

# ENROLLMENT/EMPLOYEE CHANGES

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

## Table of Contents

*Ctrl + click* to go directly to referenced section | **Ctrl + f** to search key words in this document

### Page

2	<a href="#">New or Rehired Employees</a>
8	<a href="#">Salary Changes</a>
9	<a href="#">Terminations</a>
10	<a href="#">Leave of Absence/Reservists</a>
11	<a href="#">Declining Coverage</a>
12	<a href="#">Change in Eligibility Status</a>
13	<a href="#">Dependent Children Coverage Eligibility</a>
14	<a href="#">Flex Plans - Change in Status</a>
15	<a href="#">Annual Enrollment/Re-Enrollment</a>
16	<a href="#">Increase / Decrease Coverage</a>
19	<a href="#">Evidence of Insurability</a>
20	<a href="#">Change in Beneficiary</a>
21	<a href="#">Portability</a>
26	<a href="#">Step Action List Bill</a>
27	<a href="#">List Bill for Flex Plans</a>
32	<a href="#">FLEX CALCULATION OF MONTHLY PREMIUM</a>
32	<a href="#">Internet Billing - Self-Accounting</a>
36	<a href="#">Third Party Administrator (TPA )</a>
37	<a href="#">Employer FICA Match</a>
38	<a href="#">Important Tax Information: Imputed Income for Flex Plans</a>
39	<a href="#">Electronic Transfer</a>
40	<a href="#">Data Transfer</a>
41	<a href="#">How to Complete a Claim</a>
43	<a href="#">Claim Processing Roles and Responsibilities</a>
45	<a href="#">Long Term Disability Waiver of Premium</a>
46	<a href="#">Group Life Insurance Waiver of Premium</a>
47	<a href="#">Life Accelerated Benefit Claim</a>
48	<a href="#">Disability Survivor Benefit</a>
49	<a href="#">Dependent Life and Accidental Death and Dismemberment</a>
50	<a href="#">STD Telephonic</a>
51	<a href="#">STD Fast Response</a>
52	<a href="#">Claims Status, Denials, Terminations, Appeals Process</a>
53	<a href="#">Worldwide Emergency Travel Assistance Services</a>
56	<a href="#">Unum's Work/Life Balance Employee Assistance Program</a>
57	<a href="#">Unum's Work/Life Balance Program at a Glance</a>
59	<a href="#">SAMPLE LETTER TO EMPLOYEES</a>
61	<a href="#">SAMPLE LETTER TO MANAGERS</a>
62	<a href="#">LifeBalance Questions &amp; Answers</a>
65	<a href="#">Life Planning Financial &amp; Legal Resources</a>
66	<a href="#">Reimbursement Accounts</a>
67	<a href="#">Dependent Care Account</a>
68	<a href="#">Health Care Account</a>
69	<a href="#">Discrimination Testing</a>
70	<a href="#">Retirement Income Protection (RIP) Benefit</a>
75	<a href="#">How to Obtain Forms</a>
76	<a href="#">Helpful Telephone Numbers</a>

**If you have questions, please contact our Customer Contact Center at 1-800-421-0344.**

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## **ENROLLMENT/EMPLOYEE CHANGES**

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### **New or Rehired Employees**

Unum can provide you with the necessary enrollment and communication resources to help establish a successful enrollment strategy designed to fit your business environment. This strategy may encompass standardized, personalized and customized materials, videos, training, or on-site resources to explain benefits to employees so they can make informed buying decisions.

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

Enrollment forms vary by State and product. Please refer to the Forms Section of the Employer's web site to obtain the appropriate forms.

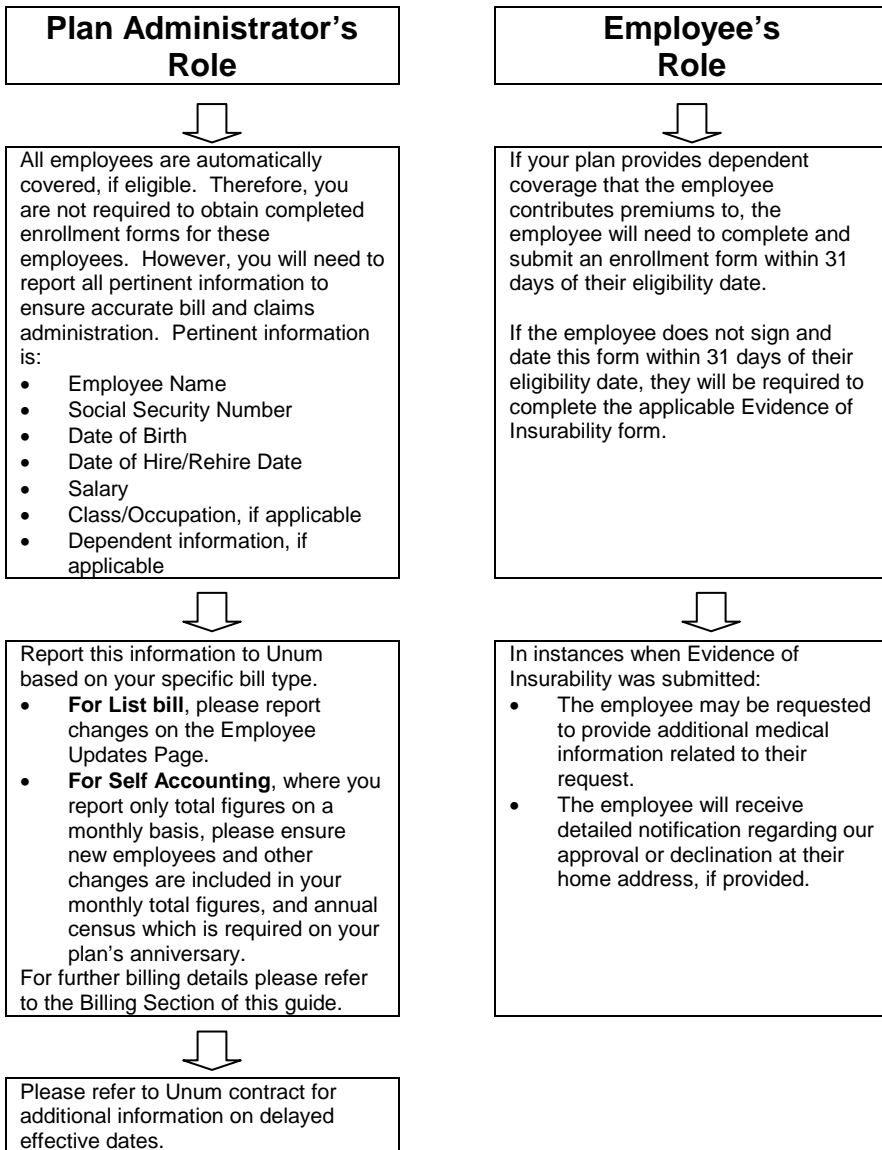
Please refer to the Step Action section in this guide.

# ENROLLMENT/EMPLOYEE CHANGES

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## Employer Funded - Employer Pays Premium

In a non-contributory plan the employer pays for the entire coverage. All employees eligible for coverage are automatically enrolled; therefore there is no need to complete an enrollment form.

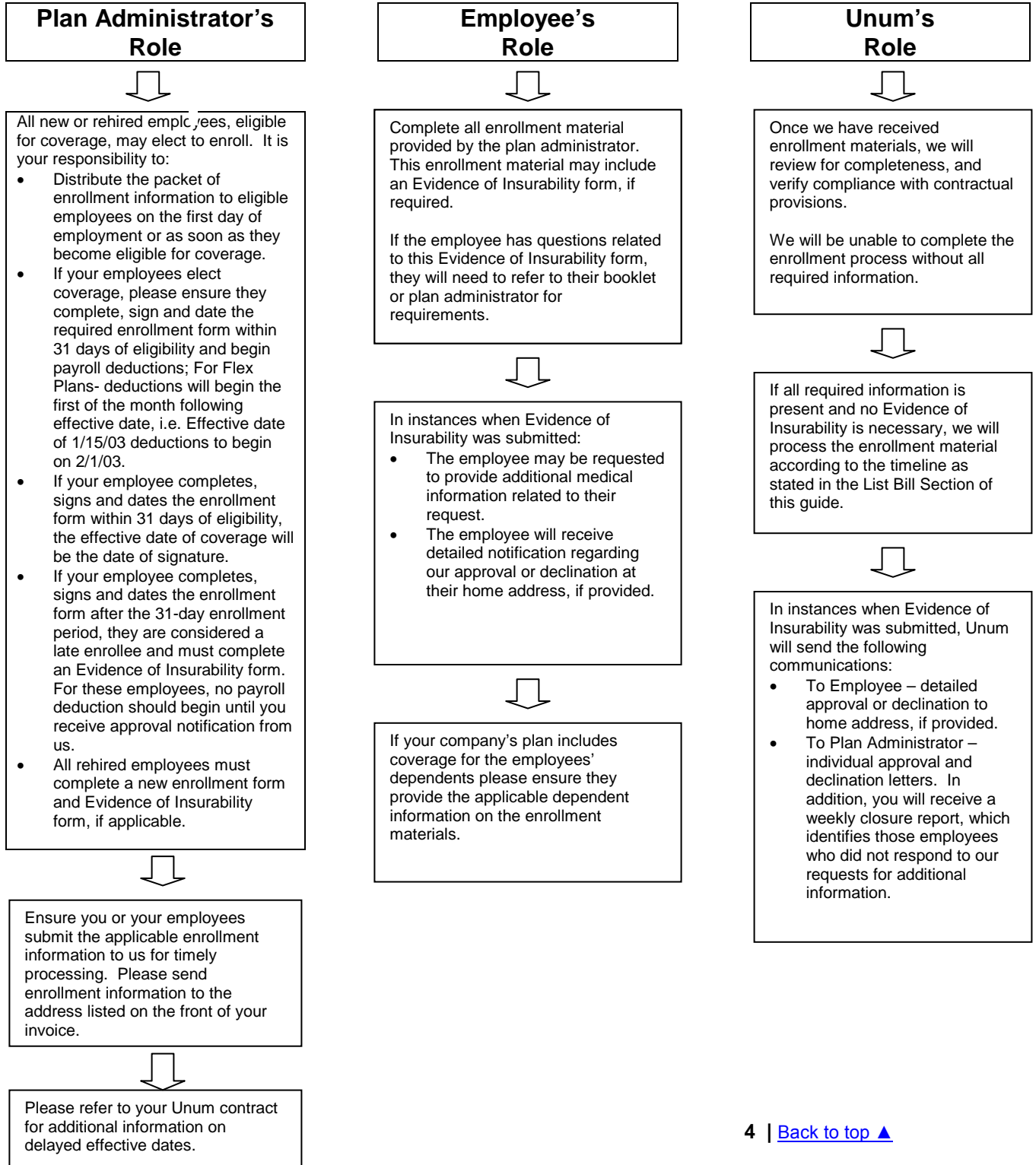


# ENROLLMENT/EMPLOYEE CHANGES

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## Employee Funded - Employee Pays All Or A Portion Of Premium

In a contributory plan the employee pays all or a portion of the premium. All eligible employees have the option to elect the coverage based on your specific contract.

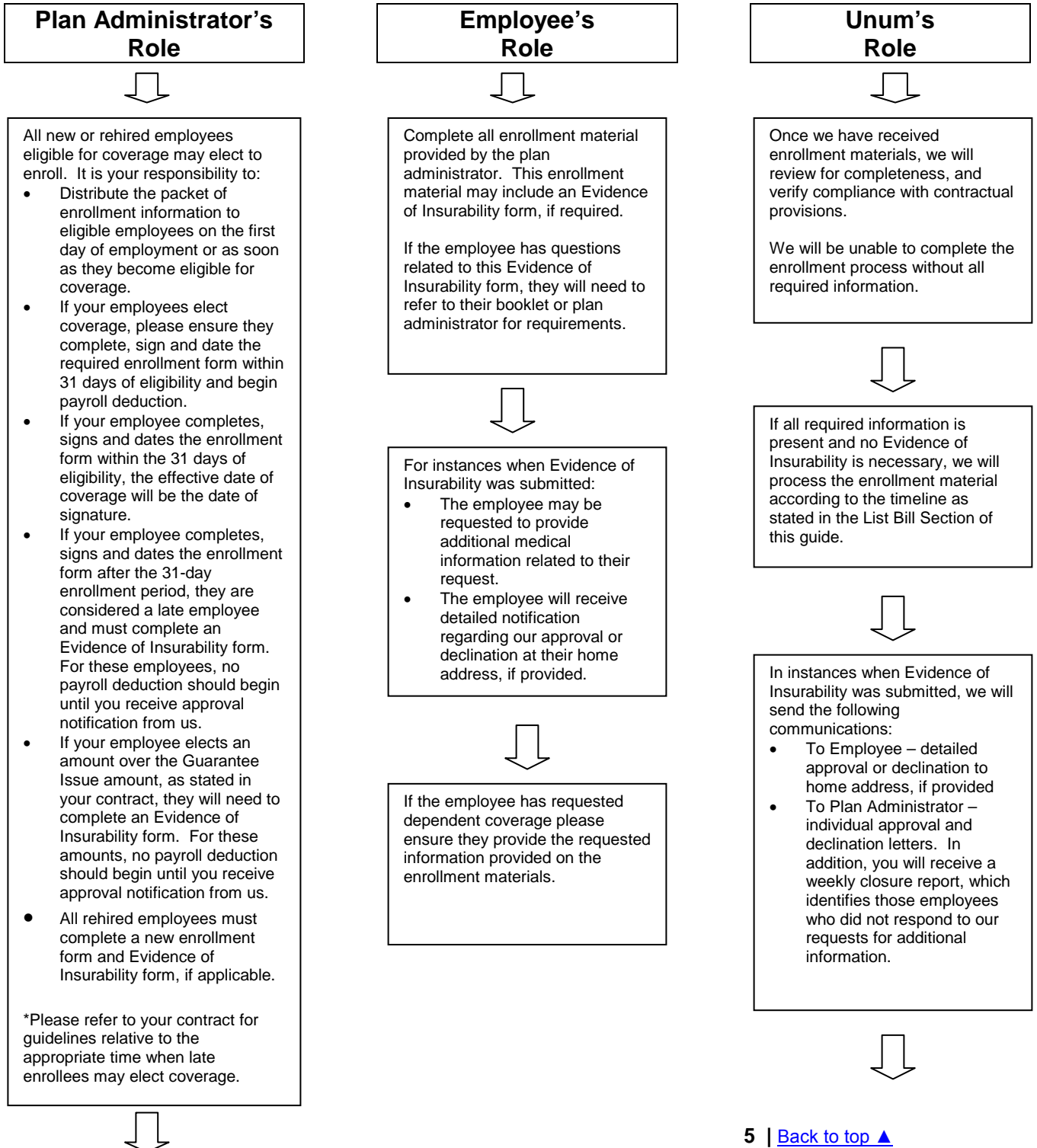


# ENROLLMENT/EMPLOYEE CHANGES

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## Voluntary Plans - Employee Pays All Premium

In a voluntary plan the employee pays all of the premium. All eligible employees have a choice of options from which to elect coverage.



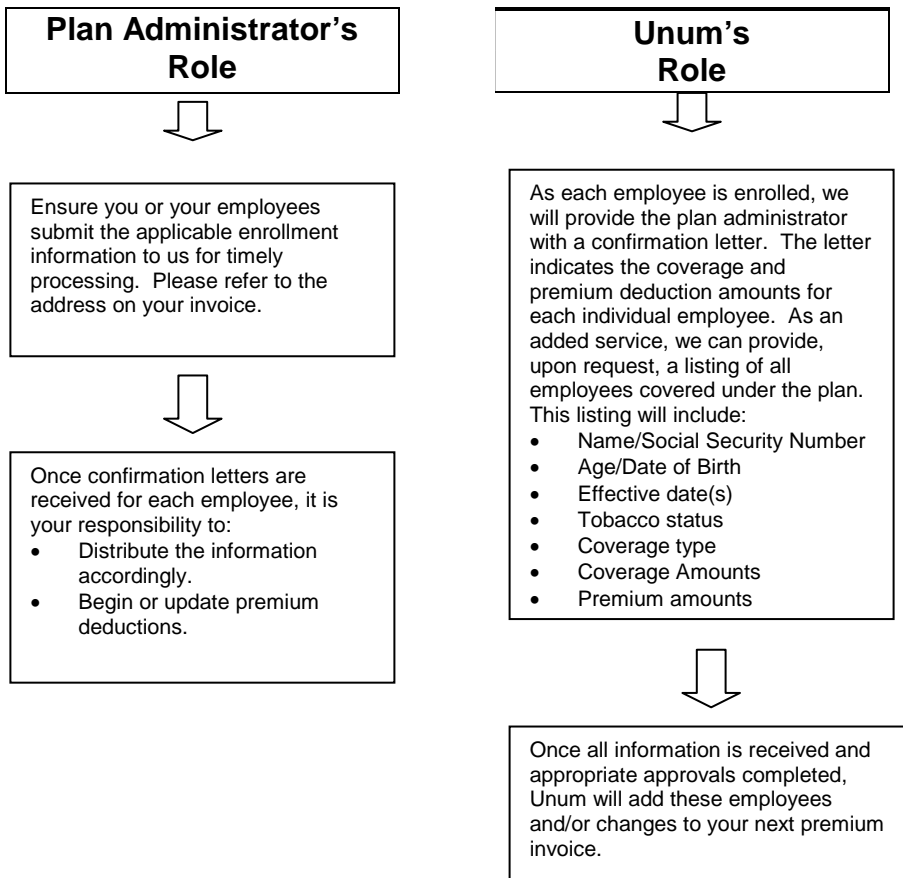
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## Voluntary Plans - Employee Pays All Premium

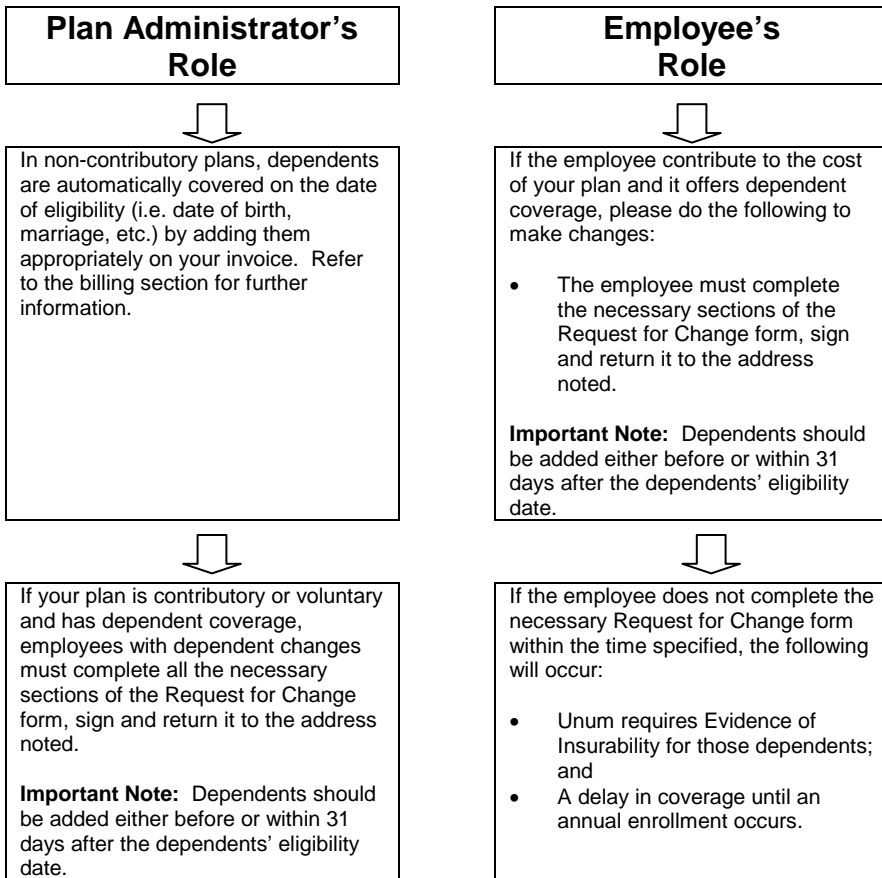


# ENROLLMENT/EMPLOYEE CHANGES

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## New Dependents – Change In Status

Refer to your Unum contract for complete details and to ensure dependents meet all the qualifications and condition.



## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Salary Changes**

Any change in salary should be reported to us in a timely fashion on your invoice. Please refer to your contract for the appropriate earnings definition to determine what should be reported.

VARIABLE MONTHLY EARNINGS (e.g. Commissionable employees)

Your contract will indicate how these earnings should be reported to match contractual benefits. This can be found in the Basic Monthly Earnings section of your contract.

Note: W-2 and K-1 definition of earnings report salary changes annually, effective each January 1<sup>st</sup>.



## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Terminations**

When an employee terminates employment or has been terminated by your company, that employee may have certain rights regarding continuation of coverage. It is the Plan Administrator's responsibility to inform terminating employees, in a timely manner, of continuation of coverage rights and help them take advantage of those rights provided under the terms of your Unum contract. Some of these rights may include:

Portability  
Conversion

**Note:** Please refer to the Portability, Conversion and Transition Insurance sections of this guide for step actions and forms.

If the employee's termination was a result of total disability, that employee may be eligible to have the Life Premium waived depending on your specific contract.

To advise Unum of a terminated employee, simply include the information on the grid provided on your premium statement.

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

## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Leave of Absence/Reservists**

LOA or Leave of Absence is when the employee is temporarily absent from active employment for a period of time that has been agreed to in advance by the employer. Please reference your contract to determine when the coverage ends.

To advise Unum of a leave of absence, simply include the information on the grid provided on your premium statement.

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

Based on your contract, insured reservist employees called for active military duty may be able to continue insurance coverage subject to payment of premiums (including contributory portions) for the longer of:

- The period provided under the Leave of Absence provision in the applicable policy; or
- For those policies with a specific Family and Medical Leave Act provision, the period provided under that portion 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). Our contract treatment, outlined above, reflects this requirement. You should consult your own legal advisors for guidance on these questions or other legal matters.

At the end of this continuation period, employees may be eligible for Portability or Conversion coverage. Please refer to the Portability section of this guide for further action steps.

## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Declining Coverage**

An employee may decline coverage only if it is offered as part of a contributory plan. Employees covered under non-contributory plans are automatically covered; declining coverage is not an option. If an employee declines coverage on a contributory/voluntary plan, you must submit a completed Request for Change form.

Please refer to the Forms section of this website for the appropriate form.

If the employee later decides to elect coverage, we will require satisfactory Evidence of Insurability for any coverage amount. Please refer to additional information on Evidence of Insurability later in this section of the guide.

## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Change in Eligibility Status**

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

- Change in part time to full time employment status – based on the minimum number of hours provision in your contract. This employee would be treated as newly hired. Please refer to the New Hire section of this guide for further details.
- Change in full time to part time employment status – based on the minimum number of hours provision in your contract. This employee may be eligible for Portability coverage depending on your specific contract. Please refer to the Portability section of this guide for further details.

If your contract has differing eligibility classes

- Change from an eligible to ineligible class – based on the minimum number of hours provision in your contract. This employee may be eligible for Portability coverage depending on your specific contract. Please refer to the Portability section of this guide for further details.
- Change from an ineligible to eligible – based on the minimum number of hours provision in your contract. This employee would be treated as newly hired. Please refer to the New Hire section of this guide for further details.

## ENROLLMENT/EMPLOYEE CHANGES

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### Dependent Children Coverage Eligibility

*Help your employees save money by updating their dependent coverage.*

If your Group Life/AD&D or Voluntary Coverages include dependent children, you can help your employees save money by updating their coverage. Consider conducting a dependent eligibility review. This process can encompass all core benefits, including medical and dental.

Dependent children may no longer be eligible for insurance coverage for different reasons — student status, marriage and, most often, reaching a certain age specified by their insurance plan. A dependent eligibility review is simply a reminder to employees to review their coverage documents, determine whether their dependents are still eligible and remove any ineligible dependents.

To make this process easy for you and your employees, Unum has provided a few simple instructions and all the required materials to help HR plan administrators perform a dependent eligibility review of Unum coverages with their company's employees.

#### **If you offer Group Life/AD&D coverage:**

Unum has created this [dependent eligibility flyer for Group Life/AD&D coverage](#) (form # EN-1913) to make it easy for employees to contact their HR plan administrator if they need to change or remove dependents. The plan administrator then adjusts the employee's premium payroll deductions when his or her youngest child is no longer eligible.

- **List bill customers:** Please make changes online or fax them to Unum (refer to the instructions on your paper bill).
- **Self-accounting customers:** Please adjust the number of lives, volume and premium changes on your next bill.

#### **If you offer voluntary coverages:**

Feel free to provide this [dependent eligibility flyer for voluntary coverage](#) (form # EN-1912) to employees. It reminds them to contact Unum when their dependents are no longer eligible.

To remove dependent coverage, employees will need to complete the [removal of dependent children coverage form](#) (form # CS-1182) — which they can obtain by using the contact information on the voluntary flyer. Or, HR plan administrators are welcome to print and share this form with their employees. If employees have questions about this form or need clarification regarding child eligibility, please have them contact Unum at 1-800-635-5597.

#### **For all types of coverage:**

All employees should check carefully to make sure their dependents are still eligible for coverage and take the required steps to cancel over-age dependents' coverage. Failure to do so means employees continue to be charged dependent premium but will not receive benefits on claims for any ineligible dependents.

#### **Types of voluntary coverage your employees may have from Unum include:**

- Group Accident
- Individual Accident
- Individual Critical Illness
- Cancer Assistance
- Cancer Plus
- Med Support
- Group Hospital Indemnity
- Child Term Rider on Life products
  - Interest Sensitive Whole Life
  - Whole Life
  - PS2000
  - Voluntary Individual Universal Life
  - VB Term – 10/10/YRT

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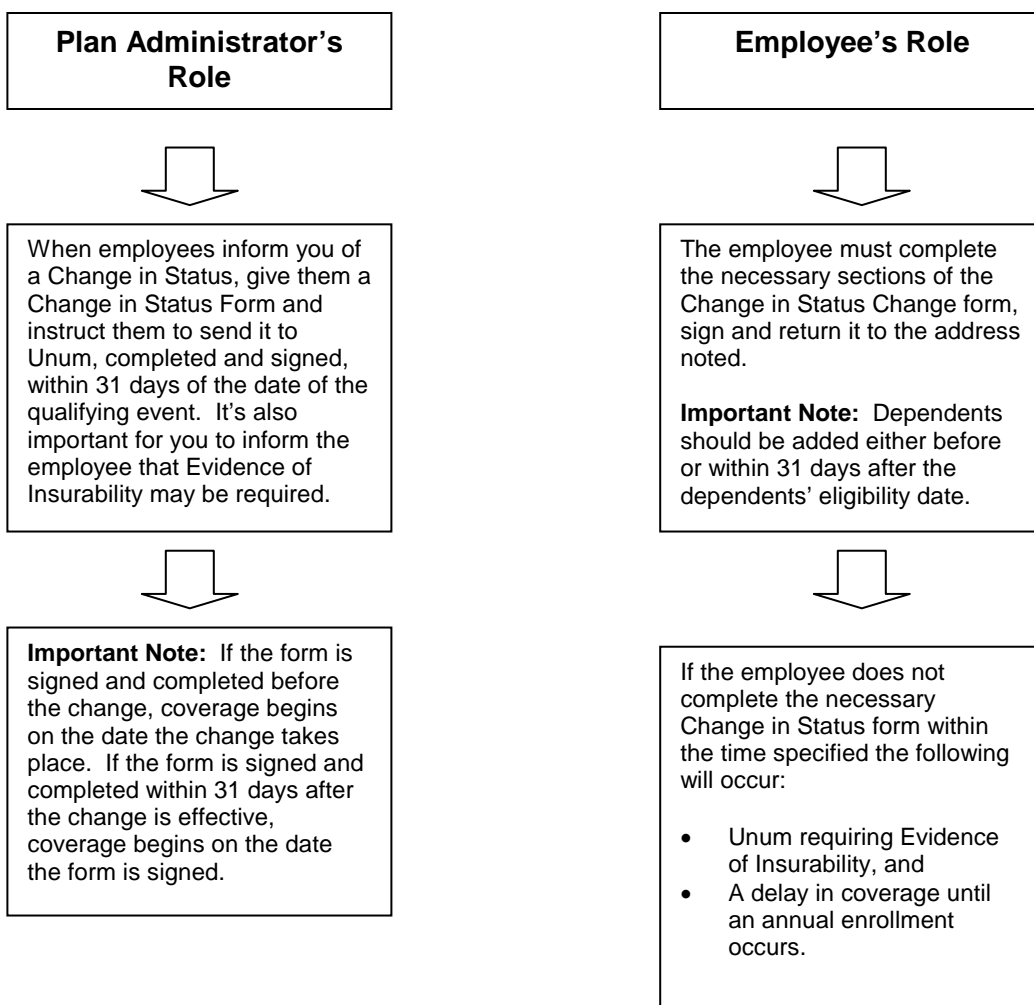
### Flex Plans - Change in Status

Employees participating in a Flexible Benefits Plan can make changes both at annual re-enrollment in preparation for the new plan year and when the employee experiences a Change in Status. These are situations when an employee's insurance needs may change. By permitting changes to benefit selections, your company accommodates those needs.

A Change in Status may include:

- Legal Marital Status
- Number of Dependents
- Employment Status
- Dependent satisfies or ceases to satisfy eligibility requirements
- Residence

For additional information regarding Change in Status requirements, please refer to [www.IRS.gov](http://www.IRS.gov).



## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Annual Enrollment/Re-Enrollment**

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 can be used to help employees make changes to the coverage they contribute to for the next year.

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

- If employees would like to change their level of coverage, they must re-enroll.
- If Life insurance amounts are over the Non-Medical Maximum/Guaranteed Issue Amount refer to the Evidence of Insurability requirements in your plan
- 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
- All employees who were previously eligible, but are not currently enrolled, must complete an Evidence of Insurability form.
- All employees previously declined by our medically underwriting department must complete a new Evidence of Insurability form.
- All enrollments should be signed and dated appropriately. Please refer to your Annual enrollment/Re-enrollment materials for your specific timeframe.
- Requested changes for dependents who are disabled will not take place until they are no longer disabled

If the employee is not actively at work because of an injury, a sickness, a temporary layoff or leave of absence, requested increase of insurance will not take place for the employee and/or dependent until the employee returns to active employment, as defined in your Unum contract.

## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Increase / Decrease Coverage**

#### **Voluntary Life**

During the annual enrollment period, employees already enrolled may increase their Life coverage up to the guarantee issue level without providing Evidence of Insurability. Employees increasing coverage over the guarantee issue amount, as indicated in your contract, must provide Evidence of Insurability. Employees who declined the coverage during their initial enrollment opportunity must provide Evidence of Insurability for any coverage.

**Note:** Enrollment may only occur during the annual enrollment period.

In addition to receiving the Evidence of Insurability form from your employee, a request for change or new enrollment form must be completed.

In addition to the Evidence of Insurability form, additional forms may be required depending upon the requested change in coverage as follows:

- Increase in coverage also requires an Enrollment form
- New enrollee requires an Enrollment form

Decrease in coverage requires a Request for Change form only.

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

The employees who elect to participate in your Life and/or Life and Accidental Death & Dismemberment Insurance plan may discontinue all or part of their coverage at any time during the year. Your employees simply complete a Request for Change form and return it to you. Then, please forward the forms, by mail or fax, to Unum for processing, retaining a copy for your records.

Click on this link for a list of helpful Voluntary Life [Frequently Asked Questions](#).



## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Increase / Decrease Coverage (new cases effective prior to 7/1/03)**

#### **Voluntary LTD**

Employees participating in your Voluntary Long Term Disability plan may increase or decrease their coverage during the re-enrollment period.

**Note:** Increases are subject to the pre-ex (except in Pennsylvania). The re-enrollment period, also known as open enrollment, occurs every two years.

During this time no medical underwriting is required to enroll, however, a pre-ex does apply. Employees previously declined by medical underwriting are required to submit Evidence of Insurability even during the biannual re-enrollment period. In addition, enrolled employees who do not return an enrollment form will continue to be enrolled in their current coverage option. The cost for insurance may increase due to age and/or salary change.

The employees that elect to participate in your Long Term Disability plan may discontinue their coverage at any time during the year. Your employees must provide Unum with a written request to reduce coverage.

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

## **ENROLLMENT/EMPLOYEE CHANGES**

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### **Increase / Decrease Coverage**

#### **Flex Plans**

Employees participating in a Flexible Benefits program can make changes to their coverage only during an annual enrollment period or a Change in Status.

At annual enrollment, the employee completes an Enrollment form and Evidence of Insurability form, if applicable. In the event of a Change in Status, the employee completes a Change in Status form and Evidence of Insurability form, if applicable. For more information, please refer to Change in Status or Annual Enrollment/Re-Enrollment section of this guide.

During the annual enrollment period, employees already enrolled may increase their Life coverage up to the guarantee issue level without providing Evidence of Insurability. Employees increasing coverage over the guarantee issue amount, as indicated in your contract, must provide Evidence of Insurability. Employees who declined the coverage during their initial enrollment opportunity must provide Evidence of Insurability for any coverage. Refer to the Evidence of Insurability section of this guide for further information.

## ENROLLMENT/EMPLOYEE CHANGES

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### Evidence of Insurability

Please refer to your contract for any specific rules and regulation 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 a coverage requiring Evidence of Insurability
- The selected coverage amount is above the guarantee issue amount stated in your contract
- The individual was previously declined coverage
- The individual is enrolling for coverage late – see your contract for guidelines around timely reporting.

It is important to identify situations requiring Evidence of Insurability **before** submitting enrollment forms to Unum. Coverage will not take effect if Evidence of Insurability is not approved.

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 requested coverage is approved, you and your employee will be notified of the approved amount and the effective date. If you have a voluntary plan, you will also receive a confirmation letter, which lists coverage detail as well as premium deduction amounts. You should begin payroll deductions based on the date coverage was approved. For Flex Plans, deductions begin the first of the month following the effective date of approval.
- 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 has 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 status of all Evidence of Insurability forms submitted via our secured web site. Please refer to the Internet Service toolkit for this information.

## ***ENROLLMENT/EMPLOYEE CHANGES***

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### **Change in Beneficiary**

In your employee files, you need to permanently maintain employees' current beneficiary designation. Having this information readily available in the unfortunate event of claim will assist you and your employee's beneficiary.

## PORTABILITY/LIFE CONVERSION

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### Portability

If your plan provides employees with portability privileges, the plan administrator must notify the terminating employee of the rights of portability. Portability means the eligible employee can continue term life\* coverage after a qualifying event at specified rates.

**Qualifying events** for insureds and/or their dependents includes:

- An individual's employment ends
- An individual retires
- An individual's hours no longer meets the minimum hours eligible under the group plan
- An individual has passed away. Note: spouse may port and child coverage may be continued as long as the spouse has ported their coverage
- Divorce from employee: spouse may port their coverage if they divorce from the employee, child coverage may continue with the spouse or remain under the group insurance policy, but not both.

**Events which do not qualify for Portability:**

- Medical condition(s) which has a material effect on life expectancy.
- Employees/dependents who are "sick or injured" at the time of application.  
**Note:** "sick or injured" is defined as a condition which would have a material effect on a person's life expectancy. If an insured is uncertain if their medical condition has a material effect on their life expectancy, it is recommended the insured submit both Portability and Conversion applications with a full disclosure of their medical history.
- Employees/dependents who become ineligible for Group life policy changes
- Change in job class/title
- Termination of group life insurance contract
- Coverage terminates due to lack of premium payment
- Termination of the Unum trust policy
- Dependents, if employees have chosen not to port coverage (except in the event of death/divorce)
- Retirees who retired before the plan took effect, but covered under the group insurance policy.

**Important Facts about Portability:** All Portability provisions are subject to the terms of the group insurance policy.

- Applicants (including spouse/children) may increase or add coverage by completing an Evidence of Insurability Form. Approval is subject to Medical Underwriting and a review of the terms of the former group insurance policy.
- \*Portability is a term life policy that does not gain cash value
- Premiums may increase in age banded increments
- Coverage may reduce according to the former group life insurance policy
- Dependent coverage may be reduced/terminated at anytime
- Insured may submit a request to reduce their coverage at anytime
- AD&D coverage cannot exceed Life coverage
- The maximum coverage is \$750,000 for Life and AD&D combined.
- Service extensions (such as survivor support, financial counseling or employee assistance) do not extend to the Portability privilege.

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## **PORTABILITY/LIFE CONVERSION**

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### **Life Conversion**

When an employee or their dependent experiences a loss of Group Life coverage for any reason other than a Group Life insurance policy termination, refer to your insurance policy plan for special provisions that may apply:

- Their employment terminates
- They reach an age specified in your Unum contract
- They are no longer eligible to participate in the coverage

#### **Important Facts about Life Conversion**

- Each insured is issued a separate policy and is not subject to the terms of the prior Group Insurance policy.
- Coverage may be equal to or less than the insured had under the group policy
- Whole Life Conversion gains cash value over a specified amount of time
- The insured's premiums will never increase; however they are rated for individual coverage and may differ substantially from group rates
- The insured's coverage does not reduce
- AD&D is not available
- If an insured loses Life coverage while satisfying an elimination period for waiver of premium, it is recommended that Whole Life Conversion is selected. If waiver of premium is approved, all premiums paid towards the conversion coverage will be refunded to the insured.

### **LTD Conversion**

If your Unum Long Term Disability contract contains Conversion, the employee may be eligible. The employee must be covered under your Long Term Disability plan for 12 months prior to the date of his/her termination, to be eligible to convert their coverage. Please refer to your Group LTD Conversion application for specific eligibility information.

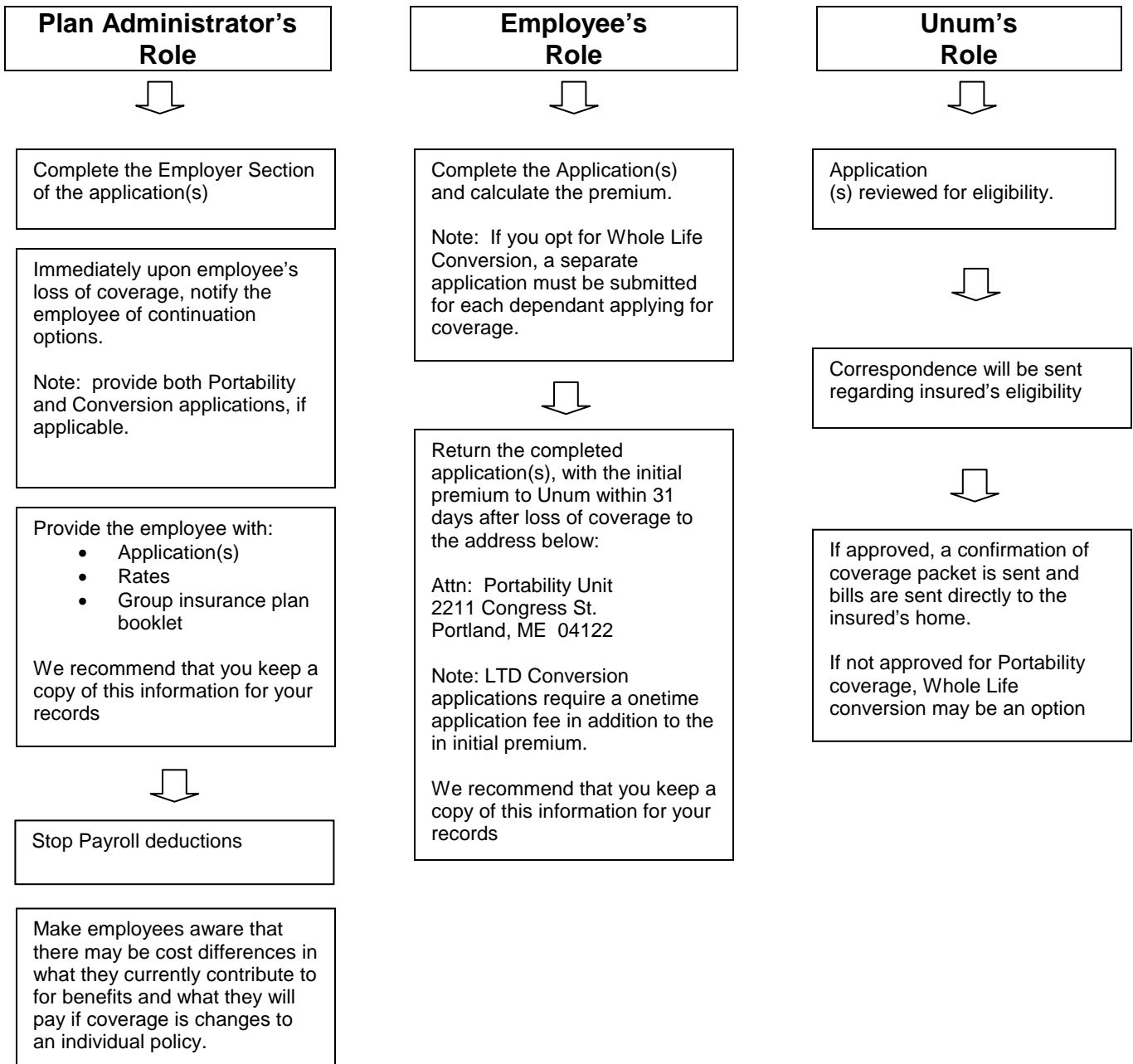
#### **Important Facts about LTD Conversion**

- A separate policy is issued and is not subject to the terms of the prior Group Insurance policy
- The benefit amounts are based on the insured's last basic monthly earnings at the time of termination.
- If policy is issued, salary changes do not impact the converted coverage
- Premiums may increase in age banded increments
- There is a 180 day elimination period

# PORTABILITY/LIFE CONVERSION

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## Portability, Life & LTD Conversion Roles & Responsibilities



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## TRADITIONAL BENEFIT AMOUNT AND PREMIUM CALCULATIONS

<b>LIFE &amp; AD&amp;D</b>	<b>STD</b>	<b>LTD</b>
<b>BENEFIT AMOUNT</b>	<b>BENEFIT AMOUNT</b>	<b>BENEFIT AMOUNT</b>
Annual Salary X Benefit	Weekly Salary X Benefit	Monthly Salary X Benefit
Round to the Next Higher \$1000	Round to the Nearest \$1	Round to the Nearest \$1
<b>Benefit Amount</b>	<b>Benefit Amount</b>	<b>Benefit Amount</b>

<b>LIFE &amp; AD&amp;D</b>	<b>STD</b>	<b>LTD</b>
<b>PREMIUM</b>	<b>PREMIUM</b>	<b>PREMIUM</b>
Benefit Amount	Benefit Amount	Covered Payroll [Monthly Salary – rounded to the nearest \$1]
X Rate / \$1000	X Rate / \$10	X Rate / \$100
<b>Premium Amount</b>	<b>Premium Amount</b>	<b>Premium Amount</b>
For a more detailed example please click <a href="#">here</a> for Traditional Life And <a href="#">here</a> for Voluntary Life	For a more detailed example please click <a href="#">here</a>	For a more detailed example please click <a href="#">here</a>

*Notes:*

- This is a standard premium calculation. Please refer to the specific language of your group policy for any variations.
- Certain benefit amounts may be subject to Evidence of Insurability requirements (e.g., amounts over the guaranteed issue amount, amounts requested by late entrants). These amounts should be excluded from your calculation until Unum has approved coverage.

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## List Bill

Unum offers several billing methods to meet your needs. List bill is commonly used for groups with less than 500 lives, as it allows Unum to edit contractual compliance for critical areas, such as Guarantee Issue Maximums and Waiting Periods. List bill is available in paper form or electronically through our secure website.

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. Payments should always match the amount billed, as any applicable credits or charges will be reflected on your next bill.

It is important to notify the 1-800-421-0344 Service Center 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.

**Note:** W-2 and K-1 definition of earnings report salary changes annually, effective each January 1<sup>st</sup>.

Please refer to the List Bill Step Action section in this guide.

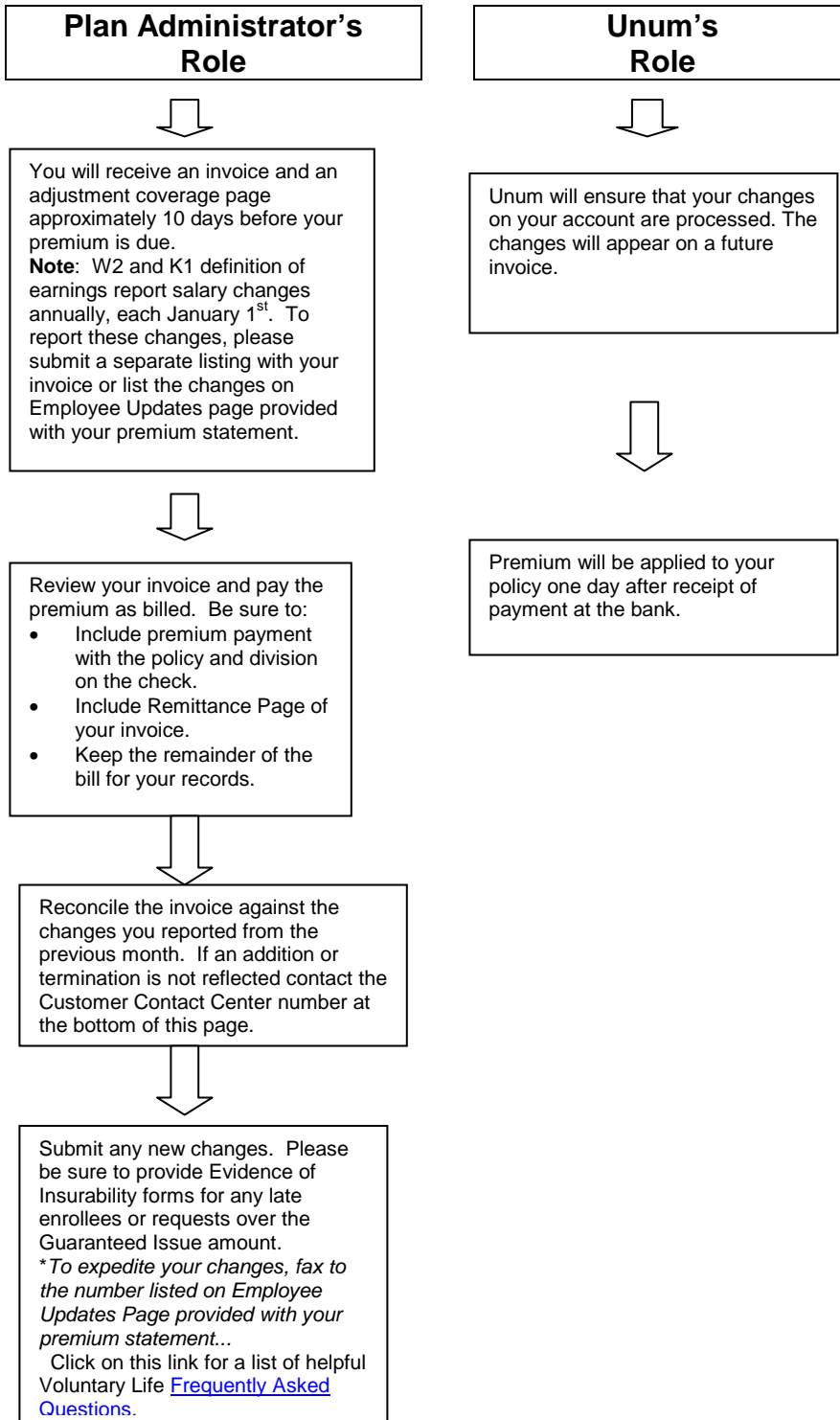
[List Bill Sample](#)

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## Step Action List Bill



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**List Bill for Flex Plans**

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. Payments should always match the amount billed, as any applicable credits or charges will be reflected on your next bill.

The billing summary is broken into two sections: insured benefits and non-insured benefits. The insured benefit portion shows the net premium due by type of coverage. The non-insured benefits section reflects the additional charges due on the non-insurance items. Non-insurance items include charges for reimbursement accounts, plan documents, etc. The billing adjustment page lists any adjustment for adding a new employee, termination and any adjustment made to coverage elections. The Carrier Premium Distribution lists all employees, coverage elected and total premium.

**Reimbursement Account Fees**

The reimbursement accounts show two fees: plan fee and participation fee. The plan fee is the initial set up charge for the reimbursement account and is usually billed up front. The participation fee is the monthly charge per employee multiplied by the number of employees in the account.

There are several reports to assist you with premium reconciliation. The following reports are available:

**Confirmation Forms:**

The confirmation form states what an individual elected for coverages, the volume for their coverage, the cost per payroll basis and any dependents covered.

**Salary Impact Report:**

The Salary Impact Report is a recap of the information provided on the employees' confirmation forms. All numbers shown are on a payroll and monthly basis. This report is generated once on the effective date and each year at time of renewal.

**Sample Salary Impact Report  
01/01**

Employee Name	Life	AD&D	LTD	Total Elects	Flex Credit	Salary Increase Decrease
Employee Name	0.83	0.65	1.82	5.15	3.85	1.30
Employee Name	2.08	1.62	3.84	9.90	5.20	4.70
Employee Name	8.77	1.62	4.47	40.86	3.85	37.01
Employee Name	1.29	0.65	1.30	6.40	3.85	2.55
Employee Name	2.08	1.62	1.08	16.63	5.20	11.43
Employee Name	2.08	1.62	2.10	26.40	2.25	24.15
Employee Name	14.77	1.62	5.19	30.35	5.20	25.15
Employee Name	0.42	0.32	3.32	18.35	3.85	14.50
Employee Name	2.08	1.62	4.00	17.90	4.20	13.70
Employee Name	2.08	1.62	1.87	7.48	5.20	2.28
Employee Name	3.51	0.65	5.08	45.01	4.20	40.18
Employee Name	<u>2.03</u>	<u>0.65</u>	<u>1.25</u>	<u>14.47</u>	<u>2.25</u>	<u>12.22</u>

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[Flex Plan Sample List Bill](#)

### **Employee Level Detail**

The employee level detail reports shows all of the employee's basic information such as Name, Social Security Number, Date of Birth, Date of Hire, Annual Salary, Reimbursement Accounts and their elections for coverage.

### **Life/Accidental Death Volume Report:**

The volume report is used to check volume coding and helps calculating imputed income. This report may also be used to verify amounts over the non-medical maximum and overall maximum.

### **Base/Buy-up Report for Short Term Disability and Long Term Disability Plans**

The base buy-up report will show for each coverage election the cost for coverage based on your payroll date, i.e. 24 semi-monthly, 52 weekly, 26 bi-weekly as well as brake out cost between employee and employer. The report will list the costs for the employee and the employer.

To order these reports, please contact your Flex representative by calling 877-ASK-FLEX (877-275-3539).

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## FLEX CALCULATION OF MONTHLY PREMIUM

(Insurance Age = Employee's age as of their effective date)

### **CONVERTING MONTHLY PREMIUM TO EMPLOYEE PER PAYCHECK COST:**

Bi-Weekly (26 pay periods):	Multiply by 12 and divide by 26
Semi-Monthly (24 pay periods):	Divide by 2
Weekly (52 pay periods):	Multiply by 12 and divide by 52

### LIFE AND AD&D

NOTE: Limit benefit amount according to plan design minimums and maximums  
Round the benefit amount to next higher thousand (Base and Buy-Up separately).

SAMPLE: Annual Salary: \$23,500, Rate .15 (Life) .04 (AD&D)

#### **CALCULATION:**

$\$24,000 / 1000 \times .15 = \$3.60$  Life Monthly Premium  
 $\$24,000 / 1000 \times .04 = \$ .72$  AD&D Monthly Premium

### LTD

NOTE: Cut off at Maximum Covered Salary (Example: Benefit is 60% to \$5,000, Maximum Covered Salary would be \$5,000 divided by .60 or \$8,333).

SAMPLE: Annual Salary \$30,000, Rate .34

#### **CALCULATION:**

$\$30,000 / 12^* / 100 \times .34 = \$8.50$  LTD Monthly Premium (\*monthly covered salary is lower than \$8,333).

### STD

NOTE: Cut off at Weekly Benefit Maximum (Example: Benefit is 50% to \$250, Weekly Benefit Maximum is \$250).

SAMPLE: Annual Salary \$30,000, Rate .23

#### **CALCULATION:**

$\$30,000 / 52$  (rounded to nearest \$)  $\times .50^*$  (rounded to nearest \$)  $/ 10 \times .23 = \$5.75$  STD Monthly Premium (\*weekly benefit exceeded \$250, so cap at \$250).

**FLEX LTD/STD:** When calculating Employee cost on a Funded (Base) with Buy-Up Plan, calculate the cost as you normally would for the Funded Base (Option A) and Buy-Up (Option B), then subtract Option A from Option B. This will give you the cost to the Employee. The Employer will be billed for the Buy-Up premium. **FLEX LIFE:** The cost to the Employee will be the result of the calculation performed on the Buy-Up option only. The Employer will be billed for the Base premium and the Buy-Up premium.

[Flex Self-Accounting Bill Sample](#)

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## Self Accounting

For customers with over 500 lives, bottom line self-accounting is a popular billing method. This method allows customers to report total coverages to us on a monthly basis. These customers are not required to report detailed employee changes to us monthly. The Plan Administrator is responsible for administering, maintaining and adhering to contractual guidelines to ensure timely claims processing.

This option is available in paper format or electronically through our secure website. For Flex plans only the paper format is available.

Bottom line self-accounting customers will be requested to submit a census to us annually. In order to retain this billing method, this census must be received.

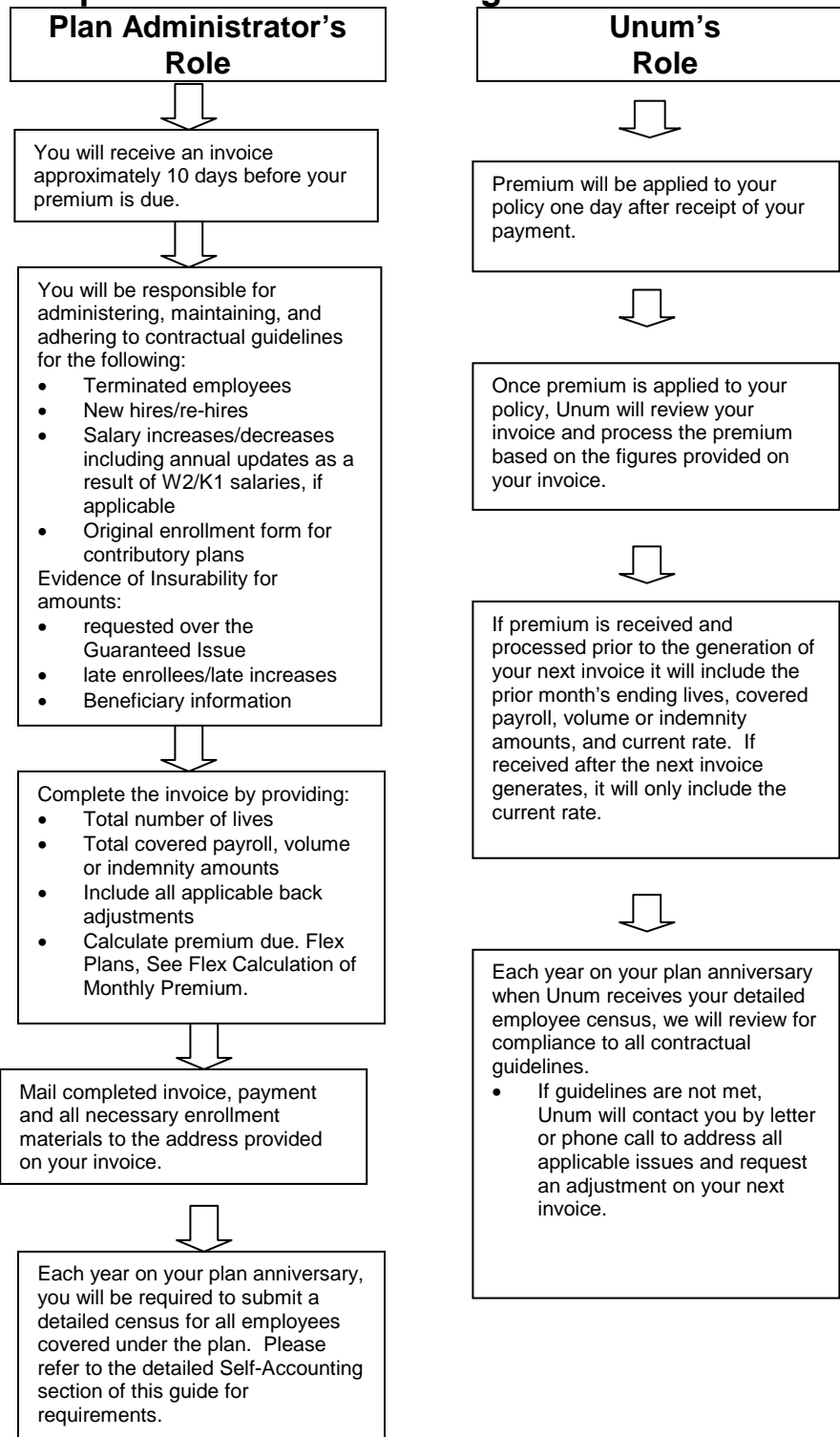
Please see the Self Accounting Step Action section in this guide.

[Self Accounting Bill Sample](#)

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## Step Action Self Accounting



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## Internet Billing - Self-Accounting

When the statement is posted to the Web site and is ready for review, an e-mail notification will be sent to the Plan Administrator on record.

### Understanding the Online Self-Accounting Premium Statement Invoice

Unum prepares the initial online bill based on the high-level employee data provided.

- Beginning number of Covered Lives
- Beginning Coverage Amount
- Modal rate for each coverage Your plan's current

The Web site will automatically display the oldest Premium Statement to be completed.

**Note:** A different due date can be viewed by using the **Select Due Date** drop-down menu. However, the Premium Statement with the oldest Due Date must be completed before one with a more recent Due Date can be updated.

The Total Amount Due is calculated based on the Covered Lives and Coverage Amount entered for the current billing period.

**Note:** The new Covered Lives and Coverage Amount will become the starting figures for the next Due Date.

### Premium Payment

Premium payment is for the billing period noted on the Premium Statement.

- If the Premium Statement displays a remittance address, send the check and a copy of the statement to the address displayed.
- If the Premium Statement for the policy-division being viewed has the Online Authorization service, it will include the following wording: **This billing number is registered for Online Authorization of premium payment. *Click Here* to authorize online payment.**

### Request for Change and Evidence of Insurability Forms

Certain events require an employee to complete, sign and submit to Unum a Request for Change or Evidence of Insurability Form.

These forms can be located online using the applicable navigation links.

**Request for Change:** This form may be required when an employee makes a change or addition to their Unum coverage (e.g., an employee is adding spouse coverage due to marriage). For more information and to determine if a particular event or employee change requires the submission of this form you can review further instructions on the 'Request for Change Form'.



**Evidence of Insurability:** This form may be required when an employee makes a change or addition to their Unum coverage requiring approval from Unum's medical underwriting department (e.g., An employee is increasing Life coverage which exceeds the Group Insurance Policy's non-medical maximum amount). Refer to The Group Insurance Policy to determine if a particular event or employee change requires the submission of an Evidence of Insurability form.

If you are a registered user, you may access additional details on the Internet Services using the **Help** links on each page.

## **Internet Bill - List Bill**

When a Premium Statement is posted to the Web site and is ready for review, an e-mail notification will be sent to the Plan Administrator on record.

### **Understanding the Online List Bill Premium Statement**

Unum prepares the Internet bill based on the employee level data provided.

Use the Premium Statement service to:

- Review summarized billed amounts and coverage detail for a specific billing period
- Review employee level information
- Download the employee level information
- Print a Premium Statement with or without Employee Detail
- Determine, for a newly posted bill, when employee changes and additions must be received to be included on the next applicable bill.
- Find the remittance address, if the policy-division is not registered for an online payment service.

## **Understanding Employee Changes/Additions**

### **Report Employee Changes**

This page is the starting point for employee changes and is based on the most recent bill. Use this page to:

- Report employee changes (name, salary, class etc.)
- Terminate employees

### **Add Employees**

Use this page to:

- Add a new applicant or employees who have become eligible for coverage.

### **History: Employee Changes**

Use this page to:

- View history of online employee changes

## **Enrollment, Request for Change and Evidence of Insurability Forms:**

### **Enrollment Forms**

If any coverage being offered to the employee is contributory, the eligible employee must complete and sign an **enrollment form** which must be retained by the employer for record-keeping purposes. A copy of the enrollment form may be required (or other evidence of an election change acceptable to Unum) in order for Unum to process claims.

**Evidence of Insurability Forms**

Certain events require an employee to complete, sign and submit to Unum a Request for Change or Evidence of Insurability Form.

**Request for Change Forms**

This form is required when an employee makes a change or addition to their Unum coverage (e.g., an employee is adding spouse coverage due to marriage). For more information and to determine if a particular event or employee change requires the submission of this form you can review further instructions on the 'Request for Change Form'.

**Evidence of Insurability:** This form may be required when an employee makes a change or addition to their Unum coverage requiring approval from Unum's medical underwriting department (e.g., An employee is increasing Life coverage which exceeds the Group Insurance Policy's non-medical maximum amount). Refer to The Group Insurance Policy to determine if a particular event or employee change requires the submission of an Evidence of Insurability form.

These forms can be located online using the applicable navigation links.

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

If your company contracts with a TPA to manage your billing, Unum will work directly with that TPA on your behalf. Bills will be forwarded to the TPA for completion and remittance of any premium due. A signed agreement must be completed to ensure that the TPA has full responsibility to maintain your employee-level billing records. Unum will initiate the agreement. Part of this agreement must also indicate that we are able to communicate directly with the TPA regarding confidential information. At that time, the applicable steps are outlined for you.

Regardless of this agreement, it is the responsibility of the employer to ensure that the TPA is administering the policy based on all the terms of the contract purchased by the employer.

## **Employer FICA Match**

Your company has elected to have Unum automatically deposit the matching employer's portion of the Social Security and Medicare taxes on Disability Benefits. Along with this service, Unum will prepare all W-2 forms for the recipients of disability benefit payments and handling all government reporting of W-2's and taxes withheld. W-2 forms are mailed annually by Unum directly to your disabled employees prior to the January 31<sup>st</sup> deadline.

Your company has also agreed (and you should retain for your records your signed copy of the Employer FICA Match Service Agreement) to reimburse Unum as billed for the employer's share of the social security/railroad retirement taxes advanced to the Internal Revenue Service by Unum. This amount will appear with your insurance premium bill and follow the insurance premium payment guidelines.

**Important Tax Information: Imputed Income for Flex Plans**

Under Section 79 of the Internal Revenue Code, employer provided Group Life coverage will generate additional taxable income to the employee under either or both of the following situations:

- Employee's life insurance coverage exceeds \$50,000.
- Dependent life insurance coverage exceeds \$2,000. (If dependent life exceeds \$2,000, taxable income is calculated on the total amount.)

**Sample IRS Table I**

<b>Age*</b>	<b>Cost per \$1,000 for 1 Month Period</b>
Under age 25	\$ .05
25 to 29	.06
30 to 34	.08
35 to 39	.09
40 to 44	.10
45 to 49	.15
50 to 54	.23
55 to 59	.43
60 to 64	.66
65 to 69	1.27
70 and over	2.06

\*Based on the employee's (or dependent's) age on the last day of the taxable year (12/31).

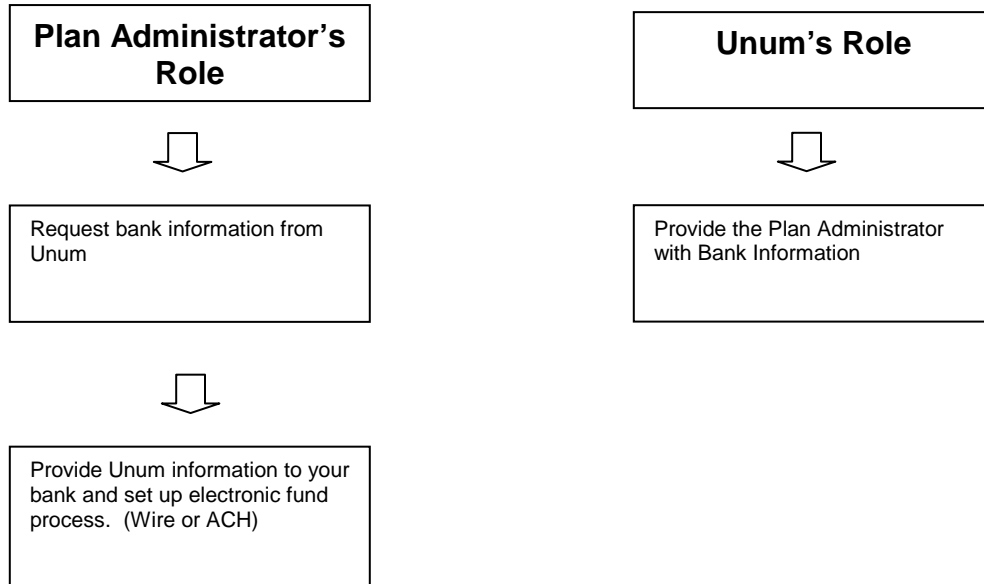
The total of this additional income should be shown on the employee's W-2 form as the "Cost of Group Term Life" and be included in Federal and State taxable wages. You will receive this itemized list from Unum on an annual basis.

Unum provides an Imputed Income Report each year detailing which life insurance costs are considered taxable income to the employee. It is up to the Employer to calculate Imputed Income amounts. Unum provides policyholders with a letter explaining how Imputed Income is calculated.

Under a Section 125 plan, Group Life insurance coverage will generate additional taxable income for many employees. The major reason is that pre-tax contributions are considered to be employer contributions. The amount of additional income (also known as "imputed income") is computed according to IRS regulations and rates for specific age groups. (To the extent that the imputed income resulting from employee coverage does not increase an employee's total W-2 earnings to an amount over the FICA wage cap, the imputed income is also subject to FICA taxes.)

## Electronic Transfer

Unum currently accepts only customer initiated fund transfers. This means the customer must set up the process. Unum currently does offer an auto-debit option to qualified policies through iServices only.



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## Data Transfer

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

- Salary Changes
- Terminations
- Additions
- Miscellaneous information requested from Unum

The required tool used to submit these electronic files is a Microsoft Excel® spreadsheet. A template of the spreadsheet can be provided to you by an Internet Service Representative.

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## How to Complete a Claim

A specific claim form must be completed for each claim made. Procedures vary depending on the type of claim being submitted. When your plan includes Death, Disability, Dismemberment or Accelerated Benefit coverage, the employee must complete his/her part of the claim form, which may include an “Attending Physician’s Statement” and submit it to you for additional information. For privacy reasons, throughout this section of the guide, we recommend that:

- You complete the Employer section of the claim form and provide it to the employee for completion;
- The employee works with the attending physician to ensure the form is fully completed; and
- Once completed, please forward the form to the appropriate mailing address found on the form to Unum for consideration.

Remember that claims should be filed as soon as it’s known that the employee, employee’s dependent, or beneficiary may be eligible for a benefit. Disability claim forms should be filed at least 45 days before the end of the elimination period or earlier, if possible.

Life claim forms should be filed at least 30 days after the death has occurred. Accidental Death and Dismemberment claims should be filed 15 months from accident and Accelerated Death claims should be filed within 12 months of the certified death. This allows time for claim processing and minimizes delays in receiving the benefit check(s).

A critical stage in the Claims process is the forms review process. You must make certain that forms are completed accurately. Typical areas of oversight include:

- No signature or date on the form
- Incomplete or missing attachments (e.g., Enrollment Card)
- Failure to have a doctor complete the Physician’s Statement, when required
- Social Security Numbers differ from Employer to Employee section
- Verification of wages hasn’t occurred
- Omitting effective date from form

Identifying and correcting problems on the claim form *before* it reaches Unum will ensure that claims are processed and benefits paid as quickly as possible.

For disability claims, benefits do not become payable until the elimination period has been satisfied as well as all other policy provisions. The elimination period is the number of days a person needs to be disabled before a benefit is payable.

Unum’s payable benefit structures are as follows:

- Weekly for Short Term Disability Claims
- Monthly for Long Term Disability Claims

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In a lump sum for Life and Accidental Death and Dismemberment claims if less than \$10,000

- When a Life or Accidental Death and Dismemberment benefit payment is greater than \$10,000, Unum makes the payment by depositing it into a retained asset account unless a lump sum payment election is made on the claim form. Retained asset accounts are draft accounts that pay interest at a competitive rate while allowing beneficiaries unrestricted access to their benefit funds by simply using the check books or debit cards sent to them.

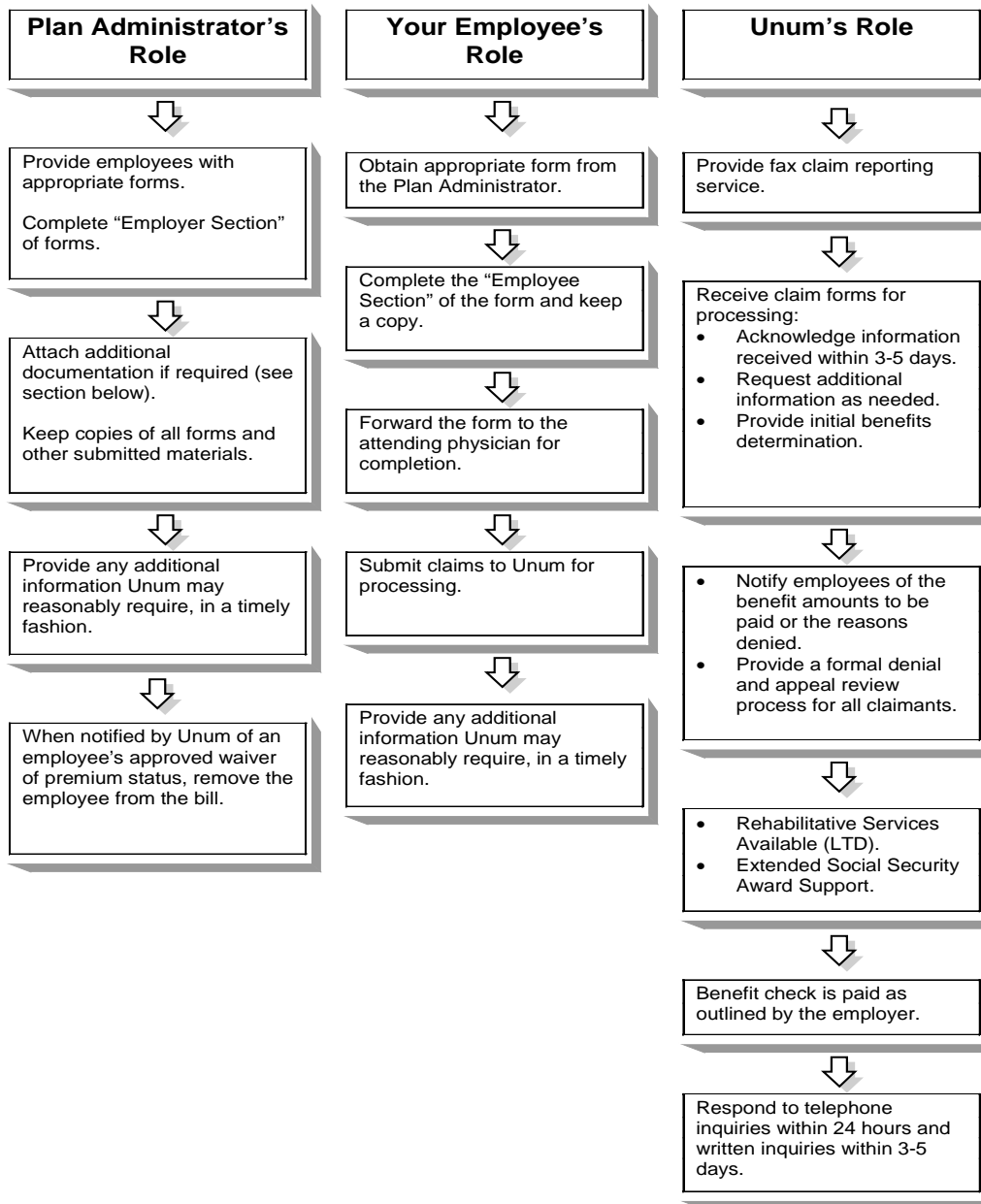
Retained asset accounts allow each beneficiary to decide how best to manage her/his benefit proceeds. The beneficiary may write drafts in any amount, from a minimum of \$250.00 up to the entire account balance. Alternatively, the beneficiary may leave the money in the retained asset account for as long as s/he may wish, writing drafts only when needed. Unum pays all of the service charges and fees (except, of course, for overdrafts) associated with the accounts. Beneficiaries are not charged for bank drafts and may not put additional money into the account; it is for the insurance proceeds only.

The beneficiary will receive an initial account statement detailing the opening balance and the current interest rate being credited to the benefit proceeds in the retained asset account. The beneficiary will then receive monthly account statements showing the current account balance, interest rate and accrued interest, together with the beneficiary's account transactions, if any, for that month. When the balance drops below \$250, the account is automatically closed after the balance is sent by check to the beneficiary.

If a beneficiary does not want to receive payment of the benefit proceeds via a retained asset account, this must be indicated on the claim form by checking the single lump sum payment box provided in Section 5 concerning BENEFICIARY INFORMATION.

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## Claim Processing Roles and Responsibilities



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## Additional Documentation

When preparing/organizing the materials needed to submit a claim, your employees may need to attach additional documentation when submitting the claim form(s) to Unum. The following outlines the additional materials that may be applicable:

- Job Analysis forms completed by the Employee's Supervisor
- Copy of the enrollment card/form
- Certified copy of the Death Certificate\*
- Copy of any Change of Beneficiary forms
- Worker's Compensation Report of Injury
- Education Expense Benefit – proof of child enrollment
- Dependent Care Benefit – copy of Dependent Care expense
- W-9 form

**\*Note:** When a named beneficiary dies before the insured, a copy of the Death Certificate for that beneficiary must also be sent to Unum.

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## Long Term Disability Waiver of Premium

Once an employee has been approved and is receiving a disability benefit, monthly premiums are waived. Your notification will appear on your copy of the claimant's first benefit check. On your premium invoice remove the employee's monthly covered earnings (covered payroll) from the total covered earnings reported. Premiums are waived, (at '0' amount), during the time the employee is on Waiver of Premium. Continue to reflect this employee in the total amount of lives covered under the policy. This individual is still considered an employee and should not be reflected as a terminated.

**Important Note:** You must continue to forward premiums for the employee during the elimination period or coverage will lapse.

If the employee returns to work following a disability where premiums were waived, you must add him/her to the next premium invoice. If your plan is contributory, the employee will also need to complete an enrollment form. Be sure to notify your Unum Benefits Center representative when disabled employees return to work.

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## Group Life Insurance Waiver of Premium

Employees becoming totally disabled may be eligible for waiver of premium. Please refer to your Unum contract for qualifying criteria to apply for waiver of premium. To apply you must:

Complete the Employer's section of the Group Life Disability Benefit form; and Forward the form to the employee (or spouse) with instructions to complete the employee section, have the attending physician complete his/her section and forward the form to Unum.

**Note:** If you also have Unum Long Term Disability coverage and the insured has filed a Unum Long Term Disability claim, it will not be necessary to file a Life Waiver claim.

If the waiver claim is approved, Unum will provide you with written notification. Once you have been notified of an employee's approval, remove the individual's benefit amount from the total benefit amount reported on your premium statement. Premiums are waived, (at '0' amount), during the time the employee is on Waiver of Premium. If your plan is contributory, stop the payroll deductions for that individual. Continue to reflect the employee in the total amount of lives covered under the policy. This individual is still considered an employee and should not be reflected as a terminated.

If applicable, Dependent Life and Accidental Death and Dismemberment are also waived once the employee's Life premium waiver claim has been approved. If your plan does not include Accidental Death and Dismemberment waiver or Dependent waiver, then those premiums must continue to be paid for coverage to continue.

**Important:** Premium payments should be continued while the application is being reviewed. If you wish to terminate premium payments, be sure to offer the employee the right to convert his/her coverage to an individual policy. This will protect him/her in the event the waiver application is denied. If waiver of premium is approved, all premiums paid for the individual policy will be refunded.

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## **Life Accelerated Benefit Claim**

A Group Life Insurance Accelerated Benefit is available when an individual is terminally ill and not expected to live more than 12 months. In such a situation, the individual may be eligible to receive part or all of the Life benefit while living, according to contract specifications.

As the plan administrator, you need to complete the Employer's Section of the Accelerated Benefit Claim Form and forward it to the individual requesting benefits. The individual then is responsible for coordinating with the attending physician to ensure the form is fully completed and returned to Unum for consideration.

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## **Disability Survivor Benefit**

Generally, provided the employee is disabled and has been receiving or is entitled to receive Short Term Disability benefits for at least 15 consecutive days and 180 consecutive days for Long Term Disability benefits, a lump sum payment is payable to the eligible survivor. The Employee may receive the survivor benefit prior to their death if they have been diagnosed as terminally ill.

Refer to your Unum contract for details.



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## **Dependent Life and Accidental Death and Dismemberment**

Life claims could be on a spouse or child. The same claim forms apply for dependents. The Employee is the beneficiary of any dependent claims.

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## **STD Telephonic**

You may have selected the **Telephonic Claim Submission** process as an additional and easy way for you and your employees to submit Short Term Disability claims. Submitting via FAX and standard mail is still available to you.

As soon as the employee's absence from work (due to illness and/or injury) extends or may extend beyond the elimination period, or up to two weeks in advance of a planned disability such as childbirth or pre-scheduled surgery, Unum should be notified.

Under most circumstances, the employee will have seen a physician and provided him/her with a signed copy of the Authorization to Release Information form.

Before the Employee begins the Telephonic Claim Submission process he/she will need the following information from **you**:

- Company's name (as it appears in the insurance contract)
- Policy Number
- Division numbers (if applicable)
- Occupation (job title)
- Supervisor's name and telephone number
- Employee's last day worked and first day absent from work due to the condition

Additional information the employee will need to provide for submitting a claim via telephone:

- His/her full name
- His/her social security number
- His/her address and telephone number
- His/her Date of Birth
- His/her marital status, number of dependents and age
- His/her Physician's name, address, phone number (and fax number if available)
- A Brief description of the medical condition (illness, injury, work-related, date of onset)
- The date of employee's first visits, most recent visits and next scheduled visit with the physician for this condition
- The date employee expects to return to work (return to work date)

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## **STD Fast Response**

Current information on the status of Short Term Disability Claims is offered by Unum through the Automated Claim Information System: **Fast Response**.

You and your company's employees can obtain information about claim receipt, approval and payment information by calling the toll-free number 1-800-858-6843. You may also leave recorded messages regarding claims that provide Unum with updates such as a return-to-work date. Your employees can obtain general information at this number as well, including specifications on maternity and other Short Term Disability benefits.

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## **Claims Status, Denials, Terminations, Appeals Process**

### **Claim Status**

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

### **Claim Denials**

If the initial benefit determination results in a denial of benefits, Unum notifies the claimant (or beneficiary) and the employer. This notification documents the basis for denial as well as the process to appeal the decision, if the claimant disagrees with the decision rendered. The employee's confidential medical information will not be shared with the employer.

### **Claim Terminations**

Unum may terminate a disability claim for a number of reasons, including but not limited to:

- The employee is no longer disabled under the terms of the Unum contract and is capable of returning to work;
- The employee has reached the maximum benefit duration;
- The employee has not provided sufficient documentation to support continued benefit payments.

Employees may appeal a termination decision by using the appeal process.

### **Claim Appeals**

To appeal a claim, the claimant must:

- Notify Unum in writing within 180 days of receipt of the denial letter.
- Attach supporting documentation that advocates the need to review the decision.

Each appeal is reviewed and evaluated by an independent evaluator, not the specialist making the claim determination. This ensures a purely unbiased review.

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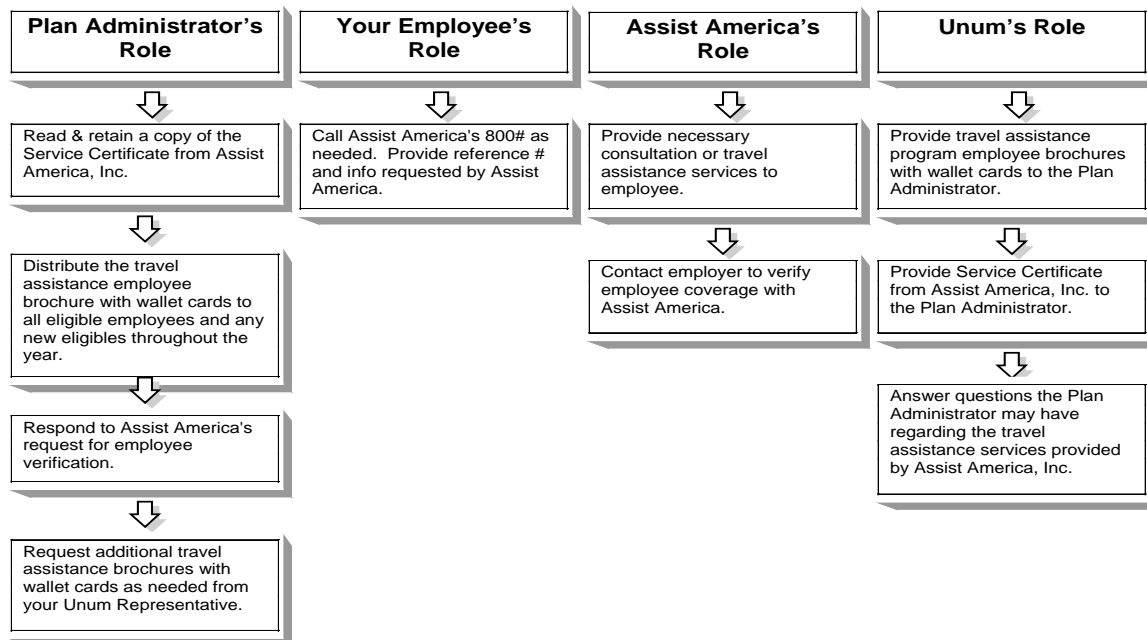
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## Worldwide Emergency Travel Assistance Services

Please check with your Unum Service Representative if your policy is eligible for this feature.

Unum offers worldwide emergency travel assistance services to your employees (business and pleasure travel) and their dependents (pleasure travel only) when they are traveling 100 or more miles from home or in a foreign country. The chart below illustrates the procedures you need to be aware of to administer this feature of your plan.

For detailed information about Worldwide Emergency Travel Assistance Services, please refer to your Assist America employer communication package.



**\*The worldwide emergency travel assistance service is provided exclusively by Assist America, Inc. The service may be withdrawn by Unum without prior notice.**

*If you have questions, please contact our Customer Contact Center at 1-800-858-6843*

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## Worldwide Emergency Travel Assistance Service Questions & Answers

- Q What is the worldwide emergency travel assistance service?
- A. It is a travel assistance service, provided by Assist America, Inc., that offers medical assistance to employees and their dependents traveling 100 miles or more from home or to a foreign country. Travel may be for business or pleasure, although a spouse traveling on business is excluded. When a participant becomes ill or has an accident while traveling, the individual can activate care anywhere in the world with one simple phone call to Assist America - 24 hours a day, 365 days a year.
- Q. What services does Assist America provide?
- A. Assist America is ready to help 24/7 if you or your dependents experience a medical emergency while traveling. Services include: medical consultation and evaluation, medical referrals and medical monitoring; evacuation to the nearest medical facility capable of providing care if it is determined that the care you are receiving is not adequate; hospital admission guarantee, emergency message transmission, care of minor children left unattended due to a medical incident, prescription assistance, legal and interpreter referrals and return of mortal remains. Additional services include providing pre-departure information about necessary vaccinations, visa/passport requirements and traveler advisories, assistance with lost travel documents and luggage, and assistance with returning a vehicle or emergency international funds transfers.
- Q. What happens if a foreign hospital does not recognize my health insurance identification card?
- A. Call Assist America. Assist America can guarantee hospital admission by validating your healthcare coverage or forwarding the necessary funds to insure you are admitted and receive prompt medical treatment.
- Q. Will the service transport a family member or friend to be with me?
- A. Yes. If you are traveling alone and it seems likely you will be hospitalized for more than seven days, Assist America will transport a family member or friend to be with you.
- Q. What happens when I'm ready to be discharged?
- A. If you still need on-going medical care when you are ready to be discharged, Assist America will transport you home, with a medical or non-medical escort if necessary.
- Q. I don't travel internationally. What's the benefit of this service to me?
- A. Assist America will help whenever you are 100 miles or more from your home, which can mean you are on a weekend fishing trip or visiting relatives in another state. If you become ill or have an accident while traveling, you may not know where to turn for care, but one call to Assist America anytime will put resources in motion to solve your problem.

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### Worldwide Emergency Travel Assistance Service Questions & Answers

- Q. If my doctor at home tells me I need to go to a particular hospital for treatment, will Assist America transport me?
- A. No. Assist America helps travelers who are 100 miles or more away from home or in a foreign country and have an emergency.
- Q. If I have an accident or become ill and all the necessary transportation is arranged either by me or the hospital, will the service reimburse me for the expenses involved?
- A. No. Assist America arranges and pays for all assistance services, and cannot accept requests for reimbursement for provisions made by outside parties.
- Q. Will the service pay my medical bills?
- A. No. You or your health insurance plan is responsible for incurred medical expenses.
- Q. Do I have to call before I leave on a trip?
- A. No. Just be sure to take your identification card with you and call if you need medical or legal advice.
- Q. What do I do if I need help while traveling?
- A. A single phone call to the number on your Assist America identification card brings you medical assistance anywhere in the world. If you are within the United States, call 1-800-872-1414. If you are outside the United States, call collect 609-986-1234. You will need to provide your company's name and the reference number at the time of call, both of which are located on your identification card.
- Q. All I need is one telephone number?
- A. Yes. During a medical emergency the service provider takes care of everything for you. Assist America draws on a large number of prequalified medical and other resources to help you no matter where you are in the world.
- Q. What happens if I lose or forget a prescription while traveling?
- A. Assist America will facilitate replacement of the medication by working with the prescribing physician and a local pharmacy, or by recommending a local doctor visit. The participant is responsible for the cost of the medicine.
- Q. Are spouses and children eligible for these services?
- A. Yes, your spouse and children are eligible for services whether they are traveling with or without you. However, spouses who are traveling on business are not eligible.
- Q. Is there an age limitation for children?
- A. The employee's children are eligible for services up to the age specified in the medical plan that covers the children (generally age 19 or 24 if the child is a full-time student).

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### Unum's Work/Life Balance Employee Assistance Program

Employees' personal and family concerns can adversely affect their work. Family and work conflicts show up as unnecessary and unwanted turnover, absences, tardiness, work interruptions, requests for work schedule changes, decreased attention to customer service and lower productivity overall, not only of the employee but also of co-workers. When an employee has a problem, he/she frequently turns to a manager for assistance and understanding. While most managers welcome personal interaction with employees and the opportunity to express compassion and support, many also recognize that their ability to intervene effectively is limited and that taking on the role of employee problem-solver contributes significantly to their own stress levels.

Now your managers and employees have another place to turn – Unum's Work/Life Balance Employee Assistance Program. Staffed by experts trained in social work, psychology, child care, education, parenting, family and work issues, addiction problems, financial, legal concerns, older adult care, the consultants can help employees get answers to their questions, identify options and support services, and find resources in local communities to address their concerns. It is a comprehensive source of information, education, and consultation on the wide range of issues that employees bring with them to the workplace. Perhaps as importantly, managers can refer employees to the experts instead of trying to assist employees alone.

In order for the program to be effective at your location, three things must happen:

- Employees must know that the service is available
- Employees must understand the kinds of issues about which they can call
- Employees need to be encouraged to take advantage of the support

A sample of Unum's Work/Life Balance brochure is available. These brochures can be used in conjunction with the following sample announcement letters.

Opportunities to create awareness:

- Display brochures in high traffic areas frequented exclusively by employees such as cafeterias, employee lounges and break rooms and conference rooms
- Keep a supply of brochures in the Human Resource department for distribution to employees who are experiencing a personal crisis, dealing with conflict, facing bankruptcy, planning for retirement, etc.
- Make sure that information about the service is available to your Benefits Department for inclusion in new hire packets, etc.

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## Unum’s Work/Life Balance Program at a Glance

Issue	Consultation Topics	Resources
EMOTIONAL WELL-BEING	Stress/depression Marital issues Grief and loss Domestic violence Family matters	In-person assessment session Individual or family counseling Shelters Support groups
EVERYDAY ISSUES	Health information Purchasing a large ticket item Appliance or home repair Screening a pet sitter	Consumer research National Associations Housing and pet sitting services Appliance and home repair service
LEGAL MATTERS	Divorce/family matters Landlord/tenant Criminal matters Wills/consumer issues	Attorneys Legal Programs Community resources
FINANCIAL ISSUES	Credit Management Household budgeting Investments/retirement planning Insurance and taxes Emergency services	Credit counseling Financial planners Tax professionals Community resources
EDUCATION & SCHOOLING	Choosing a school Preparing for college Helping with study skills/homework	Private/public Schools Special needs program Scholarship and college searches
WORK ISSUES	Co-worker relationships Job burnout Career planning Performance concerns	Internal HR department Policy and procedure information
PARENTING & CHILD CARE	Prenatal Adoption Child development Parenting skills Gifted/special needs	Adoption agencies Day care centers/family day care Before and after school care Backup and emergency care Special programs
RESOURCES FOR SENIORS	Caring for elders and the disabled The aging process Long distance care giving Understanding Medicare/wills	Care centers In-home services Meal and transportation programs Geriatric assessments
DISABILITY & ACCESSIBILITY	Advocating for services Legal protections Living with a disability Caregiver support	Community programs and services Special needs programs for students with disabilities

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		Centers for independent living
ADDICTION & RECOVERY	Alcohol Drugs Gambling Eating disorders	Treatment centers/detox services Counseling Support groups/community services Education courses

In addition to expert consultation, your employees have access to an abundance of resource materials.

**Note:** Work/Life Balance Employee Assistance Program services are provided exclusively by HealthAdvocate. Services are subject to availability and may be withdrawn by Unum without prior notice.

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**SAMPLE LETTER TO EMPLOYEES**

**(On Company letterhead)**

Date

Dear Employee:

(Company Name) is pleased to announce a new and expanded service called Unum’s Work/Life Balance Program, a feature of your Income Protection coverage with Unum. It can be difficult to balance the demands of work with those of your personal life. Stress, work, concerns and coping with personal situations can throw your life out of balance. This program is a one-stop resource that offers consultation, information, and personalized community referrals, available 24 hours a day, 7 days a week for you and your family members.

When you call, you will be assisted by expert consultants who can help with issues such as:

<p><b>Emotional Well-being</b> Finding time for yourself, relationship conflicts, first-time events, grief and loss, depression, stress, marital concerns.</p>	<p><b>Work Issues</b> Co-worker relationships, change in workplace, business travel, career planning, communication skills</p>
<p><b>Everyday Issues</b> House sitting, appliance/home repairs, buying big-ticket items, pet sitter/pet care, healthy lifestyle, nutrition, and exercise.</p>	<p><b>Parenting and Child Care</b> Pregnancy and birth, adoption, child development, step or single parenting, adolescents, discipline issues, childcare options.</p>
<p><b>Legal Matters</b> Divorce, family matters, landlord/tenancy, real estate, consumer issues, criminal, debt/credit matters, estate planning, and attorney selection, will preparation.</p>	<p><b>Resources for Seniors</b> Long-distance care giving, care options, Medicare information, meal and transportation programs.</p>
<p><b>Financial Issues</b> Budgeting, debt management, investing, insurance options, taxes, retirement planning.</p>	<p><b>Disability &amp; Accessibility</b> Education rights &amp; resources, independent living, accessing services, confronting discrimination, caregiver support.</p>
<p><b>Education &amp; Schooling</b> Homework issues, study habits, college application process and selection, special needs programs, scholarships.</p>	<p><b>Addiction &amp; Recovery</b> Alcohol, smoking, gambling, eating disorders, education, treatment options.</p>

This program is part of your benefit package and easy to use. Best of all, you may call as often as you like. The Masters-level consultant will help assess your situation and develop a plan with you to resolve concerns. Calls are strictly confidential\*; no one will know you called unless you tell them. The consultants have access to resources and in-house experts to provide the appropriate information that will meet your needs.

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## SERVICES

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Unum's Work/Life Balance Program is made available to save time, money and energy by providing information at your fingertips – allowing more time for you to do the things you enjoy. The help you need is just a phone call or on-line click away.

\*The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

English 1-800-854-1446  
Spanish 1-877-858-2147  
TTY or TDD 1-800-999-3004  
Tips on Tape™ 1-800-815-3710 access code 9780  
www.lifebalance®.net ID is lifebalance Password is lifebalance®

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## **SAMPLE LETTER TO MANAGERS**

**(On company letterhead)**

Date

To: Management Staff

From: (Executive Management)

Subject: Introduction to Unum's Work/Life Balance Employee Assistance Program

(Company Name) recognizes the impact personal and work concerns can have on employees' well being and job performance, and on your effectiveness as a manager.

Beginning (effective date), (Company Name) is offering Unum's Work/Life Balance Employee Assistance Program services for all employees covered by Unum's Income Protection Plan and their family members. Whether the concern is personal or work related, the service is available 24 hours a day, 365 days a year. The program is confidential\* and available to you, your employees and their families. It is a management resource as well as a resource for the personal and work concerns of all employees.

Because you have regular contact with your employees, you are often the first to notice a change in performance, attendance, attitude, or behavior. Recommending the service will encourage employees to seek help with issues that are impacting their performance. The Work/Life Balance Program can also assist you as a manager, through:

**Consultation:** Consultants are available to assist you in dealing with sensitive and difficult work-related issues. Consultants work with you as a manager to identify key problems, determine desired outcomes, and identify and evaluate options for problem resolution. It is an effective management tool.

**Referral:** You can refer your employees to the service if they are experiencing performance problems or if they confide in you regarding a personal, family, or work problem that is troubling them. Referring employees to the Work/Life Balance Program allows you time to fulfill your management responsibilities while the counselors assist employees with their concerns.

**Support:** The service is available to you and your family members to provide support for personal and work situations. Unum's program has childcare, eldercare, financial, legal, and alcohol/drug specialists on staff and can address a wide range of personal issues.

\*Consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

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### LifeBalance Questions & Answers

Q. How do employees access the Work/Life Balance service?

A. It's easy. Employees call the central, toll-free number or access on-line at [www.lifebalance.net](http://www.lifebalance.net) (ID and password is), 24 hours a day, 365 days a year. A consultant will be available immediately to discuss your concerns. The service is designed to assist families with balancing the demands of work with those of their personal lives.

Q. Who is providing Unum's program?

A. Unum is providing the program through a premier provider of work-life effectiveness programs.

Q. Do employees have to pay to use the services?

A. Unum is providing the program through Unum's Group Income Protection coverage. There is no charge for calling a counselor, using the web site, or getting information from the program. However, if the caller and/or family have selected a referral for a child or elder care provider, attorney referral etc., the family is responsible for paying for the services selected. For mental health or substance abuse treatment or counseling, the consultant will assist the caller in accessing their Health/Medical coverage.

Q. How can one toll-free number help employees located all over the country?

A. When employees call the toll-free number, a consultant will talk to them about their life balance needs. The service maintains its own national database of local providers contracted to provide services such as mental health or addiction counseling, or child care and elder care referrals in the employee's own community.

For other Work/Life balance issues, the consultant taps into national and local organizations that specialize in providing information local referrals. The consultant may also conduct customized research to locate the specific information or resources.

Q. Is my call confidential?

A. Strictly confidential. No one can find out any information about you or what you discuss with the service consultants without your explicit written consent – not your boss, your employer, or even a spouse. The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

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### LifeBalance Questions & Answers

Q. What kind of information do I have to tell the Work/Life Balance consultant and what do they report to my employer?

A. The consultant will ask for your name and address. This is to help during the conversation as a way to address the caller, and so the consultant can mail educational materials and referral information to your location. It will also help the consultant in follow-up calls. No information about you or your issues is given to the employer.

Q. Can the service help if the employee's family lives in another state?

A. Absolutely! A consultant will research information on various options and alternatives available in the caller's community when direct services are necessary.

Q. Can the service help with special needs?

A. Yes. Programs available for special needs children vary considerably depending on the family's location. In many areas, resources are scarce. Nevertheless, a consultant will help the family identify all possible options available to meet their special need and will work with the family until a solution is found.

Q. If a family's need changes, can they call again?

A. Yes. Employees and their immediate family members can call the service as often as they wish to gather information and referrals. They can also call just to discuss their current arrangements, concerns regarding day-to-day issues, and concerns regarding balancing the demands of work with those of a personal nature.

Q. Can I talk to the same consultant?

A. Yes. Actually you are encouraged to talk with the same consultant. Usually toward the end of the first call, the consultant asks whether the caller wants to talk again. If the caller does, they decide who will call whom, when, where, and – if there's an answering machine – if the consultant can leave her/his name and a message on the answering machine.

Q. What's to prevent employees from giving the 800-number to anyone and everyone?

A. Nothing. It's your program. You decide to whom you want to give the number. The service is for you and anyone close to you whose situation causes you stress and concern.

Q. Can young kids and teenagers call? As a parent, I'd want to know about it.

A. Many parents give the number to older children. Consultants would encourage the child to talk to parents, or maybe an aunt or grandparent, etc. When they get calls from children, they may ask who gave them the number, and ask if they can talk to the parent (to get his/her point of view of the issues). By law, minors cannot be referred to resources without parents' permission.

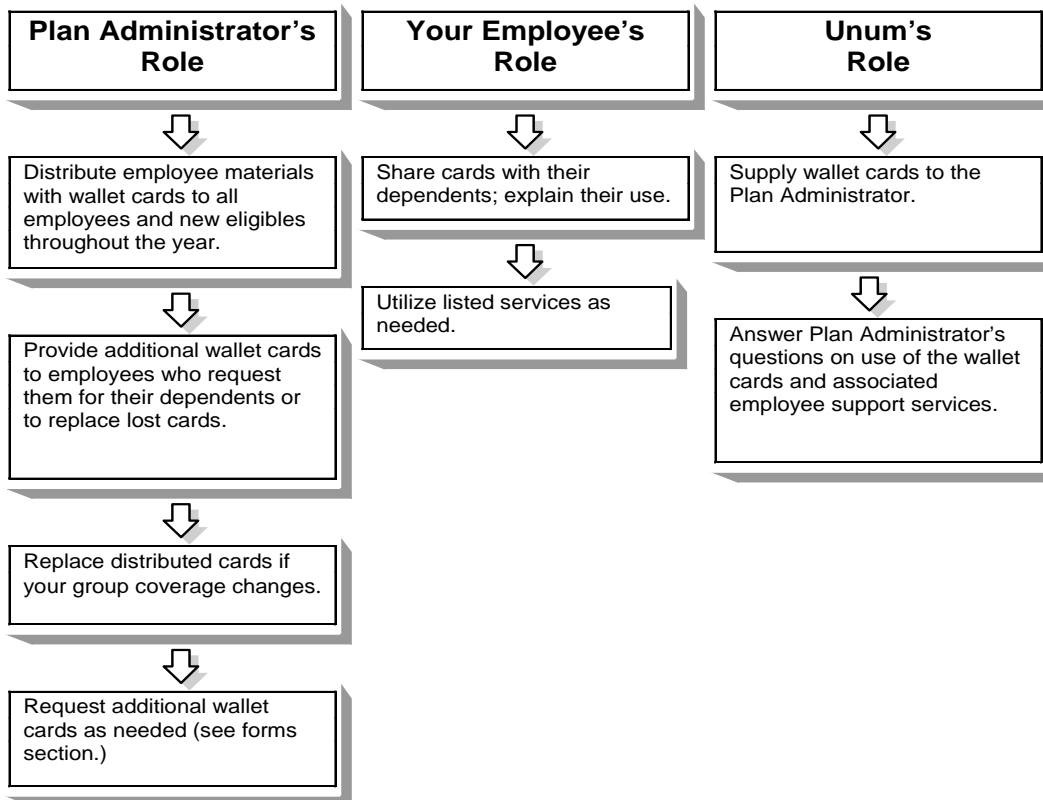
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## LifeBalance Questions & Answers

- Q. If your plan covers 500 or more lives can employees order more than one Generation to Generation Family Heritage Kit?
- A. Generation to Generation kits may only be ordered by eligible employees individually. Each employee is entitled to a single kit (which provides, among other things, the blueprint for a legacy project that can be used for many family members.)

## Wallet Cards

Your wallet cards are a convenient reference to important employee support services that come with your Unum Group Products. The cards provide relevant toll free numbers and service descriptions. They are available to insurers and their dependents.



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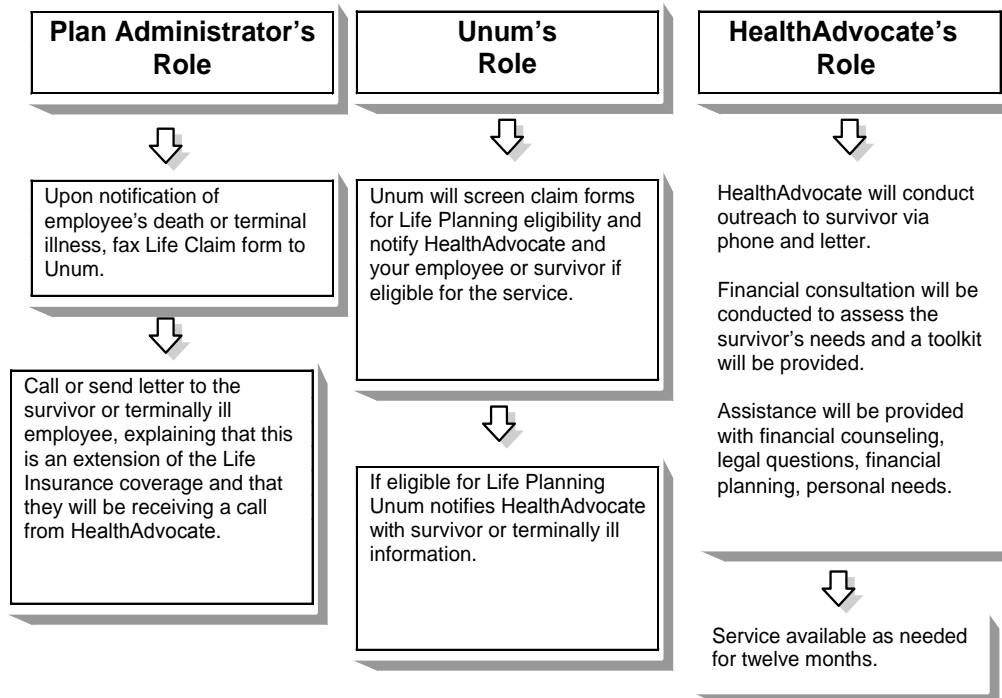
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**Life Planning *Financial & Legal Resources***

Unum offers Life Planning *Financial & Legal Resources* to your terminally ill employees and survivors who reside in the U.S. This service is provided by HealthAdvocate. The chart below illustrates the procedures you need to be aware of to administer this feature of your plan.



HealthAdvocate is not engaged in rendering legal, investment or other professional services. If legal or other expert assistance is required, the services of a competent professional should be sought. Exclusions, limitations and prior notice requirements may apply and service features, terms and eligibility criteria are subject to change. These services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

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### Reimbursement Accounts

Employees use a Reimbursement Account to set aside pre-tax money to pay for eligible health care and dependent care expenses. The account you set up in a bank of your choice works similar to a non-interest bearing checking account.

Once you have established the account, send Unum the following:

- Your bank's name
- Your account number
- Sample of check for routing and transit codes
- Signature authorization card if we are to sign checks or
- The name of an authorized representative of your company who can sign the checks

Unum will produce checks against this account in response to employees' requests for Reimbursement Account benefits.

If Unum is authorized to sign the checks, we will also distribute them to employees. A schedule of when the checks will be generated will be developed with you.

If you wish to sign the checks, we will send the checks to you. It is then your responsibility to sign and distribute the checks to employees.

Unum will monitor the funds participating employees have in their reimbursement accounts. We will process requests for withdrawals and mail reimbursement checks to the employees. Checks will be made out to the employees, not the provider of the service.

### Employer Statements

We will generate statements for both you and each employee reflecting the activity on a quarterly basis; you will see details of all deposits and withdrawals. Unum also provides a check register statement with each check cycle run. This report will enable you to reconcile your bank account.

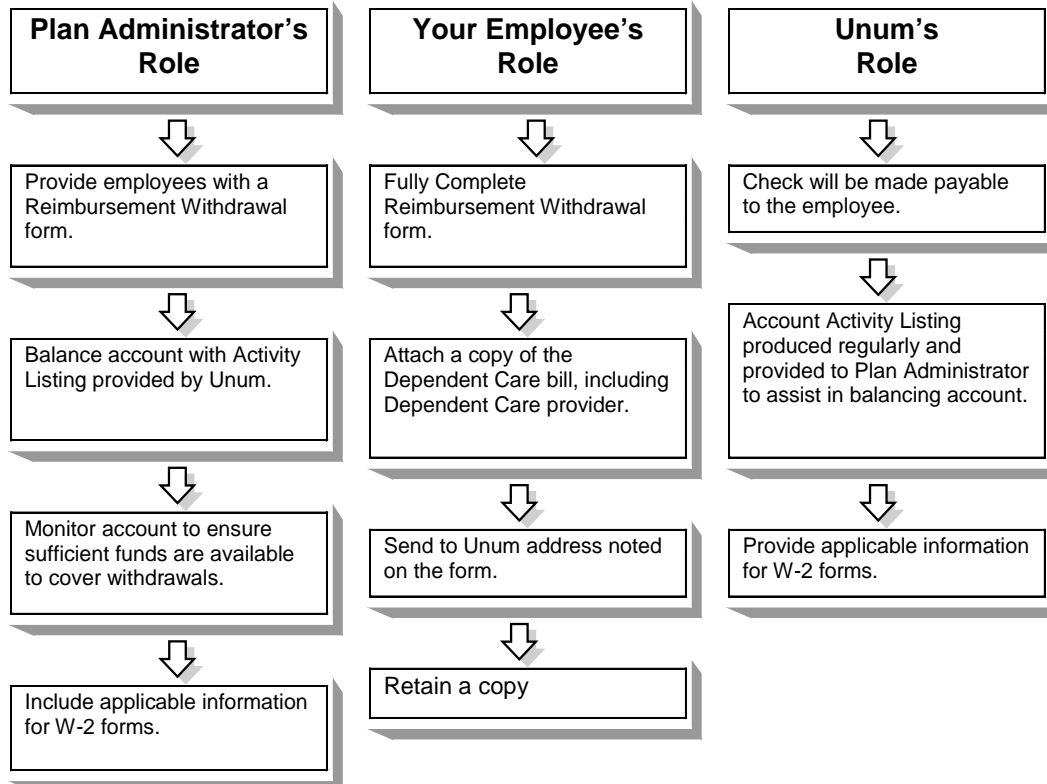
### Employee Statements

Employees will receive an activity statement for each quarter reflecting beginning balance, all deposits and withdrawals made during the cycle, and ending balance. Employees with a balance remaining should use this statement reminding them that they must use the entire contribution or forfeit the balance in their account.

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## Dependent Care Account

To withdraw money from the Dependent Care Reimbursement Account, employees must complete the appropriate Reimbursement Withdrawal Form. Employees need to provide all the information requested on the forms to avoid delays in processing their requests.



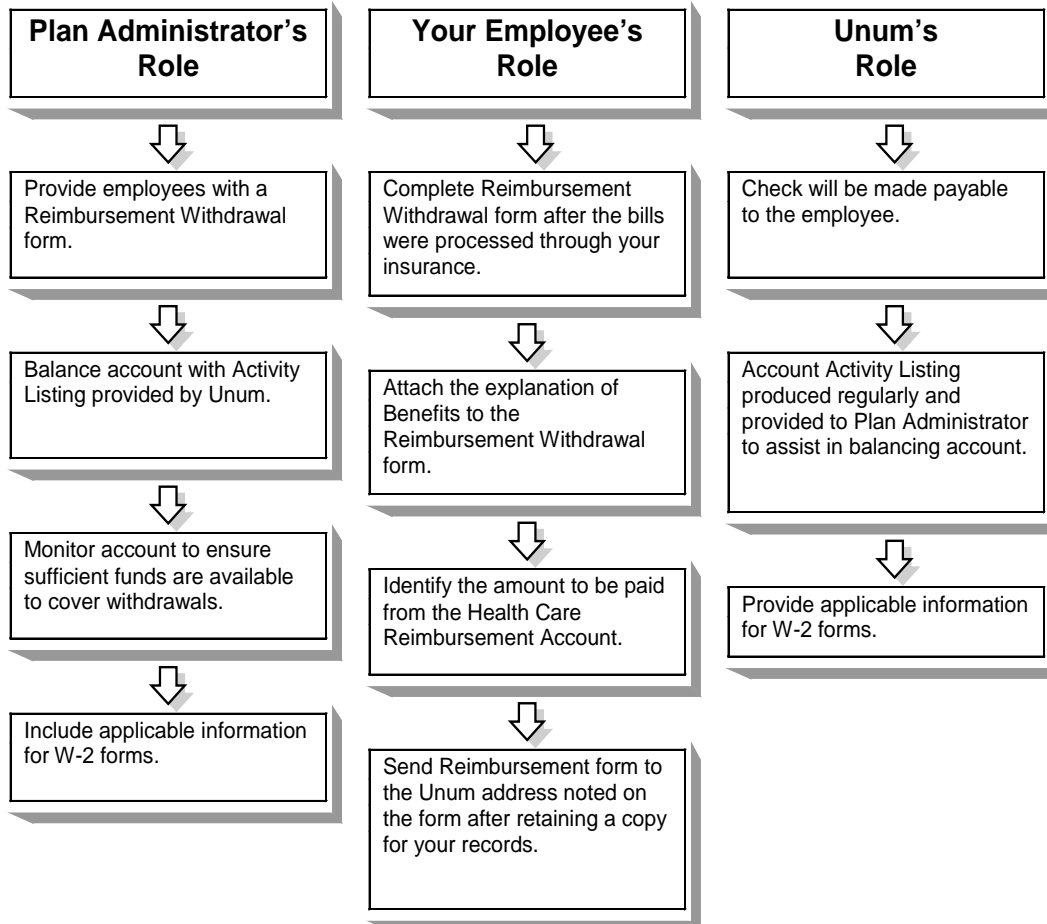
For dependent care claims, the employee will be reimbursed the eligible amount indicated on the claim form, up to the total amount in the account at that time. Dependent care costs cannot be reimbursed until after the service has occurred. Prepaid amounts will be pro-rated according to services received up to the payment date.

Checks will be made payable to employees. Paying dependent care providers directly from an employee's reimbursement account is not an option. Day Care Provider signatures are required with each claim.

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## Health Care Account

To withdraw money from the Health Care Reimbursement Account, employees must complete the appropriate Reimbursement Withdrawal Form. Employees need to provide:



For Health Care reimbursement requests, bills should first be submitted as an insurance claim. When an Explanation of Benefits is received, attach it to the Withdrawal Claim Form. Identify the amount to be paid from the Health Care Reimbursement Account and send to Unum. Bills for services not covered under the medical or dental plan can be directly submitted with a Reimbursement Account request for withdrawal. Forms must be received within 10 business days prior to the check cycle to be included in that cycle (Your Unum Service Representative can provide information on your check cycle). You will have three months from plan year-end to request payment from your account. Please keep in mind that only services incurred during the plan year and while you are covered are eligible for reimbursement.

The employee will be reimbursed for health care costs for the total eligible amount indicated on the claim form, up to the annual plan-year election amount even if his contributions do not yet equal the amount of the withdrawal. Checks will be made payable to employees. Paying healthcare providers directly from an employee's account is not an option.

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### Discrimination Testing

There are several nondiscrimination tests that a plan must pass in order to qualify for the tax advantages of a Flexible Benefits (cafeteria) plan. The purpose of these tests is to ensure that the tax advantages of a cafeteria plan are broadly available to all employees rather than benefiting only highly compensated or key employees.

As soon as enrollment is complete and provided that we have information for all of the benefits in your cafeteria plan, Unum will determine if your plan passes the nondiscrimination tests, as we administer them, under the following sections of the Internal Revenue Code:

- Section 125 which governs the cafeteria plan
- Section 105 (h), which governs the Health Care Reimbursement Account
- Section 129, which govern the Dependent Care Reimbursement Account.

If a cafeteria plan discriminates in favor of highly compensated or key employees, the statute requires that these employees lose the tax advantages associated with such plans.

You must provide Unum the following information on an annual basis so we can ensure your plan's continued compliance:

- The names of all the company's officers for the current and previous year;
- The 10 employees owning the greatest percentage of the company and earning more than \$30,000;
- Employees owning at least 5% of the company;
- Employees owning at least 1% of the company and earning more than \$150,000;
- Employees not eligible for flexible benefits.

**Important note:** Remember that an owner is defined as any employee who holds stock in your company - either directly or through ownership of an organization that owns your company. If your company is not a publicly held corporation, any employee who owns the capital or profits in the company is an owner.

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## Retirement Income Protection (RIP) Benefit

### What is the Retirement Income Protection (RIP) Benefit?

When an employee becomes disabled, contributions to their employer sponsored retirement plan normally will stop. This can result in a substantial loss of retirement benefits to the disabled employee.

Your Long Term Disability policy includes a provision called Retirement Income Protection (RIP). This rider provides an additional disability benefit for a disabled employee who was participating in your retirement plan when they became disabled. The amount of the benefit is a percentage of the employee's monthly earnings and is described in the "Other Services" section of your Long Term Disability policy.

### How does the RIP Benefit work?

*Careful planning is essential for the proper administration of the RIP benefit.*

As you know, retirement plans must comply with a complex scheme of regulations and laws. A professional retirement plan expert therefore should carefully review the RIP benefit and any corresponding changes to your retirement plan. We urge you to consult with your advisor as soon as possible to be sure that the RIP feature will work with your retirement plan and that your plan administrator can administer it properly.

Unum cannot provide legal, tax or retirement planning advice regarding your retirement plan.

Unum pays Long Term Disability benefits directly to the claimant. However, Unum will pay any RIP benefit payment to you, the employer. You are then obligated under the policy to deposit the RIP benefit for the claimant's benefit into your retirement plan. If your retirement plan cannot accept the RIP benefit, you may instead deposit the RIP benefit into a flexible premium deferred annuity established and maintained by the claimant. You will need to decide which payment option will work for you.

When a claimant is receiving a taxable or partially taxable monthly LTD benefit disability benefit, it will be most advantageous to the claimant from a tax standpoint to deposit the RIP benefit into your qualified retirement plan, rather than an annuity. Under the federal tax code, on an annual basis, contributions to a retirement plan cannot exceed the lesser \$41,000 or 100% of the amount of the claimant's taxable income (tax year 2004 – these amounts change from time to time). This means that in most cases if any significant portion of the monthly benefit is taxable these maximums will not be met and the entire RIP benefit could be eligible for deposit into your retirement plan.

On the other hand, when the monthly LTD disability benefit is fully non-taxable, unless the claimant is totally and permanently disabled (as determined under the tax code), you will not be able to make contributions for that employee to your retirement plan and deposits will need to be directed to an annuity. You will want to pay careful attention to these limitations in each case since the taxability of benefits can vary from claimant to claimant, particularly in light of new, more flexible guidelines on tax choice issued by the IRS.

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**Note:** Federal tax rules govern how the benefits are taxed. The tax treatment of the LTD *premiums* will determine the taxability of the LTD *benefits*. For example, if an employer pays the entire LTD premium, and the employee does not pay income taxes on the value of this premium, then in most cases any LTD benefits paid to that employee would be fully taxable to the employee.

**Tax Tip:** Whenever disability monthly benefits are taxable or partially taxable it is best to deposit the RIP benefit into your retirement plan to the extent allowed by law. When monthly benefits are non-taxable the RIP benefit will generally have to be deposited into the claimant's deferred annuity.

### What are your responsibilities when purchasing this benefit?

There could be tax advantages for the claimant when RIP benefits are deposited into your retirement plan. We recommend you discuss with your advisors at the time you purchase the RIP feature whether your retirement plan will allow such deposits. Here are some of the issues to discuss with your advisors:

- **Contributions for Disabled Employees.** Your *retirement plan may need to be amended to allow contributions to be made for disabled employees*. You will need to have your retirement plan advisor (an attorney or other legal professional who is responsible for maintaining the integrity of your plan) review the RIP provision and determine whether an amendment to your retirement plan is needed.
- **Contributions for Terminated Employees.** Similarly, because the RIP benefit will be payable for so long as the claimant is disabled and that may mean it is payable even after termination of employment, your *retirement plan may need to be amended to allow contributions to be made for terminated employees* and to allow that terminated employee to maintain an account even after leaving your employment.
- **Plan Administration.** You will need to *contact your retirement plan record keeper to be sure they can support the administration of the RIP benefit*. For example, depending on how you set it up, the record keeper may need to be able to process a payment from you that is not related to a payroll cycle or part of a payroll deferral.
- **Contribution Limitations.** As noted above, contributions to a qualified retirement plan are limited by the Internal Revenue Code. Thus, you will want to *review the retirement plan contribution limits with your advisor*. This will help you understand your options in the event one of your employees is disabled.
- **Other issues.** Additional issues that should be reviewed with your advisor include your plan's discretionary or unique limits on contributions, the discrimination rules and procedures for your plan, and the investment allocation process for this benefit.



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### What is a flexible premium deferred annuity?

If your retirement plan cannot accept the RIP benefit, then you should deposit it into a flexible premium deferred annuity. This is an individual annuity policy that the claimant should set up with an insurance company that regularly issues them. Although Unum cannot recommend any particular company, we know flexible premium deferred annuities are readily available from several large life insurance companies.

The flexible premium deferred annuity allows deposits for the benefit of the claimant to be made in varying amounts at varying times. This type of an annuity will therefore easily accommodate the monthly stream of payments you will receive under the RIP provision. The annuity insurance company holds the premium payments and the earnings accumulate on a tax-deferred basis until the policy (annuity) matures.

Like a retirement plan, a deferred annuity typically imposes surrender charges on early withdrawals that will discourage claimants from using the RIP benefit as current income. These restrictions are intended to ensure that the claimant treats the account as he would a retirement program with a view toward saving for retirement rather than accessing the benefit to pay current expenses.

### Why can't RIP Benefits be deposited in an IRA?

Unum does not recommend that an IRA or a Roth IRA be used for RIP benefits. First, it does not appear that the RIP contribution would be considered a deductible IRA contribution because under the IRA rules the claimant is not considered to be receiving taxable income when on claim even if the monthly disability benefit is a taxable benefit. Second, there are annual excise taxes on excess contributions to IRAs that can continue indefinitely.

### What are your responsibilities when a benefit is paid to you under this policy provision?

**First**, you should have already determined whether your retirement plan can accept the RIP benefit when paid, or whether you will need to tell the claimant to set up a flexible premium deferred annuity into which you will deposit the RIP benefit. If you have not done that, the section above on your responsibilities when purchasing this benefit should be reviewed. Under our policy terms you must deposit the RIP benefit either in your retirement plan or in the claimant's deferred annuity. **You may not pay the RIP benefit directly to the claimant.**

**Second**, depending on your payment options, the following responsibilities will be yours:

#### *Payment into the Retirement Plan*

If the RIP benefit will be paid into the retirement plan, you need to do the following:

- Promptly pay the benefit to the plan administrator for deposit into the plan
- Review any tax reporting obligation with your advisor, and then do whatever is required. It is Unum's understanding that there should be no taxable income for the claimant in this situation, but you will need your own tax advice on this

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- Be sure the deposits are properly reported on the claimant's regular retirement plan account statements

### *Payment into the Flexible Premium Deferred Annuity*

If the benefit will be paid into a flexible premium deferred annuity, you need to do the following:

- Tell the claimant to buy an individual flexible premium deferred annuity policy. This can be purchased from many life insurance companies that sell individual annuity products, and should not be difficult to find. The premium should be flexible in case the benefit payment increases or decreases over time
- Obtain payment directions from the claimant so the payment can be forwarded directly to the annuity provider. The payment should not be sent to the claimant.
- In certain situations, Unum will be able to make the payment to the annuity provider for you. You will need to provide Unum with written directions from both you and the claimant assigning the benefit to the annuity insurance company in order to make this happen.
- Review with your tax advisor any tax reporting obligation, and then do any required reporting. It is Unum's general understanding that the benefit will be taxed in the same manner that the monthly LTD disability benefit is taxed. So, for example, if the monthly LTD benefit were nontaxable, then the RIP benefit would be nontaxable. If the monthly benefit is taxable, then the RIP benefit is taxable.

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### **HR®/BenefitsAnswersNow™: an employer compliance resource**

*Please check with your Unum service representative to see if your policy is eligible for this feature.*

Receive access to an employment compliance resource at no additional cost with the purchase of select Unum insurance plans. **HR®/BenefitsAnswersNow™** is a well-organized, easily searchable library of federal and state employment law that can help limit your risk of legal action while improving your HR team's efficiency.

**HR®/BenefitsAnswersNow™** features two online research sites from CCH to help your HR and employee benefits departments make informed employee-management decisions:

**HRAnswersNow®** is your resource for expert employment guidance. Designed by HR professionals, the site includes thousands of FAQs, hundreds of sample policies, forms, posters and training checklists, along with separate modules for customizable job descriptions and performance appraisals. This site also features a Master HR Guide, which is a comprehensive course handbook on the HR management function as well as consistently updated federal and state employment laws. Be sure to keep current with the Monthly What's New and the Idea & Trends Newsletter.

**BenefitsAnswersNow™** is your single source for answers to thousands of benefits questions. The site is organized in a question-and-answer format that's easy to use. You also have access to a database of hundreds of sample benefit policies and plans to modify and use in your company. There also is a terrific benefits newsletter called "Directions" that often includes interviews with well known benefits industry experts.

Setting up **HR®/BenefitsAnswersNow™** is fast and easy. Your Unum service representative will call you for your contact information and e-mail address, which will be used to register you with CCH. You will be sent a "welcome e-mail" with log-in details to access your new online HR compliance and benefits reference system.

HR®AnswersNow and BenefitsAnswersNow™ are provided exclusively by CCH. CCH is not engaged in rendering legal advice. Users should consult with their own attorneys. The service is available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The service is not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

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## HOW TO OBTAIN FORMS

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### How to Obtain Forms

Forms can be obtained by:

- calling Unum at 1-800-421-0344, or in New York 1-800-356-5817 or
- downloading from the Unum's Employer Services site.

Registered iServices customers can log in to the secure Employer Services web site and navigate to the My Forms service, located under the Forms and Materials tab. The My Forms service lists frequently used forms specific to the customer's coverage. These forms can be printed or e-mailed directly to an employee.

To access forms from [www.unum.com](http://www.unum.com) follow these steps:

1. Click on Employers Tab, to bring you the Welcome page.
2. Select the Forms and Reference Materials link in the General Information Section.
3. On the left hand side of the web page there are two ways to locate the form needed:
  - Using the "Forms and Reference Material Search" option to search by topic, product, state and type of material. **or**
  - Go directly to the form by entering the form number in the Form Number field and clicking "GO."

## HELPFUL TELEPHONE NUMBERS

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### Helpful Telephone Numbers

Customer Service	1-800-ASK-UNUM (1-800-275-8686)
Customer Service Group over 2,000 lives	1-800-868-1773
Flex Customer Service	1-877-275-3539
New York Customer Service	1-800-356-5817
National Marketing Organization Service (NMO)	1-877-225-1082
Unum-label Products Group Life	1-800-445-0402
Provident-label Products	1-800-799-4455
Paul Revere-label Products	1-800-799-4455
Portland Customer Care Center	1-800-858-6843
Glendale Customer Care Center	1-877-851-7637
Chattanooga & Worcester Customer Care Center	1-800-633-7479
LifeBalance	1-800-854-1446
• Spanish	• 1-800-317-7264
• TTY/TDD	• 1-800-999-3004
Assist America	1-800-872-1414 1-302-656-4152 (collect, outside of US)
Internet Service Support	1-877-225-2712

G-73989 (08/18)

76 | [Back to top ▲](#)

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