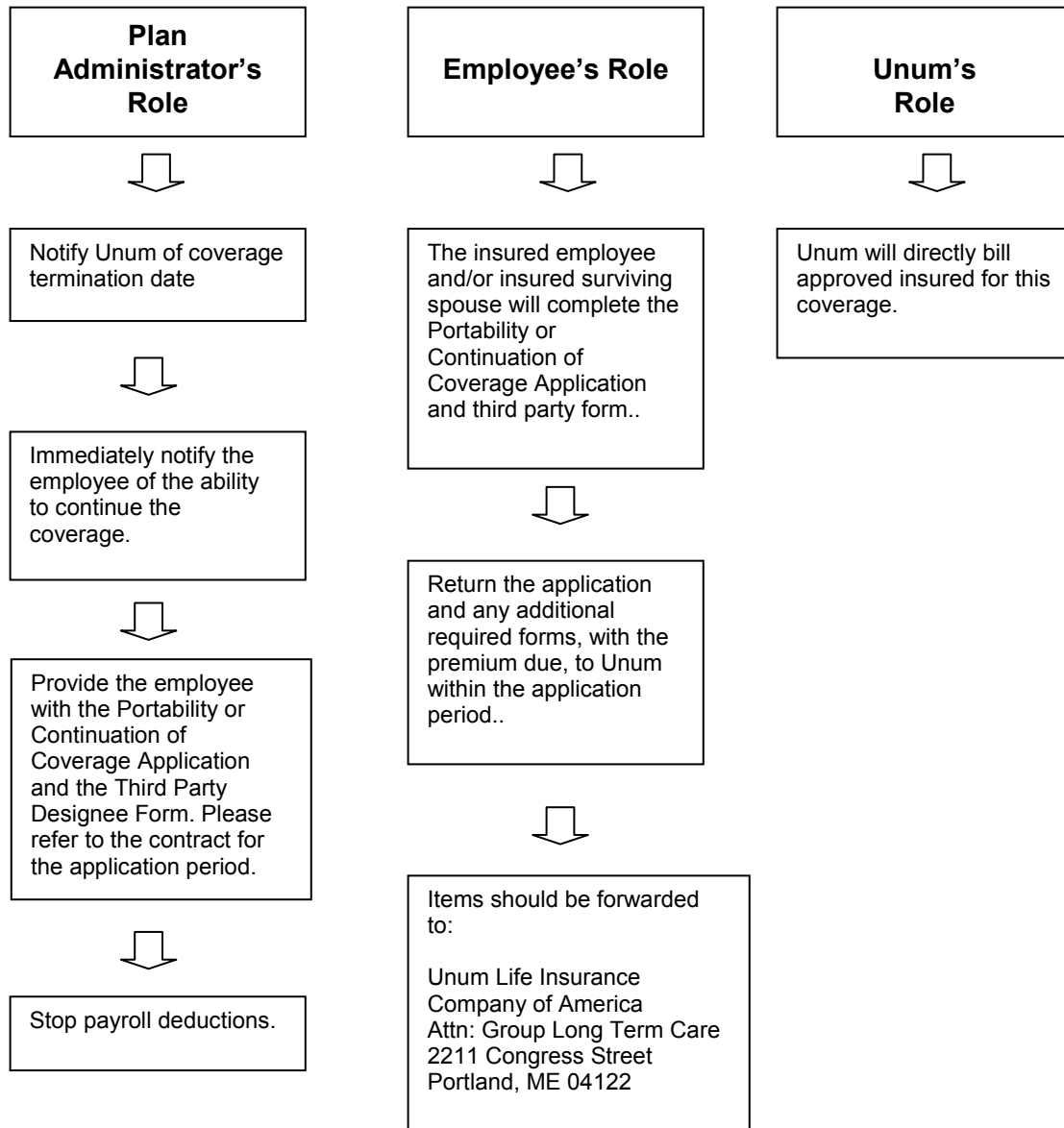
If your contract has differing eligibility classes:

- Change from an eligible to ineligible class – Please refer to the Continuation of Coverage action steps
- Change from an ineligible to eligible –Please refer to the Enrollment Section of this guide to adjust benefits to match contract.

## EMPLOYEE CHANGES

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### Continuation of Coverage or Portability Roles & Responsibilities



Please refer to your Unum contract for specific details.

Make sure appropriate forms are provided to your employees.

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### **Frequently Asked Questions for Continuation of Coverage or Portability**

Q If I'm sick or injured, can I port or continue my coverage?

A. An employee may port or continue their coverage if they do so within the required timeframe outlined in the contract.

Q. Is there an age limit that applies to portability or continuation of coverage for employee coverage?

A. There is no age limit.

Q. If an employee and spouse divorce while covered under the group plan, can the spouse port or continue their coverage?

A. Yes, the spouse may port or continue the coverage if the spouse completes the appropriate application within the timeframe outlined in the contract.

Q. Do I need to provide evidence of insurability in order to port or continue my coverage?

A. An employee or spouse can port or continue, without evidence of insurability, the amount of coverage he/she had in force under the group plan.

Q. Who can I call if I have questions regarding the premium calculations for continuation of coverage?

A. You may call the Group Long Term Care Contact Center at 1-800-227-4165.

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### Evidence of Insurability

Please refer to your contract for any specific rules related to the Evidence of Insurability process. An employee must complete an Evidence of Insurability (E of I) form for the following situations:

- The employee chooses an option and Evidence of Insurability is required for coverage under the option
- The selected coverage amount is above the Guarantee Issue amount stated in your contract.
- The employee is enrolling for coverage late.
- A spouse is enrolling for coverage.

It is important to identify situations requiring Evidence of Insurability **before** submitting enrollment forms to Unum. If Evidence of Insurability is not approved the coverage will not take effect for the amount of coverage that required Evidence of Insurability.

Once an Evidence of Insurability form has been received, Unum's Medical Underwriting Department reviews the Evidence of Insurability application. At that time, an employee may be asked for additional information that may include an exam or blood work. You and the employee will be informed of Unum's decision regarding increased or additional coverage. You should not make payroll deductions for any coverage pending approval until the medical underwriting process is finalized.

If the request for coverage is approved. You will receive a Confirmation or Schedule of Benefit form that lists coverage details, premium amounts and the effective date of coverage. You must promptly provide the Confirmation or Schedule of Benefits form to the insured.

If the Evidence of Insurability form is declined for additional coverage, the employee will receive a letter explaining the decision. Please keep in mind that Unum is available to answer any questions the employee may have if coverage is declined. The employee simply needs to call the telephone number given in the letter and assistance will be provided. Employers receive a letter outlining requested amount, approved amount and/or declined coverage. For privacy reasons, no further details will be provided to the employer unless written consent is received from the employee.

NOTE: You are able to order a supply of all Evidence of Insurability forms submitted through our secured website. Please refer to the iServices toolkit for this information.

## ***EMPLOYEE CHANGES***

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### **Increase / Decrease Coverage**

#### **GLTC Plans**

##### **Designated Enrollment Period**

If you have a designated enrollment period, employees may request to change coverage or terminate coverage during that time.

Please forward the forms by mail, fax or with your payment and invoice to Unum for processing. Please retain a copy for your records.

##### **Anytime Enrollment Period**

If you allow employees to make changes any time during the plan year, they may request to increase coverage anytime or during the annual enrollment period as defined in the contract. Employees increasing coverage must provide Evidence of Insurability.

Increases or changes to coverage may impact the insured's age for underwriting and rating purposes and will impact the cost.

Employees who decrease coverage may do so at any time.

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## List Bill for GLTC – General Information

Your initial premium statement from Unum will list all employees approved for coverage as of the billing date. Employees approved after that date will appear on subsequent bills. Any applicable credits or charges will be reflected on your next bill. Please be sure to pay the total amount due.

You will receive an invoice and an adjustment cover page approximately 10 days before your premium is due. Please report changes with the add/term worksheet that we provided you. Review the invoice for accuracy and make any necessary changes on the adjustment cover page or on the add/term worksheet. If an addition or termination is not reflected, contact the 1-800-227-4165 Service Center, it is important to pay the total premium amount due as shown on the invoice. Any applicable adjustments will be reflected on the following month's premium invoice. If there are no back charges or back credits, you will not receive an adjustment page.

Payment is due on the due date. If payment is not received within the grace period specified in your Unum contract, the contract will end. Send payment, accompanied by the pages marked "Return with your payment," to the remittance address on the bill. Keep the remainder of the bill for your records.

You may report terminations and additions to employer funded plans using our fax service. To ensure your changes are reflected on your next billing statement, please provide updates by the 1<sup>st</sup> of the month. Additions and/or changes to employee paid coverage must be made on a Benefit Election Form.

To ensure that your payment is credited to your account, please attach the first page of your invoice to your check and indicate your policy and division number on your check.

It is important to notify the Customer Contact Center 1-800-227-4165 of any administrative changes at your company, such as a new Plan Administrator, a change in your company's name or address, changes in the eligible classes or groups of your employees, and acquisitions of other companies.

If you are paying premium with one check for multiple Unum policies, please be sure to include a copy of each policy's invoice with directions on what amount should be allocated to which policy number and division.

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## List Bill Premium Statement - General Information

List billed plans may have these sections:

- Summary of Premium Due
- Adjustment Section
- Summary of Current Premiums
- Employee Detail

**Summary of Premium Due-** provides you with the total premium due, reflects payments made and adjustments for employee changes not included on a prior statement and any balances brought forward from previous periods.

**Summary of Current Premiums-** indicates the time period that a premium is charged. This section provides you with the total number of employees and spouses and a combined spouse and employee total.

**Summary of Adjustment (if applicable)-** provides detailed employee and spouse back charges or credits. If there are no back charges or credits, this page will not be included in your invoice.

**Employee Detail-** indicates the premium amount for each employee and spouse.

It's important to keep in mind that premium payments made are for future activity. For example, the 09/01 invoice is for activity occurring from 09/1 through 09/30.

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## **Adding New or Rehired Employees**

You may report billing changes in several ways:

**Add/Term Worksheet** - New employee information can be listed on the worksheet. For voluntary coverage, a copy of the original enrollment form should be attached to the worksheet and mailed or faxed to Unum along with any applicable required forms.

**Billing Statement** - New employee information can be reported on the billing statement. Please be sure to list the employee's full name, social security number, date of birth, date of hire (or rehire) and the effective date of this event. Terminations may also be reported in the column provided on the statement. Please be sure to include the termination date. These changes may also be faxed or mailed to Unum along with any applicable required forms.



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## Additional Reports

### Census Report

The Census Report provides detailed information regarding employees. It includes: Name, Social Security Number, Employee Age at Purchase, Employee and Spouse Effective Dates of Coverage, Employee and Spouse Elections, and the Total Cost.

### Salary Impact Report

The Salary Impact Report provides a breakdown of employer dollars and employee dollars.

One initial report is generated for the policy. Additional reports can be accommodated upon request. Please see the sample below.

### Salary Impact Report 01/01

POLICY NUMBER: 591145  
DIVISION: 0001  
DATA AS OF: 09/27/2004  
REQUEST DATE: 09/27/2004  
RUN DATE: 09/27/2004

Name	SSN	\$ER Paid	\$EE Paid	Spouse	Total
Last Name, First Name	999999999	\$7.20	\$34.20	\$0.00	\$41.40
Last Name, First Name	999999999	\$6.20	\$0.00	\$0.00	\$6.20

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## **Payroll Billed Policies**

Payroll billed monthly invoices will reflect the appropriate amount of deductions you have taken in a particular month. The monthly amount due will change based on how many pay cycles occurred in the billing statement period.

Your payroll billed invoice will indicate the pay cycle dates and will indicate the payroll cycle (weekly, biweekly or semi-monthly).

### **For Employer Funded Plans**

The monthly payroll invoice will provide you with a total amount due for the employer funded and the voluntary portions of your plan. We can provide you with a “salary impact report” that will reflect the cost per pay period for the employer funded and the voluntary portion upon request.

### **For Voluntary Plans**

The monthly payroll invoice will provide you with the amount due for each employee. The calculation of the monthly premium will coordinate with your payroll cycle.

### **Termination Options**

A prorating method for termination has been established for your policy. Please refer to your contract to determine whether individuals terminate coverage on the day or at the end of the pay period.

#### **Prorating terminations to the day**

Terminations will be prorated to the date of the change. The billing statement will prorate and adjust premium owed to the effective date of the change.

Example: Termination date: 5/12 (last day worked is 5/11) Pay cycle is semi-monthly (24 pay periods per year).

Payroll cycle dates: 5/1 through 5/15 and 5/16 through 5/30.

Premium owed will be from 5/1 to 5/11 (11 days of premium).

#### **Prorating terminations to the pay period**

Terminations will be prorated to the last day of the pay cycle.

Example: Termination date: 5/12 (last day worked is 5/11) Paycycle is semi-monthly (24 pay periods per year).

Payroll cycle dates: 5/1 through 5/15 and 5/16 through 5/30.

The termination date will be 5/15.

Premium will be owed up to 5/15 (15 days of premium)

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## Internet Billing

### List Bill

Unum prepares your initial Internet bill based on the employee level data your company provided. Please complete your invoices on the iServices web site. When your current invoice has been posted to the site and is ready for your review, you will receive email notification.

All employee adjustments/changes/terminations will be reflected on the iServices invoice.

Premium will be calculated based on the changes you input. When paying by check, please send the Premium Statement with the payment, to the remittance address displayed on the Premium Statement page.

To ensure your changes are reflected on your next billing statement, please provide us with the updates no later than 5 days prior to your bill generation date.

### Understanding your iServices List Billing Invoice

#### Premium Statement

The Premium Statement displays a summary of billing details for a specific billing division and billing period. Use the Premium Statement page to:

- Review billing information
- Review employee information for a particular Premium Statement
- Review or print an Insurance Premium Statement
- Set the Payment Approval Date
- Enter Notes for your records for each Premium Statement

Each Premium Statement will display a date that you should refer to so that employee changes and adds are completed by your next statement generation date. On this date, Unum will collect the changes and additions to begin preparation of your next Premium Statement. We ask that you report employee changes on the most current statement for each Billing Division. If you have not paid and/or completed updates to your Premium Statement prior to the date Unum collects the changes, your changes will be reflected on the next bill posted to the site. .

#### Report Employee Changes

This page is the starting point for your employee information and is based on the most recent bill. It allows you to make employee name and termination changes.

#### Current Employee Changes

This page provides you with a filter to view only those employees with changes.

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

### **Employee Detail**

This page allows you to view a list of all active employees associated with a bill due date and statement date. The detail includes product and premium information, as well as prior period adjusted premium and waiver of premium information, if applicable.

### **Prior Period Adjustments**

This page allows you to view a list of active employees that have prior period adjustments and/or waiver of premium information.

### **Prior Employee Changes**

This page allows you to:

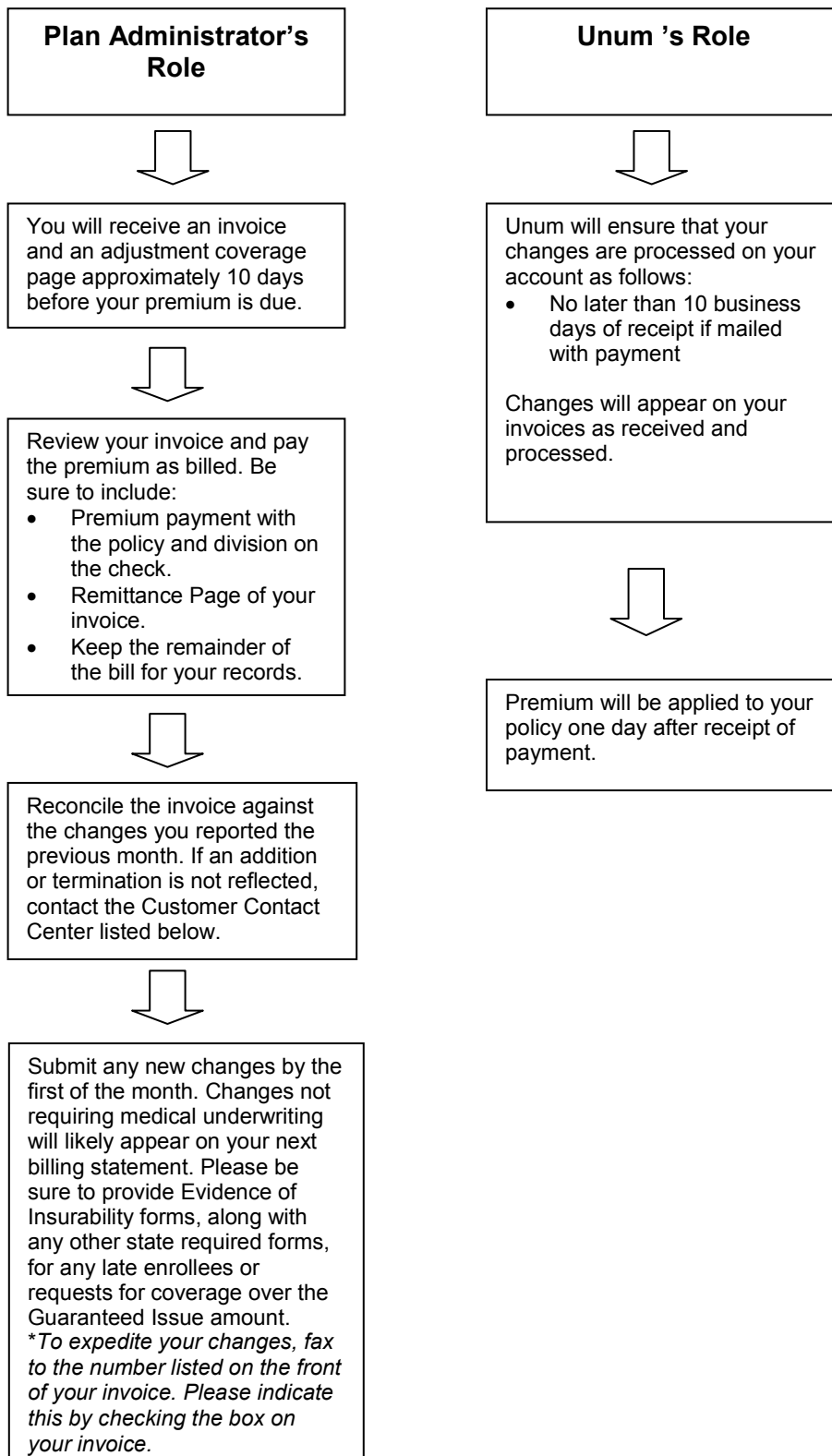
- Reconcile normal monthly changes to the new Employee list
- Keep a history of changes by date, name and identification number

### **Administrative Changes**

It is important to notify your Local Service Office of any administrative changes at your company, such as new Plan Administrator, a change in your company's name or address, changes in the eligible classes or groups of your employees, and acquisitions of other companies.

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

### List Bill



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## **Data Transfer**

Unum can accept electronic files through an encrypted Data Transfer facility. This facility will accept employee changes that include:

- Terminations
- Miscellaneous information requested from Unum, such as social security number, name, date of birth, gender, date of hire, etc.

The required tool used to submit these electronic files is an Excel spreadsheet. To receive a template of the spreadsheet, please contact a service representative at 1-877-225-2712.

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

### **Third Party Administrator (TPA)**

If your company would like to contract with a TPA to manage some of your administrative duties, please contact your Unum representative.

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

## **Long Term Care Waiver of Premium**

Once an employee has been approved for, and is receiving, Long Term Care Benefits, monthly Long Term Care premiums for that employee's coverage are waived.

**Important Note:** Premiums are required for all insureds during the elimination period, or coverage will lapse.

If the employee returns to work following a disability during which time premiums were waived, please add him/her to the next premium invoice. Be sure to notify your Unum Benefits Center Representative when disabled employees return to work.

When Insureds have exhausted their Lifetime Benefit, they are no longer eligible for Benefits.

**Filing a claim:** The insured may call our Benefits Center at 1-800-693-4988 to request a claim form.



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

### **Claim Statuses, Denials, Terminations, and Appeals Processes**

#### **Claim Statuses**

Refer to the toll free telephone number found on the claim form to speak to a Benefit Center representative.

#### **Claim Denials**

If the initial benefit determination results in a denial of benefits, Unum notifies the claimant (or beneficiary). This notification documents the basis for denial as well as the process to appeal the decision if the claimant disagrees with the decision rendered.

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### **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, we send our Privacy Notice to each policyholder annually.

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## Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is part of a broad congressional attempt at health care reform.

The **Administrative Simplification** provisions of HIPAA required the Department of Health and Human Services (HHS) to:

- create privacy standards to protect personal health information (**Privacy Rule**),
- adopt national standards for format and content of electronic health care transactions (called **EDI Rule** for **electronic data interchange** transactions) and
- create security standards to protect the electronic transmission of personal health information (**Security Rule**).

The overall mission of the Administrative Simplification portion of HIPAA is to

- 1) protect the rights of the consumer,
- 2) improve the quality of health care, and
- 3) improve the efficiency and effectiveness of health care delivery.

### Who must comply with HIPAA?

Each entity that meets the definition of **covered entity** under the Privacy Rule must comply with the rule.

The following groups are **covered entities**:

- healthcare providers
- health plans – insurers, health maintenance organizations, etc.
- healthcare clearinghouses – entities that facilitate electronic transactions involving protected health information

### Which Unum products are legally impacted by HIPAA?

Most of Unum's insurance products are exempt from HIPAA. For example, long term disability income protection insurance (both fully insured and self-insured), short term disability income protection insurance (fully insured and self-insured) and life and accident insurance are all excluded.

Products that are "covered" by HIPAA include long term care (both group and individual) and supplemental cancer assistance insurance, which is part of Unum's voluntary offerings.

Although Unum's legal obligations are limited to these products, in some cases we have applied the regulations beyond the legal obligations to help ensure our customer's privacy.

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

## What is the HIPAA Privacy Rule?

The HIPAA Privacy Rule was established to ensure that individuals' health information is protected while allowing the flow of information that is necessary for those individuals to receive proper care and treatment, as required by the Health Insurance Portability and Accountability Act of 1996. The rule sets standards concerning the use and disclosure of health information by covered entities, as well as establishing an individual's rights with regard to certain health information.

## What does the HIPAA Privacy Rule require?

The HIPAA Privacy Rule lays out guidelines for protecting an individual's medical records and other personal health information, referred to as protected health information (PHI).

Generally, the Privacy Rule requires covered entities to:

- notify individuals about their privacy rights;
- adopt and implement privacy procedures;
- train employees on the privacy procedures;
- secure protected health information so it is not available to those who do not need to see the PHI; to perform their job responsibilities.

## Unum's compliance with the HIPAA Privacy Rule

Unum has taken the necessary steps for compliance with the Privacy Rule, including:

- Sending the appropriate privacy notice to policyholders of products affected by the HIPAA Privacy Rule
- Amending numerous service provider (business associate) contracts
- Revising our application and claim authorizations for those products impacted by the HIPAA Privacy Rule
- Training employees on our privacy procedures

## Notice to group long term care policyholders

The HIPAA Privacy Rule requires health plans to provide a notice of privacy practices to all customers insured by the plan regarding the privacy of protected health information (PHI). **If you have group long term care insurance through Unum, you will receive the following letter, along with a privacy notice requesting that the privacy notice be distributed to all your employees who are insured by the group long term care plan whenever there are material changes in the notice.**

New customers receive Unum's HIPAA Privacy Notice at time of policy issue.

If you would like to have another paper copy of this notice, send a written request to Unum's Privacy Officer:

Unum Group  
Mailstop C467  
2211 Congress Street  
Portland, ME 04122

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## Specimen Copy

Dear Valued Customer,

We value our relationship with you and consider it a privilege to serve your insurance needs.

We have enclosed an updated "Notice of Privacy Practices," effective September 23, 2013, for your Long-Term Care plan. Distribution of this notice is required by federal regulation (the Privacy Rule), which was adopted pursuant to HIPAA (Health Insurance Portability and Accountability Act). The Privacy Rule requires health plans to provide a notice of privacy practices to all insureds' covered by the plan. The Notice of Privacy Practices explains Unum's privacy practices as well as an insured's rights concerning Personal Health Information.

To comply with the Privacy Rule a copy of the revised Notice of Privacy Practices must be distributed to each individual insured covered by your Long-Term Care plan within 60 days of receipt of this letter. You may provide a hard copy of the revised notice or send it electronically to those covered by the plan via email. If the e-mail notice fails, a paper copy will need to be provided.

Please note that posting the notice electronically or otherwise and informing insureds' that the notice is available for review if they choose is not sufficient to meet the requirements of the Privacy Rule. If you have any questions about delivery of the notice to individual insureds, please contact us at the address provided at the end of the privacy notice.

Thank you for choosing Unum.

Sincerely,

Chief Privacy Officer

Insurance products are underwritten by the insuring subsidiaries of Unum Group.

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## Notice of privacy practices

*For long term care; expense-based cancer, hospital confinement, or intensive care policies; certain medical coverages; and, other health plans\* pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”)*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We value our relationship with you and are committed to protecting the confidentiality of protected health information.

### Unum and Colonial Life understand the importance of your privacy

This notice describes your rights concerning “protected health information” (“PHI”) about you. PHI is information that may identify you and that relates to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care. We are committed to preserving the confidentiality of PHI about our customers and in accordance with the requirements of the law, we pledge to:

- Maintain the privacy of PHI about you
- Provide you with a notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of our current notice of privacy practices

It may be necessary to change the terms of this notice in the future. We reserve the right to make changes and to make the new notice effective for all PHI that we maintain about you, including PHI we created or maintained in the past. If we make a material change to this notice, a revised notice will be provided to each policyholder then covered by a health plan.

### Uses and disclosures of PHI for treatment, payment, or operations

- *For treatment* — We are not a health care provider (a doctor, for example) and do not engage in “treatment” of individuals as a health care provider would. Accordingly, although we are permitted to use or disclose PHI about you for treatment purposes, we do not do so.
- *For payment* — We may use and disclose PHI about you to obtain premiums or to determine or fulfill our responsibility to provide you with insurance coverage or benefits under your policy. For example, we may use or disclose PHI about you in order to determine whether you are eligible for coverage or to decide your claim for benefits under your policy.
- *For health care operations* — We may use and disclose PHI about you in order to operate our business. For example, we use PHI about you in order to underwrite your insurance policy.

### Uses and disclosures in special circumstances

*Public health activities*

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We may disclose PHI about you in order to notify public health authorities of public health risks, such as potential exposure to a communicable disease, or to report child abuse or neglect.

### *Health oversight activities*

We may disclose PHI about you to a health oversight agency for oversight activities, including for investigations relating to possible insurance fraud.

### *Judicial and administrative proceedings*

We may disclose PHI in the course of a judicial or administrative proceeding, such as in response to a subpoena, discovery request or other lawful process.

\*A “health plan” under the HIPAA standards for privacy of individually identifiable health information is an individual or group plan that provides or pays the cost of medical care.

### *Law enforcement*

We may disclose PHI to law enforcement, for purposes such as reporting a crime on our premises or in an emergency. We may also disclose to law enforcement or a correctional facility PHI relating to inmates as necessary for health, safety, and security.

### *Prevention of serious harm*

We may use or disclose PHI about you if we believe it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.

### *Serious threat to health/safety*

We may use or disclose PHI when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

### *Specialized government functions*

We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities.

### *Workers’ compensation*

We may disclose PHI about you in order to comply with workers’ compensation laws.

### *Research organizations*

We may disclose PHI to research organizations if the organization has satisfied certain conditions about protecting the privacy of PHI.

### *Plan sponsors/group health plan*

We may disclose PHI to the plan sponsor of a group health plan for plan administrative functions if the plan documents contain provisions concerning restrictions on how the plan sponsor may use or further disclose PHI.

### *Related benefits and services*

We may contact you to inform you of benefits or services related to your policy that may be of interest to you.

### *Decedents*

We may disclose PHI to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.

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### *Donation/transplantation*

We may use or disclose PHI for the purpose of facilitating organ, eye or tissue donation and transplantation.

### *Business associates*

We may disclose PHI to our business associates, such as our third-party administrators, accountants, or attorneys if those business associates have signed a written agreement concerning appropriate uses and disclosures of PHI.

### *Involvement in individual's care*

We may disclose PHI about you to a family member, close personal friend or other person identified by you if directly relevant to that person's involvement with your care or payment related to your health care.

### *Notification of location/condition*

We may use or disclose PHI to give notice or assist in giving notice of your location, general condition or death to a family member, personal representative or another person responsible for your care.

### *Genetic information*

We may not use or disclose PHI that is genetic information for underwriting purposes for all health plans excluding long term care.

### *Disclosures required by law*

We will use and disclose PHI about you when we are required to do so by federal, state, or local law. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of PHI, as described above, we will restrict our uses or disclosure of PHI in accordance with the more stringent standard.

## **Uses and disclosures of PHI made only with your written authorization**

We will not sell your PHI without your express written authorization to do so. With certain limited exceptions, we will not use or disclose psychotherapy notes for any purpose, and we will not use or disclose PHI for marketing purposes.

Other uses and disclosures of PHI about you not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke your written authorization, at any time, in writing, except to the extent we have taken action in reliance on that written authorization before you revoked it. You may not revoke your authorization to the extent that other law provides us with the right to contest a claim under the policy or the policy itself, if the authorization was obtained as a condition of obtaining insurance coverage.

## **Your rights**

### *Right to a paper copy of this notice*

An electronic copy of this notice is available at [unum.com/privacy](http://unum.com/privacy) or [coloniallife.com](http://coloniallife.com). If you would like to have another paper copy of this notice, send a written request to the Unum Privacy Officer.

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### *Inspection and copying*

You have the right to access your information. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). You have the right, upon written notice, to inspect and copy certain PHI that may be used to make decisions about your insurance coverage, including medical records and billing records, but not including psychotherapy notes. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

### *Amendment*

You may ask us to amend PHI about you (as long as the information is kept by or for us) if you believe it is incorrect or incomplete. Such requests must be in writing to the Privacy Officer and must include a reason for the request. If your request and a reason supporting the request are not submitted in writing, we may deny your request.

### *Alternative contact information*

You have the right to receive communications of PHI about you from us in a certain manner or at a certain location, so long as the request is reasonable under the circumstances. For example, you may prefer to have mail from us sent to your work address rather than to your home. Submit requests for an alternative method of contact in writing to the Privacy Officer.

### *Breach*

You have the right to receive notification of a breach involving your unsecured PHI.

### *Requesting restrictions*

You have the right to request restrictions on our use or disclosure of PHI about you. We are not required to agree to your request. If we do agree, however, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary for your treatment. Your request must clearly and concisely describe (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

### *Accounting*

You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures we have made of PHI about you other than disclosures you authorized and other than disclosures made for treatment, payment or operations. The request must be in writing. The first request for an accounting that you make within a 12-month period is free; however, we may charge you for additional requests within the same 12-month period. We will notify you of the costs of the additional requests, and you may withdraw your request before incurring any costs.

### *Fundraising*

We reserve the right to use or disclose your PHI for fundraising purposes. If we contact you to raise funds, you will then have the right to opt out of receiving such communications at any time.

### *Complaints*

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If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be submitted in writing. We will not penalize you for filing such a complaint.

In order to exercise any of your rights as set forth in this notice, please write to:

Privacy Officer  
Unum Group  
2211 Congress Street, C476  
Portland, ME 04122

For further information about matters covered by this notice, please contact the Privacy Office at the above address.

Unum customers may also call 1-800-227-4165. Colonial Life & Accident customers please call 1-800-325-4368.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company and the Paul Revere Variable Annuity Insurance Company.

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Effective date of this notice: September 23, 2013, G-73568 (9-13)

MK-3241 (8-13)

### **Authorizations used by Unum**

The HIPAA Privacy Rule requires covered entities to have written authorization from an individual before it can use or disclose the individual's protected health information. The authorizations we use for customers covered by our long term care insurance or cancer assistance insurance comply with standards set by the Privacy Rule.

Authorizations which are used for disability income protection insurance, as well as any other non-covered products, also comply with the Privacy Rule's standards so that we can collect information from health care providers who are covered by, and must comply with, the Privacy Rule.

### **Claim Forms**

All of our claim forms have been modified to include HIPAA-compliant authorizations. It is important that all claimants use these newer forms to minimize delay in processing.

### **Applications**

There is a HIPAA compliant authorization, as a separate document, at the back of each application. The applicant must sign the authorization inside the application as well as the separate HIPAA authorization for the application to be processed.

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## Requirements

The Privacy Rule requires that the following items be included in authorizations:

- specific description of information to be used or disclosed
- name or other specific identification of person or class of persons collecting and disclosing information
- description of each purpose of requested use or disclosure
- expiration date or event
- right to revoke and method of revocation
- ability or inability to condition
- redisclosure statement
- signature and date
- description of personal representative's authority to act

## Collecting and Sharing Information

Unum's HIPAA authorizations are **collection** authorizations. They allow us to collect information from a variety of sources. They do not allow us to **share** information with other entities. However, we are allowed to share information with other entities that perform **insurance functions** for us without an authorization. For example, we do not need an authorization to share information with our third party administrators, entities that provide independent medical examinations and vendors that we use to obtain medical records.

If we want to share health information about an individual with that individual's employer, we must obtain a written authorization from the individual prior to sharing.

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## What is the HIPAA EDI Rule?

HIPAA Electronic Data Interchange (HIPAA EDI) rule is the electronic transfer of information in a standard format. It allows for the exchange of information in a fast and cost-effective way.

Transferring information in an electronic fashion can eliminate the inefficiencies of handling paper documents, and provide an opportunity for both parties to reduce administrative burdens, lower operating costs and improve overall data quality.

According to the Department of Health and Human Services (DHHS) a lack of standardization in formats for electronic health claims:

- makes it difficult and expensive to develop and maintain software;
- reduces the ability of health care providers and health plans to achieve efficiencies and savings.

In order to ensure the efficiency of this process, DHHS has adopted record formats for certain transactions. These record formats are called **standards**. The standards specify the format, data content and code sets to be used for each transaction. Covered entities, which are required to use these standards, are prohibited from altering these standards when exchanging data.

## What is electronic media?

Electronic media means electronic storage media and electronic transmission media used to exchange electronically stored data. It includes exchanges conducted by the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks and the physical movement of transportable electronic storage media (such as magnetic tape, disk or compact disk media).

A paper-to-paper fax is not considered an electronic media.

## Unum's compliance with the EDI Rule

Unum's EDI Rule compliance involves three product lines:

- individual long term care insurance
- group long term care insurance
- cancer assistance insurance from the Voluntary Workplace Benefits portfolio

Unum has the ability to conduct HIPAA EDI regulated transactions with respect to its covered products when required to by the regulation. We currently do not support HIPAA EDI transaction standards for our other insurance products.

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## Unum's HIPAA Compliance Statement

Unum has reviewed the HIPAA law and related final regulations to ensure full and timely compliance of Unum's systems and procedures with applicable HIPAA requirements.

### Privacy

Unum has reviewed the *Standards for Privacy of Individually Identifiable Health Information* promulgated by the Department of Health and Human Services (HHS) pursuant to HIPAA and is complying with these regulations for impacted products. Most health plans that are covered by the regulations were required to comply with the new requirements by April 14, 2003.

Please note that the majority of Unum's products are exempt from HIPAA mandates. For example, long term disability, short term disability, life, supplemental disability, accident and critical illness coverages are excluded from the HIPAA privacy regulations. However, certain products are covered including long term care and various "medical" plans such as cancer policies (hereafter, covered products).

For long term care and other products covered under the HIPAA privacy regulations, Unum has amended numerous service provider (business associate) contracts, developed and distributed privacy notices to covered policyholders, and revised our application and claim authorizations for those products impacted by the privacy regulations. We are also using HIPAA authorizations during our underwriting and claims processes for products not covered by HIPAA to facilitate collection of health information from health care providers who are covered by HIPAA.

### Security

Unum is in the process of enhancing our Enterprise Security Framework. This will provide Unum with a unified security framework that will provide the direction to ensure the availability, integrity and accuracy of company assets, customer data and personally identifiable health information. The framework will provide the foundation that enables secure access to company assets by employees, customers and business partners any time from anywhere. Components include, but are not limited to:

- security policies, procedures and guidelines
- security awareness and training
- risk assessment and management
- data classification
- security monitoring and reporting
- incident response/management
- security consulting
- security auditing
- implementation/utilization of the security tools of the trade

Unum is using the Information Security Standards of the ISO 17799 as well as HIPAA security requirements as guides to the development of this framework. Our goal is to be in compliance with these standards by the compliance date.

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## **Electronic Data Interchange**

Federal regulations adopted under HIPAA establish **Standard Transactions and Code Sets** for the sharing of certain data by electronic means. These standards for data elements, code sets and formats are to be used by certain entities (covered entities) when those entities use **electronic data interchange** to conduct certain transactions (covered transactions) for insurance products that are covered by HIPAA (covered products). Covered entities include certain insurers to the extent their insurance products are covered products. Covered transactions are certain HHS defined transfers, via electronic media, of information to carry out financial or administrative activities related to covered products.

Unum has undertaken an extensive review and inventory of its products and data transfers to verify those that are within the scope of the HIPAA definitions. We have developed policies and procedures so that Unum is capable of conducting covered transactions with respect to our covered products using the mandated Standard Transactions and Code Sets.

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

## Frequently asked questions about the HIPAA Rules

### 1. Why did you send me a HIPAA Privacy Notice?

The Health Insurance Portability and Accountability Act regulations require certain entities, including health insurance issuers, to give a Privacy Notice to policyholders covered by a health plan. You have received this notice because you are a policyholder of a health plan, such as a long-term care or cancer assistance policy, issued by one of our insuring subsidiaries.

### 2. What is the Health Insurance Portability and Accountability Act?

The Health Insurance Portability and Accountability Act (HIPAA) is a 1996 federal law, the primary purpose of which was to help consumers maintain their insurance coverage. HIPAA also includes a section aimed at improving the efficiency and effectiveness of the health care system - called "administrative simplification." In 2013, the Department of Health and Human Services revised certain regulations for health plans, health care providers and health care clearinghouses to comply with the administrative simplification requirements of HIPAA. Specifically, the regulation sets standards for uses and disclosures of protected health information of individuals. Health insurance issuers and certain insurance plans are considered "health plans" and must comply with HIPAA.

### 3. When I receive a HIPAA Privacy Notice, do I need to sign it and send it back to you?

No, you do not need to sign the notice or send it back to us. Our HIPAA Privacy Notice is for your information only.

### 4. What is "protected health information"?

"Protected health information" is personally identifiable information regarding a person's past, present or future medical condition, or the payment for medical care. For example, protected health information would include information about a person's physical, mental, or behavioral condition that might be found on a doctor's report used for underwriting or claims management.

### 5. With whom is protected health information shared?

We only use or disclose protected health information for the purposes listed in the HIPAA Privacy Notice. For example, we may use protected health information about you, such as a particular medical condition you have provided to us, in order to underwrite your insurance policy or determine your eligibility for benefits under your policy.

### 6. May I request restrictions on your company sharing protected health information about me?

You may request restrictions on our use or disclosure of protected health information about you as described in the HIPAA Privacy Notice; however, HIPAA provides us with discretion concerning whether to agree to such requests.

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**7. What safeguards are taken to ensure that protected health information is protected?**

We have physical, electronic, and procedural safeguards in place. For example, only authorized employees handle protected health information in servicing policies. In addition, we use industry standard electronic methods, such as firewalls, to safeguard the confidentiality of online information.

**8. How often will customers receive a HIPAA Privacy Notice?**

All policyholders then covered by a health plan will receive a revised HIPAA Privacy Notice no later than September 23, 2014. New policyholders will receive a HIPAA Privacy Notice at the time of enrollment, i.e., when their policy is issued. Every three years, all policyholders covered by a health plan will be notified of the availability of the HIPAA Privacy Notice and how to obtain it. If our privacy practices are materially changed, policyholders then covered by a health plan will receive a revised notice within 60 days.

**9. Do customers who have group policies receive a HIPAA Privacy Notice?**

We issue our group policies to employers and other entities, which are the group policyholders. We provide our HIPAA Privacy Notice to group policyholders, which means the employers and other entities receive the HIPAA Privacy Notice. The group policyholder will then distribute the notice to the employees or other individuals covered under the group policies (insured's or certificate holders).

**10. Anyone may obtain a copy of Unum's Privacy Notice by:**

- requesting a copy from his or her employer or the entity to which the group policy is issued;
- visiting [Unum's HIPAA Privacy Notice](#) or [Colonial Life's HIPAA Privacy Notice](#); or
- writing to: Privacy Officer, Unum Group, 2211 Congress Street, C476, Portland, Maine 04122.

**11. Does HIPAA restrict insurance companies from collecting the applicant's Social Security Number?**

No. HIPAA does not prevent the collection or use of a Social Security Number by an insurance company as an applicant's identifier. It does not prevent applicants or their employers from providing Social Security Numbers as identifiers.

**12. Do you share protected health information about me for marketing purposes?**

No. We do not share protected health information about you to market any products or services to you.

**13. The HIPAA Privacy Notice says I have certain rights concerning protected health information about me. How do I exercise those rights?**

In order to exercise any of your rights as described in the HIPAA Privacy Notice, write to:

Privacy Officer  
Unum  
2211 Congress Street, C476  
Portland, ME 04122



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## **How to Obtain Forms**

Forms can be ordered from Unum by:

- Using the Client Forms Requisition
- Calling 1-800-227-4165

Downloading from the [Unum.com forms site](#).

### **To access forms from our website, follow these steps:**

1. On the right hand side of the web page there are two ways to locate the form needed:
  - Go directly to the form by entering the Form Number or Key Word and clicking “GO.”; **or**
  - Complete a step-by-step search to search for the proper document.

## ***Helpful Telephone Numbers***

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

### **Helpful Telephone Numbers**

Group LongTerm Care Contact Center	1-800-227-4165
Group LongTerm Care TTY Contact Center	1-800-704-1630
Group LongTerm Care Benefit Center	1-800-693-4988

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