

## Drury University Policy # 90749

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|-------------------------------------|---|--|--|
| Eligibility                         | employmen   | ull-time employees working at least 40 hours each week in active<br>t in the U.S. with the employer, and their eligible spouses and children<br>19, or to 26 if they are full-time students).  |  |
| Coverage Amounts                    |   | Life and AD&D coverage options are:<br>Up to 5 times salary in increments of \$10,000.<br>Not to exceed \$500,000.<br>You may not purchase AD&D coverage for yourself unless you<br>purchase Term Life coverage.   |  |
|                                     | Spouse:   | Up to 100% of employee amount in increments of \$5,000. <i>Not to exceed \$500,000.</i> Benefits will be paid to the employee.   |  |
|                                     | Child:  | Up to 100% of employee coverage amount in increments of \$2,000.<br>Not to exceed \$10,000.<br>The maximum death benefit for a child between the ages of live birth<br>and 6 months is \$1000. Benefits will be paid to the employee.  |  |
|                                     |   | order to purchase Life and AD&D coverage for your dependents, you ust buy coverage for yourself.   |  |
|                                     |   | <ul> <li>hefit Schedule: The full benefit amount is paid for loss of:</li> <li>Life</li> <li>Both hands or both feet or sight of both eyes</li> <li>One hand and one foot</li> <li>One hand and the sight of one eye</li> <li>One foot and the sight of one eye</li> <li>Speech and hearing</li> <li>es may be covered as well. Please see your Plan Administrator.</li> </ul>                     |  |
|                                     | Coverage  | amount(s) will reduce according to the following schedule:   |  |
|                                     | Age:<br>70<br>75  | Insurance Amount Reduces to:<br>65% of original amount<br>50% of original amount   |  |
|                                     | Coverage  | may not be increased after a reduction.  |  |
| Guarantee Issue                     | If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of coverage up to \$100,000 for yourself and any amount of coverage up to \$25,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. |  |  |
|                                     | and later, v<br>evidence of<br>the next an<br>amount(s)   | your eligible dependents enroll within 31 days of your eligibility date,<br>wish to increase your coverage, you may increase your coverage, with<br>of insurability, at anytime during the year. However, you may wait until<br>nnual enrollment and only coverage over the Guarantee Issue<br>will be subject to evidence of insurability. Please see your Plan<br>tor for your eligibility date. |  |

| Term Life Coverage Rates  | Rates shown are your Monthly deduction:<br>A tobacco user is defined as anyone who currently uses or has used a tobacco<br>product within the last 12 months. |   |   |   |                       |                              |
|---|---|---|---|---|-----------------------|------------------------------|
| Age Band  | Employee<br>per \$10,000  |   | Spouse<br>per \$5,000   | Child<br>per \$2,000  |                       |                              |
|   | Non-<br>Tobacco   | Tobacco   |   | \$.69   |                       |                              |
| - 24<br>25-29<br>30-34<br>35-39<br>40-44<br>45-49<br>50-54<br>55-59<br>60-64<br>65-69<br>70-74<br>75+ | \$.570<br>\$.660<br>\$.810<br>\$1.550<br>\$2.480<br>\$3.800<br>\$6.200<br>\$9.900<br>\$17.370<br>\$31.350<br>\$63.490   | \$.850<br>\$.980<br>\$1.210<br>\$1.810<br>\$2.740<br>\$4.340<br>\$7.320<br>\$10.310<br>\$15.410<br>\$25.760<br>\$45.280<br>\$81.920 | \$.645<br>\$.540<br>\$.590<br>\$.815<br>\$1.165<br>\$1.825<br>\$2.845<br>\$4.360<br>\$7.455<br>\$12.740<br>\$22.695<br>\$45.460 | NOTE: The p<br>coverage is ba<br>coverage for c<br>how many chi | asec<br>one<br>ildre  |                              |
| AD&D Coverage Rates   | NOTE: You   |   | ease as you age a<br>D&D Cost Per:  | ind move to the<br>Monthly R                                    |                       | xt age band.                 |
| Abab Corenage Nates   | Employee:   |   | 10,000  | \$.323  | uic                   |                              |
|   | Spouse:<br>Child:   |   | 5,000<br>2,000  | \$.170<br>\$.072  |                       |                              |
| Insurance Age   |   |   | <sup>·</sup> insurance age. T<br>year your coveraç  |   |                       | surance age, subtract<br>ve. |
| To calculate your cost, complete  | the following by  | y selecting your  | coverage amount a   | and rate (based o   | on yo                 | our insurance age).          |
| <i>Term Life Calculation<br/>Worksheet</i>  | <b>Coverage</b> A<br>Employee   | Amount<br>\$  | Increment<br>□ \$10,000<br>x  | Rate<br>\$  | =                     | Monthly<br>Cost<br>\$        |
|   | Spouse<br>Children  | \$<br>\$  | □\$ 5,000 x<br>□\$ 2,000  | *   | =<br>=                | \$<br>\$                     |
|   |   | То  | x<br>tal Monthly Cost   | =   |                       | \$                           |
| AD&D Calculation Worksheet<br>Coverage Amount<br>Employee \$  |   | Increment<br>_ □ \$10,000<br>_ x  | Rate<br>\$  | =   | Monthly<br>Cost<br>\$ |                              |
|   | Spouse  | \$  | _ □\$ 5,000<br>_ x  | \$  | =                     | \$                           |
|   | Children  | \$  | □\$ 2,000   | \$  | =                     | \$                           |
|   |   | То  | x<br>tal Monthly Cost   | =   |                       | \$                           |

## Additional Benefits

| Survivor Financial Counseling<br>Services                 | This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial counselors, all highly trained attorneys, help develop strategies needed to protect resources, preserve current lifestyles, and build futur security. At no time will the counselor offer or sell any product or service. |  |  |
|---|---|--|--|
| Portability   | If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage.  |  |  |
| Accelerated Benefit                                       | If you become terminally ill and are not expected to live more than twelve months, you may request up to 100% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.   |  |  |
| Waiver of Premium   | If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.  |  |  |
| Retained Asset Account                                    | Benefits of \$10,000 or more are paid through the UnumProvident Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.  |  |  |
| Additional AD&D Benefits                                  | <b>Education Benefit:</b> If you or your insured spouse die within 365 days of an accident, an additional benefit is paid to your insured dependent child(ren). Your child(ren) must be a full-time student beyond grade 12. <b>Seat Belt/Air Bag Benefit:</b> If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.  |  |  |
| <u>Limitations/Exclusions/</u><br>Termination of Coverage |   |  |  |
| Suicide Exclusion   | Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.  |  |  |
|   | No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.  |  |  |
|   | NOTE: Suicide is no defense to payment under the life insurance provisions of the Summary of Benefits for insureds who are Missouri citizens unless the Insurance Company can show that the insured intended suicide when the insured applied for Life Insurance regardless of any language to the contrary in the Summary of Benefits.   |  |  |

| AD&D Benefit Exclusions | AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:   |
|-------------------------|--|
|                         | <ul> <li>Disease of the body or diagnostic, medical or surgical treatment or mental<br/>disorder as set forth in the latest edition of the Diagnostic and Statistical<br/>Manual of Mental Disorders;</li> </ul>   |
|                         | • Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane; NOTE: Suicide while insane is not defense to payment under the accidental death provisions of the Summary of Benefits for insureds who are Missouri citizens unless the Insurance Company can show that the insured intended suicide when the insured applied for Accidental Death and Dismemberment Insurance, regardless of any language to the contrary in the Summary of Benefits. Suicide while sane is a defense. |
|                         | War, declared or undeclared, or any act of war;  |
|                         | Active participation in a riot;  |
|                         | Attempt to commit or commission of a crime;  |
|                         | • The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;  |
|                         | <ul> <li>Intoxication. ("Intoxicated" means that the individual's blood alcohol level<br/>equals or exceeds the legal limit for operating a motor vehicle in the state or<br/>jurisdiction where the accident occurred.)</li> </ul>  |
| Termination of Coverage | Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:   |
|                         | The date the policy or plan is cancelled;  |
|                         | The date you no longer are in an eligible group;   |
|                         | The date your eligible group is no longer covered;   |
|                         | <ul> <li>The last day of the period for which you made any required contributions;</li> </ul>  |
|                         | <ul> <li>The last day you are in active employment unless continued due to a covered<br/>layoff or leave of absence or due to an injury or sickness, as described in the<br/>certificate of coverage;</li> </ul>   |
|                         | For dependent's coverage, the date of your death.  |
|                         | In addition, coverage for any one dependent will end on the earliest of:   |
|                         | The date your coverage under a plan ends;  |
|                         | The date your dependent ceases to be an eligible dependent;  |
|                         | • For a spouse, the date of divorce or annulment.  |
|                         | Linum Provident will provide enverge for a neverble claim which ecoure while you   |

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

## Next Steps

| How to Apply                          | To apply for coverage, complete your enrollment form within 31 days of your eligibility date. If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at UnumProvident's expense.  |
|---------------------------------------|---|
| Effective Date of Coverage            | For employees who become eligible after this date, your coverage will begin the 1 <sup>st</sup> of the month following the date you enter an eligible group. Please see your Plan Administrator for details.  |
| Delayed Effective Date of<br>Coverage | Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.   |
|                                       | <u>Dependent</u> : Insurance coverage will be delayed if that dependent is totally disabled<br>on the date that insurance would otherwise be effective. Exception: infants are<br>insured from live birth.  |
|                                       | "Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.   |
| Changes to Coverage                   | Each year you and your spouse will be given the opportunity to change your Life coverage. You and your spouse may purchase additional Life coverage up to the Guarantee Issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by UnumProvident's Medical Underwriters. The suicide exclusion will apply to any increase in coverage. |
| Questions                             | If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.  |

This plan highlight is a summary provided to help you understand your insurance coverage from UnumProvident. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

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

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