



# Group Whole Life Insurance



Group Whole Life Insurance can pay money to your family if you die.

It can help them with basic living expenses, tuition and later, final expenses.

After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll, and existing insureds may increase coverage at a scheduled enrollment event.

## How does it work?

You can keep Group Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. Coverage is guaranteed as long as you pay premiums. That means you get protection during your working years and into retirement. Your plan also has a coverage reduction provision. See the disclosures to learn more.

Group Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%\*. Your plan has a 10-year period during which cash value accumulates, but is not accessible.

## Why should I buy coverage now?

- Once you purchase coverage, your premium remains the same as long as premiums are paid.
- When you purchase coverage when first eligible, you qualify for coverage without medical underwriting.
- The cost is conveniently deducted from your paycheck.
- Group Whole Life insurance gives you valuable protection in addition to any term life insurance you might have.
- Your coverage, as well as coverage for your spouse and child (if applicable), is portable, meaning you can take it with you if you leave your company. Your premiums would remain the same but you would be billed directly.

## Who can get coverage?

### Employee (issue ages 15-75)

You can purchase between \$5,000 and \$150,000 in increments of \$5,000 during this enrollment. You can purchase up to \$150,000 without medical underwriting to qualify for coverage.

### Spouse (issue ages 15-75):

You can purchase between \$5,000 and \$75,000 in increments of \$5,000 for your spouse during this enrollment. You can purchase up to \$25,000 without medical underwriting to qualify for coverage. You may have to purchase coverage for yourself before purchasing coverage for your spouse.

### Children's Term Rider

The rider covers all eligible children, as well as future children (newborns, adopted children) for one fixed premium amount. Eligible children must be between live birth and 26 years old, your or your spouse's child, your lawfully adopted child, foster child or any other child residing with you that is dependent on you for primary financial support.\*\*

You can purchase one of the following amounts:

\$10,000      \$20,000

The amount of Group Whole Life Insurance for a spouse and the amount of coverage under Children's Term Rider will not be more than 100% of the employee Group Whole Life amount.

\*\*Children can be covered past age 26 if they are incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26. Grandchildren are not eligible for coverage under the Children's Term Rider. The term life coverage provided under this rider ends when a child turns age 26.

## What's included?

### Accelerated Death Benefit for Terminal Illness

You can request an advance payout of your death benefit if you're diagnosed with a terminal illness and expected to live 12 months or less. You can receive up to 100% of the death benefit to a maximum of \$150,000 and it can help cover your costs while you're still alive. Benefits received under this provision are taxable and any payout would reduce the benefit that's paid when you die. When benefits are accelerated under this rider, premiums will be waived for up to 12 months. As with all tax matters, individuals should consult a tax advisor to assess the impact of this benefit.

### Accidental Death Benefit Rider

This rider increases the payment your family would receive if you die from a covered accident before age 70. Coverage is available for you and your spouse. The death benefit could be doubled, which could add up to \$150,000 extra coverage.

### Waiver of Premium Rider

If you're totally disabled for at least six months before age 65 and you remain totally disabled, you won't have to pay premiums until you recover and return to work. During the six-month elimination period, premiums must continue to be paid. During the period of total disability the cash value does not increase.

Age	Coverage Amount	Non-Tobacco Cost	Tobacco Cost
25	\$25,000	\$20.52	\$36.73
35	\$25,000	\$24.05	\$38.77
45	\$25,000	\$35.90	\$56.67
55	\$25,000	\$62.48	\$98.22
25	\$35,000	\$28.73	\$51.41
35	\$35,000	\$33.67	\$54.28
45	\$35,000	\$50.26	\$79.34
55	\$35,000	\$87.46	\$137.51
25	\$45,000	\$36.95	\$66.11
35	\$45,000	\$43.29	\$69.80
45	\$45,000	\$64.62	\$102.02
55	\$45,000	\$112.45	\$176.80

Issued Age	Non-Tobacco Guaranteed Cash value per \$10,000 of Face Amount	Tobacco Guaranteed Cash value per \$10,000 of Face Amount
25	\$1,935.75	\$2,333.60
35	\$1,729.70	\$2,089.25
45	\$1,405.15	\$1,690.55
55	\$834.75	\$984.00

## DISCLOSURES

When you buy life insurance, you name the people who will receive the benefits when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.

For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans or payments under any Accelerated Death Benefit. Outstanding loans will be deducted from the death benefit. Failure to repay loans could cause the policy to lapse.

### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours each week and you are performing the material and substantial duties of your regular occupation. 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. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

### Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

**Delayed Effective Date:** Your spouse's Coverage Effective Date will be delayed if your spouse: is an inpatient in a Hospital, Hospice, or other health care facility; or is confined at home under the care of a Physician. If your spouse's Coverage Effective Date is delayed due to the conditions above, your spouse's coverage will begin on: the date your spouse is no longer an inpatient in a Hospital, Hospice, or other healthcare facility; or the date your spouse is no longer confined at home under the care of a Physician.

### Coverage reduction

The insured's coverage will reduce by 50% on the later of: the coverage anniversary following the date the insured reaches age 70; or 25 years after an insured's coverage effective date. This reduction will apply to all Group Whole Life benefits under the policy, including available cash value.

### Exclusions

This certificate does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after an Insured's initial Coverage Effective Date or the date any increases or additional life insurance coverage becomes effective for an Insured. This exclusion will apply to any life coverage for which you pay all or part of the premium. This exclusion will also apply to any life coverage that has been approved by us that is subject to the Evidence of Insurability Requirements.

### Exclusions - Accidental Death Benefit Rider

We will not pay benefits for any Accidental Death that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include Injury as an innocent bystander, or Injury for self-defense;
- being intoxicated;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical or controlled substance unless taken as directed by the manufacturer, or, as prescribed or directed by the Insured's Physician;
- travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while: it is being used for test or experimental purposes; the Insured is operating, learning to operate, or serving as a member of the crew; or it is being operated by or for or under the direction of any military authority or organization.
- disease or infirmity of body, or medical or surgical treatment for such disease or infirmity;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- war or any act of war, whether declared or undeclared.

### End of Coverage

An Insured's coverage under this certificate ends on the earliest of:

- the date you are no longer in an Eligible Group;
- the date the Insured dies;
- the date the Insured is no longer eligible for coverage;
- for a Spouse, the date of divorce or annulment;
- the last day of the period any required premium contributions are made;
- the Insured's Maturity Date;
- the date the Insured's coverage is surrendered for its Guaranteed Cash Value;
- the date the Insured's Guaranteed Cash Value is less than or equal to the Debt;
- the date the Insured's Death Benefit has been exhausted or equals \$0.00;
- the date the Insured's Death Benefit has been exhausted under any Accelerated Death Benefit option in this certificate ; or
- the date the Employer's group policy is cancelled.

If an Insured's coverage ends for any of the reasons outlined above, the Insured may elect to continue coverage, as long as premium is paid as required, under the Portability provision of this certificate.

We will provide coverage for a Payable Claim that occurs while the Insured is covered under this certificate.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form PLA-GWLP22-1 and Certificate PLA-GWLC22-1, PLA-GWLAD22-1 or contact your Unum

representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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Insurance Company**

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Chattanooga, TN 37402  
(877) 225-2712

[services.unum.com](http://services.unum.com)

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**Group Whole Life Insurance Policy**

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**Policyholder:** City of Birmingham

**Policy Number:** 981848 001

**Policy Effective Date:** July 1, 2025

**Policy Anniversary:** July 1

**Governing Jurisdiction:** Alabama

The first premium payment is due on or before the Policy Effective Date. All subsequent premiums are due in accordance with the rate schedule provided to the Policyholder. This policy is issued pursuant to the application of the Policyholder and in consideration of payment of required premiums. Benefits will be paid according to the provisions of this policy. Please see the Certificate of Coverage (the "certificate") for specific details on the Group Whole Life benefits.

**This is a non-participating policy. Please read this policy carefully.**

This policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, the laws of other states and the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

All references to defined terms, provision titles, and section headings have been capitalized. Defined terms are located in the Glossary section of the certificate.

Signed for Unum on the Policy Effective Date.

President

Secretary

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<b>Premium Payments</b>	<p>Premiums must be paid to us in United States dollars on or before their due date. If premiums are not paid on or before their due date, we will provide the Policyholder with Written notice that Premium Payments must be paid by the last day of the Grace Period. If we do not receive premium payment in full by the last day of the Grace Period, the policy will end consistent with the Grace Period provision. However, to the extent we become obligated to pay any claim in a period after the policy has ended, the Policyholder will be obligated to pay premium for that period.</p> <p>The amount of premium due on any premium due date is calculated by using the total amount of insurance provided by this policy on such date, multiplied by the applicable rates in effect, subject to any Premium Adjustments.</p> <p>The rates and Premium Due Dates are stated in the Rate Schedule and have been agreed to by us and the Policyholder. We may use any reasonable method to calculate premium due using the rates.</p>
<b>Grace Period</b>	<p>The Grace Period is 31 days following a premium due date during which premium payment may be made. The Policyholder is liable for all premium due during the Grace Period. This policy will remain in force during the Grace Period unless we have received Written notice from the Policyholder to cancel this policy. If we do not receive premium payment in full by the end of the Grace Period, the policy will end as of the date covered by the last full payment of premium.</p>
<b>Premium Adjustments</b>	<p>Premium Adjustments resulting from changes made in insurance after a premium due date will be reflected in the premium due following the effective date of the change. Changes will not be pro-rated daily.</p> <p>Premium Adjustments will only be made for the current Policy Year and the prior Policy Year. In the event of Fraud, Premium Adjustments will be made for all Policy Years.</p>
<b>Right to Change Rates</b>	<p>We will not change rates before the later of the first Policy Anniversary or the end of any Rate Guarantee Period stated in the Rate Schedule. However, we can change rates at any time if changes occur for reasons which affect the risk assumed for the insurance we are providing under this policy. These reasons include, but are not limited to:</p> <ul style="list-style-type: none"><li>- a change occurs in this policy design;</li><li>- a division, subsidiary, or affiliated company is added or deleted;</li><li>- the nature of the Policyholder's business changes or is not as represented;</li><li>- the number of Insureds changes by 25% or more; or</li><li>- a change in law, regulation, or regulatory process that substantially impacts this policy, the benefits payable, or the risk insured.</li></ul> <p>We will provide Written notice to the Policyholder at least 45 days prior to the effective date of a rate change. A rate change may take effect on an earlier date if agreed to by us and the Policyholder. Rate changes will not affect certificates already issued to any Insured.</p>

<b>When Days Begin and End</b>	For the purpose of all dates under this policy, all days begin at 12:01 a.m. and end at 12:00 midnight.
<b>Policy Contents</b>	This policy consists of all provisions of this policy and the provisions of the certificate(s), the Policyholder's application, and all related schedules, riders, amendments, and endorsements.
<b>Certificate of Coverage</b>	<p>We will provide the Policyholder with a Certificate of Coverage. It is the Policyholder's responsibility to distribute the certificate to each insured Employee. The certificate describes:</p> <ul style="list-style-type: none"><li>- the coverage to which an Insured may be entitled;</li><li>- to whom we will make a payment; and</li><li>- the limitations, exclusions, and requirements that apply to the Insured's coverage.</li></ul> <p>If any of the provisions of the certificate conflict with the provisions of this policy, the provisions of this policy will govern.</p>
<b>Communicating with an Insured or the Policyholder</b>	We may communicate verbally or in Writing with the Insured or the Policyholder.
<b>Privacy and Data Protection</b>	We will abide by all applicable privacy and data protection laws and regulations.
<b>Information Required from the Policyholder</b>	<p>The Policyholder must provide us with any information we may reasonably require, including:</p> <ul style="list-style-type: none"><li>- information needed to assess the eligibility of Employees, Spouses and Children;</li><li>- occupational information and any other information that may reasonably be required to manage a claim.</li></ul> <p>Policyholder records that, in our opinion, have a bearing on this policy must be available for our review at any time.</p>
<b>Representation in Applications</b>	Any statements made by the Policyholder will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim, unless such statements are included in an application which is made part of this policy.
<b>Contestability</b>	We can take legal or other action, such as rescinding coverage, using statements made in a signed application by the Policyholder or materials provided by the Policyholder in connection with the application, during the first two years after the Policy Effective Date. However, in the event of non-payment of premium, we can take legal or other action at any time as permitted by applicable law.
<b>Misstatement of Information</b>	<p>If we receive information about an Insured that is incorrect, we will:</p> <ul style="list-style-type: none"><li>- review the information to decide whether the Insured has coverage and in what amounts; and</li><li>- if necessary, make the applicable Premium Adjustments.</li></ul>
<b>Clerical Error or Omission</b>	If a clerical error is made by us, the Policyholder, or an Insured in keeping or providing information, any premiums and benefits will be adjusted according to the correct information. An error will not prevent an Insured from receiving coverage or end coverage that is validly in effect, and its correction will not reinstate coverage that was validly ended.
<b>Policy Change Authority</b>	No other person, including a broker or agent, may change or waive any part of this policy. This Policyholder and Unum may mutually agree to change this policy at any time without the Insured's consent. No change to this policy will be effective unless signed by an officer of our company and endorsed on or attached to this policy.

## Policy Provisions

### **Conformity with Law**

If the provisions of this policy are subject to and contrary to the laws of the governing jurisdiction, such provisions are hereby amended to conform to the minimum requirements of those laws.

### **Agency**

For purposes of the policy, the Policyholder acts on its own behalf or as the Employee's agent. Under no circumstances will the Policyholder be deemed our agent.

### **Additional Services**

This policy may include enrollment, administrative, risk management, health, legal, financial protection, and other support services related to the Policyholder's employee benefit program. We may offer or provide these services, or we may arrange for a third party to offer or provide these services. If we arrange for a third party to do so, that third party remains liable for the provision of such goods or services.

## Cancellation or Modification of Policy

<b>Cancellation by the Policyholder</b>	The Policyholder may cancel this policy by providing us with Written notice at least 31 days prior to the cancellation date. A cancellation will take effect on the later of: <ul style="list-style-type: none"><li>- the date requested by the Policyholder; or</li><li>- the date we receive the Written notice of cancellation.</li></ul>
<b>Cancellation due to Non-Payment of Premium</b>	This policy will automatically be cancelled on the last day of the Grace Period if premium has not been paid in full.
<b>Cancellation or Modification by Us</b>	<p>We may cancel or modify this policy if:</p> <ul style="list-style-type: none"><li>- our participation requirements are not met, as applicable;</li><li>- the Policyholder does not promptly provide us with information that is reasonably required;</li><li>- the Policyholder fails to perform any of its obligations that relate to this policy;</li><li>- the premium is not paid in accordance with the provisions of this policy;</li><li>- the Policyholder does not promptly report to us the required information about any Employees who are added or removed from an Eligible Group;</li><li>- there is a significant change in the geographic distribution or number of the Policyholder's Employees;</li><li>- there is a significant change in the Policyholder or its Employees as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization that impacts the size, occupation, or age of any Eligible Groups;</li><li>- we provide the Policyholder with 45 days Written notice at any time after any rate guarantee period for any reason;</li><li>- we exercise a Right to Refuse Coverage;</li><li>- any change occurs in federal or state law, regulation, or regulatory process that substantially impacts this policy, the benefits payable, or the risk insured;</li><li>- the nature of the Policyholder's business changes or is not as represented; or</li><li>- we are cancelling or modifying similar group policies, or policies issued in similar markets. We will exercise this cancellation or modification right only if we discontinue offering such policies. In this event, a policy cancellation will take effect on the later of:<ul style="list-style-type: none"><li>- the Policy Anniversary following the Written notice of the policy's cancellation; or</li><li>- the end of any rate guarantee period.</li></ul></li></ul> <p>We will provide Written notice to the Policyholder at least 45 days prior to any cancellation or modification date. The Policyholder may cancel this policy if it chooses not to accept the policy modifications made by us.</p>
<b>Right to Refuse Coverage</b>	We have the right to refuse to enroll additional persons in an Eligible Group and the right to refuse to issue additional coverage to an Employee, Spouse, or Child. To exercise such rights, we will give the Policyholder 45 days advance Written notice of such intent.
<b>Notice of Cancellation or Modification to Insured Employees</b>	<p>The Policyholder is responsible for giving Written notice of the cancellation or modification of this policy to insured Employees as soon as reasonably possible. Written notice would include notification of the ability to continue coverage through the Conversion provision or the Portability provision in the certificate.</p> <p>Cancellation or modification of this policy will not affect a Payable Claim.</p>
<b>Premium Received after Cancellation</b>	Premium accepted after the date this policy is cancelled will not act to reinstate this policy. We will refund any premium paid that was in excess of what was owed.



## **City of Birmingham**

### Your Group Whole Life Insurance Plan

Policy No. 981848 011

Underwritten by Provident Life and Accident Insurance Company

6/6/2025





**Provident Life and Accident Insurance Company**

1 Fountain Square  
Chattanooga, TN 37402  
(877) 225-2712  
[services.unum.com](http://services.unum.com)

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**Group Whole Life Insurance Certificate of Coverage**

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**Policyholder:** City of Birmingham  
**Policy Number:** 981848 011  
**Policy Effective Date:** July 1, 2025  
**Policy Anniversary:** July 1  
**Certificate Version:** 07012025  
**Certificate Effective Date:** July 1, 2025  
**Governing Jurisdiction:** Alabama

This Certificate of Coverage (the "certificate") is issued to you under the policy which is a contract between us and the Policyholder. If the provisions of this certificate conflict with the provisions of the policy, the provisions of the policy will govern. The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, the laws of other states and the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. Coverage under this Certificate Version may be in addition to, and independent of, coverage selected under other Certificate Versions.

**This certificate includes an Accelerated Death Benefit for Terminal Illness. The Death Benefit will be reduced if an Accelerated Death Benefit for Terminal Illness is paid. Accelerated Death Benefits may be taxable. You should consult a tax advisor about the tax status of any Accelerated Death Benefit payment.**

**This certificate provides benefits under a non-participating policy. This certificate contains proof of loss requirements, limitations, exclusions, and other provisions that may reduce benefits or prevent an Insured from receiving benefits under this certificate. Please read your certificate carefully and keep it in a safe place.**

All references to defined terms, provision titles, and section headings have been capitalized.

If you have any questions about provisions of this certificate, please contact your Employer, or you may contact us at (877) 225-2712 Monday through Friday 8 a.m. to 8 p.m. Eastern Standard Time.

A Death Benefit is payable when the Insured dies prior to the attained age of 120.  
Premiums are payable until age 95 or to the Insured's death, if earlier.

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Life insurance provides protection against financial loss resulting from death.

This section includes highlights of an Insured's coverage. Please refer to the Life Details for further information on the benefits available.

**Eligible Group(s)**

All Full-Time Employees in Active Employment working a minimum of 30 hours per week.

**Paying for Coverage***For you*

You must make premium contributions for your coverage.

*For your Spouse*

You must make premium contributions for your Spouse's coverage.

**Coverage Amounts**

The following Coverage Amounts are available to an Insured.

**For you**

A minimum of \$5,000 to a maximum of \$150,000, in \$5,000 increments

The overall maximum of your Coverage Amount under all Certificate Versions cannot exceed \$150,000.

**For your Spouse**

A minimum of \$5,000 to a maximum of \$75,000, in \$5,000 increments

The overall maximum of your Spouse's Coverage Amount under all Certificate Versions cannot exceed \$75,000.

Coverage Amounts may be subject to Evidence of Insurability Requirements.

Please refer to the Start of Coverage section of this certificate for any enrollment rules, Evidence of Insurability Requirements, and effective dates of coverage.

We may elect to discontinue offering additional Coverage Amounts to you or your Spouse upon appropriate notice to your Employer.

**Coverage Reductions**

An Insured's life insurance coverage will reduce by 50% on the later of:

- the Policy Anniversary following the date the Insured reaches age 70; or
- 25 years after an Insured's Coverage Effective Date.

**Vesting Period**

Vesting Period is the number of years that premiums must be paid by you before a loan can be taken or Non-forfeiture Options become available.

The Vesting Period is 10 years.

**Certificate Riders**

The following riders are attached to this certificate.

Accidental Death Benefit Rider  
Children's Term Insurance Rider  
Waiver of Premium Rider

The information in this section provides details about the benefits that may be payable, any applicable Exclusions, and Other Features included in an Insured's coverage.

Benefits will only be payable for an Insured's death that occurs on or after the Insured's Coverage Effective Date.

Benefits paid under this certificate may be taxable. As with all tax matters, a tax advisor should be consulted to assess the impact of any benefits received.

**Death Benefit** If the Insured dies prior to the Maturity Date, we will pay a Death Benefit upon receipt of proof of death in accordance with the Payment of Benefits provision in this certificate.

The Death Benefit is equal to:

- the Insured's Coverage Amount; less
- any Coverage Reductions, if applicable; less
- any due and unpaid premiums; less
- any loans and any due or accrued loan interest; less
- any advance payment made under an Accelerated Death Benefit provision of this certificate or any rider.

**Maturity Benefit** If the Insured is living on the Maturity Date, we will pay the Maturity Benefit in a lump sum to the Insured.

The Maturity Benefit is equal to:

- the Guaranteed Cash Value at the Insured's Maturity Date; less
- any due and unpaid premiums; less
- any loans and any due or accrued loan interest; less
- any advance payment made under an Accelerated Death Benefit provision of this certificate or any rider.

## **Loans**

### *Certificate Loans*

After the Vesting Period, an Insured may take a loan under this certificate. The maximum loan amount available is the Guaranteed Cash Value minus:

- any existing loans;
- the interest on any existing loans;
- the interest on the new loan to the anniversary of the Insured's Coverage Effective Date; and
- any due and unpaid premium.

The minimum loan amount that can be taken is \$250.

If at any time the Guaranteed Cash Value is less than or equal to the Debt, coverage under this certificate will end and have no further value 31 days after we have sent Written notice to the Insured's last known address and any assignee of record.

### *Loan Interest*

Interest on loans will be charged on a daily basis from the date of the loan at the rate of 8% (in arrears) compounded annually. Interest unpaid on the anniversary of the Insured's Coverage Effective Date is added to and becomes a part of the loan principal and also bears interest at the same rate.

### *Loan Repayment*

Repayment of a loan may be made in full or in part at any time before coverage ends under this certificate for any reason. If coverage under this certificate is being continued as Reduced Paid-Up Insurance, any Debt which was deducted may not be repaid unless coverage under this certificate is restored.

## **Premiums for an Insured's Coverage under this Certificate**

The Policyholder is responsible for remitting premium for an Insured's coverage under this certificate in accordance with the Grace Period.

If any of the Insured's premium is unpaid at the end of the Grace Period and the Insured's

coverage has accumulated cash value, we will continue the insurance under Reduced Paid-Up Insurance, unless the Insured has surrendered their coverage or elects to continue coverage under the Portability provision in this certificate. If the Insured's coverage has not accumulated cash value, then coverage for the Insured will cease to be in force on the last day of the Grace Period, unless the Insured elects to continue coverage under the Portability provision in this certificate.

**Non-forfeiture Options**

After the Vesting Period, the following Non-forfeiture Options are available to an Insured. If the Insured dies before a non-forfeiture request becomes effective, we will void the request for that Non-forfeiture Option and pay the Death Benefit pursuant to this certificate.

*Reduced Paid-Up Insurance*

Reduced Paid-Up Insurance will be provided if premium applicable to an Insured has not been paid by the end of the Grace Period and the Insured's coverage under this certificate has not been surrendered or continued under the Portability provision. The amount of Reduced Paid-Up Insurance will be the amount of whole life insurance which the Surrender Value will provide when applied as a net single premium at the Insured's then attained age. The amount of Reduced Paid-Up Insurance cannot be less than \$2,000 or exceed the amount of the Insured's Death Benefit on the due date of the first unpaid premium. Any Surrender Value not used to purchase Reduced Paid-Up Insurance will be paid to you in cash.

Any riders will cancel on the effective date of such Reduced Paid-Up Insurance. Once coverage under this certificate is being continued as Reduced Paid-Up Insurance, premium payments are no longer required.

The Reduced Paid-Up Insurance will continue to accumulate cash value.

*Surrender Value*

An Insured may, upon satisfactory Written request, surrender their Death Benefit during the Insured's lifetime for the Surrender Value. If all premiums are paid at the time of surrender, the Surrender Value will be calculated as the Guaranteed Cash Value minus the total amount of Debt incurred. If premium is unpaid at the time of surrender, and this coverage is in a Grace Period, the Surrender Value will be calculated as of the due date of the first unpaid premium. After the Grace Period, if this coverage is being continued as Reduced Paid Up Insurance, the Surrender Value will be calculated as the net single premium for such insurance.

If the Death Benefit is surrendered within 31 days after an anniversary of the Insured's Coverage Effective Date, the Surrender Value will not be less than the Surrender Value on that anniversary.

**Accelerated Death Benefit for Terminal Illness**

This benefit provides an advance payment of an Insured's Death Benefit if the Insured becomes Terminally Ill or has a Terminal Illness.

For purposes of this benefit, Terminally Ill or Terminal Illness is a medical condition:

- from which an Insured is not expected to recover; and
- which is expected to result in the Insured's death within 12 months.

Benefits received under this Accelerated Death Benefit may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

*Accelerated Death Benefit for Terminal Illness Limitations*

No Accelerated Death Benefit for Terminal Illness will be paid:

- if the Insured is not Terminally Ill at the time you apply for this Accelerated Death Benefit for an Insured;
- without the Written consent of the assignee if you have assigned your rights under this certificate;
- without the Written consent of the beneficiary if you have named an irrevocable

- beneficiary;
- if a government agency requires you to use this benefit to apply for, obtain, or otherwise keep a government benefit or entitlement;
  - if you are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise.

***Accelerated Death Benefit for Terminal Illness Amount***

The amount you may receive is up to 100% of the Insured's Death Benefit.

The maximum amount is \$150,000.

If an Insured's Coverage Amount is scheduled to reduce within 12 months of the date application for this benefit is received by us, the Coverage Amount that can be accelerated will be limited to the amount that would be available after such reduction takes place.

***Payment of an Accelerated Death Benefit for Terminal Illness***

The Accelerated Death Benefit for Terminal Illness will be payable one time in a lump sum to you, after we receive proof of an Insured's Terminal Illness and benefit eligibility.

If you have assigned your rights under this certificate to an assignee or made an irrevocable beneficiary designation before benefits are payable, we must receive Written consent on a form acceptable to us that the assignee or irrevocable beneficiary has agreed to the accelerated benefit payment on your behalf.

If an Insured dies before we issue an Accelerated Death Benefit for Terminal Illness payment, no Accelerated Death Benefit for Terminal Illness will be paid. Instead, we will pay the Death Benefit in accordance with the provisions of this certificate.

***Effect of the Accelerated Death Benefit for Terminal Illness payment on other benefit provisions***

The benefit payment will reduce the following items as applicable:

- Death Benefit;
- Cash Value;
- Debt;
- Amount available for loans; and
- Amount available for advance of any part of the Death Benefit under any provision in this certificate or any rider other than this rider.

Payment of an Accelerated Death Benefit Amount for Terminal Illness for one Insured will not reduce any other Insured's Death Benefit.

Upon request to accelerate an Insured's Death Benefit and upon the payment of the Accelerated Death Benefit Amount for Terminal Illness, we will provide a statement to the Insured and any assignee of record or irrevocable beneficiary of record demonstrating the effect of the acceleration on the Insured's Death Benefit.

Upon payment of the Accelerated Death Benefit for Terminal Illness, the certificate will remain in force, unless coverage ends. Premium payments must continue to be paid on the full amount of an Insured's Coverage Amount in force prior to the payment of the Insured's Accelerated Death Benefit for Terminal Illness unless the Insured is approved to have life premium waived in accordance with the Waiver of Premium rider.

***Waiver of Premium***

We will waive premiums for the coverage under your certificate and any riders attached if the Accelerated Death Benefit for Terminal Illness is paid. To avoid duplication of benefits, no Waiver of Premium benefits described in this provision will be applicable during any period of disability of the Insured as defined in any other provision of the policy, or any rider attached to it, that provides a Waiver of Premium benefit.

If the Accelerated Death Benefit for Terminal Illness is paid, Waiver of Premium will:

- begin when the benefit is paid; and
- continue for 12 months.

Once Accelerated Death Benefits for Terminal Illness end, we will no longer waive the premium for the coverage under your certificate and any riders attached. Premium payments must be paid on the full amount of an Insured's Coverage Amount in force prior to the payment of the Insured's Accelerated Death Benefits for Terminal Illness.

*Filing a Claim for an Accelerated Death Benefit for Terminal Illness*

This replaces the Filing a Claim provision in the Claim Provisions section of this certificate.

If there are any questions on how to file a claim, please contact us or your Employer.

*Step 1 - Starting a Claim*

Notice of a claim may be provided in Writing, online at: [services.unum.com](http://services.unum.com), or by contacting us directly at 1-800-635-5597. Notice of a claim should be provided within 30 days from the date of the death. If notice of a claim is not provided within this time period, it will not affect a Payable Claim as long as notice is provided as soon as reasonably possible.

*Step 2 - Claim Forms*

After receiving notice of a claim, we will send a claim form to you or your authorized representative within 15 days from the date we receive the notice of a claim. Claim forms may also be available from your Employer or from us online at: [services.unum.com](http://services.unum.com).

If you or your authorized representative do not receive a claim form from us within 15 days after we receive notice of a claim, a Written statement from you or your authorized representative establishing the nature and extent of the Terminal Illness will be deemed Proof of Loss, if sent to us within the time limit stated in the Proof of Loss section below.

Completed claim forms may be submitted online or sent to us by mail, or fax:

Mailing Address:                   The Benefits Center  
  P.O. Box 100158  
  Columbia, South Carolina 29202-3158

Fax:                                       (800) 447-2498

*Step 3 - Proof of Loss*

Proof of Loss must be sent to us no later than 90 days after the date the claim is filed for an Accelerated Death Benefit for Terminal Illness. If it is not reasonably possible to provide Proof of Loss within this time period, it will not affect a Payable Claim if it is provided within one year, unless the Insured lacks the legal capacity to do so.

In no event can Proof of Loss be submitted after the expiration of the time limit for commencing Legal Action as stated in this certificate, even if the failure to provide Proof of Loss is due to a lack of legal capacity or if state law provides an exception to the one year time period.

Proof of Loss provided at your or your authorized representative's expense, must include satisfactory Written proof from the Insured's Physician certifying that the Insured is Terminally Ill.

If the Proof of Loss is not complete, we will request additional information.

This certificate is subject to all Exclusions in this section, unless stated otherwise in a specific provision.

**Exclusions**

This certificate does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after:

- an Insured's initial Coverage Effective Date; and
- the date any additional life insurance coverage becomes effective for an Insured.

This exclusion will apply to any life coverage for which you pay all or part of the premium.

This exclusion will also apply to any life coverage that has been approved by us that is subject to the Evidence of Insurability Requirements.

**Conversion**

Conversion rights provide an Insured the option to convert group life insurance coverage to any type of individual level premium whole life plan(s) in use by Unum or another insurance company which has agreed to issue conversion policies according to this conversion right. Please refer to the provisions below for additional details.

*Right to Convert*

You may convert all or part of an Insured's life insurance coverage to an individual level premium whole life policy without submitting Evidence of Insurability when an Insured's life insurance coverage reduces or ends due to a Qualifying Event.

For purposes of this provision, Qualifying Event means:

- you cease to be in an Eligible Group;
- your employment ends;
- your continuation of coverage, if any, ends;
- your portability coverage, if any, ends;
- the group policy ends; or
- the policy is changed to end life insurance for the Eligible Group to which you belong.

Your Spouse may convert their life insurance coverage if it ends because your Spouse no longer meets the definition of a Spouse.

Life insurance coverage for any Insured cannot be converted if coverage was cancelled due to non-payment of premium.

*Applying for Conversion*

When group life insurance coverage ends for an Insured, and the Insured elects to convert this coverage, the Insured's existing coverage will be treated in accordance with the Non-forfeiture Option provision of this certificate. Conversion must be applied for within the Conversion Application Period. The first premium payment for converted coverage is due at the time the conversion application is submitted.

For purposes of this provision, Conversion Application Period means the 31 day period after the date of any Qualifying Event.

Applications for conversion, which include cost information, are available from the Employer, from us, or online at [services.unum.com](https://services.unum.com).

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

*Life Insurance Coverage that can be Converted*

Except as limited under Limits on Right to Convert, the maximum amounts that you can convert may not exceed the Insured's life insurance coverage lost under this certificate less the amount of any life insurance coverage that the Insured is or becomes eligible for under the same or any other group policy during the Conversion Application Period.

You may convert a lower amount of life insurance coverage for an Insured.

Conversion is not available for any amount of life insurance for which an Insured was not eligible for or covered for under this certificate.

Conversion is also not available for coverage which is being continued:

- in accordance with the Waiver of Premium rider;

- under the Portability provision of this certificate; or
- in accordance with the continuation provisions found in the End of Coverage section of this certificate until such coverage ends.

Coverage available for Conversion does not include the following services, benefits, and riders included in or with your certificate:

- Accidental Death Benefit Rider;
- Additional Services;
- Accelerated Death Benefit for Terminal Illness; and
- Waiver of Premium Rider.

### *Limits on Right to Convert*

If your Insurance ends because of cancellation or changes to the policy, the following will apply:

You may convert a limited amount of life insurance coverage for an Insured, if the Insured has been covered under the Employer's group policy with us for at least five years.

The maximum amount you have the right to convert is the lesser of:

- \$10,000; or
- the Insured's life insurance coverage under this certificate less any amounts that become available under any other group life policy offered by the Employer within 31 days after the date the policy is cancelled.

### *Death During the Conversion Application Period*

If an Insured dies during the Conversion Application Period, we will pay a Death Benefit equal to the maximum amount the Insured was entitled to convert under the terms of this certificate.

If application and Premium payment has been made for an individual life conversion policy, any Premiums paid for the individual life conversion policy will be refunded. In no event will we be liable to pay a Death Benefit under both the group policy and the individual life conversion policy.

### *Premiums for Converted Insurance*

Premiums for the converted life insurance coverage will be based on:

- the Insured's then attained age on the effective date of the individual life policy;
- the type and amount of insurance to be converted;
- our customary rates in use at that time; and
- the class of risk to which the Insured belongs.

If premium payment has been made, the individual life policy will be effective at the end of the Conversion Application Period.

## **Portability**

Coverage may be ported if coverage ends under the Employer's group policy for any reason.

### *Coverage Available for Portability*

The maximum amount of coverage available to port for an Insured is the total amount of coverage in force under the certificate just prior to the Insured's Ported Coverage Effective Date.

Coverage Available for Portability does not include the following services and benefits included in or with your certificate:

- Additional Services, including but not limited to, Employee Assistance Programs, Travel Assist, and Life Planning Financial and Legal Resources

### *Applying for Portability*

An Insured must apply to port coverage within 31 days from the date the Insured's coverage ends. The first premium payment for an Insured's ported coverage is due at

the time the Insured submits their application

***Ported Coverage Effective Date***

Once an application for portability has been received and approved, an Insured's Ported Coverage Effective Date is the day after coverage would have otherwise ended under the Employer's policy.

***End of Ported Coverage***

Ported coverage for an Insured will end on the earliest of:

- the date the Insured fails to pay the required premium within 31 days of a premium due date;
- the date we receive Written notification from the Insured that the Insured wants to cancel their coverage; or
- the date the Insured dies.

***Paying for Ported Coverage***

You must make all premium contributions for ported coverage. We will bill you directly for any premium due.

***Portability Grace Period***

The Portability Grace Period is 31 days following a premium due date during which premium payment may be made. The Insured is liable for all premium due during the Portability Grace Period. Ported coverage will remain in force during the Portability Grace Period unless we have received Written notice from you to cancel the Insured's ported coverage. If we do not receive premium payment in full by the end of the Portability Grace Period, ported coverage will end as of the date covered by the last full payment of premium, unless any Non-forfeiture Options are available for the Insured.

***Reinstatement***

If ported coverage terminates as provided in the Portability Grace Period provision, it may be reinstated with any riders attached to a premium paying status. Reinstatement may be made during the lifetime of the Insured within 5 years after the due date of the first unpaid premium unless the Surrender Value has been paid, or otherwise exhausted.

Such reinstatement is subject to:

- payment of all overdue premiums with compound interest at the rate of 6% per year;
- payment or reinstatement of any Debt at the due date of the first unpaid premium, with compound interest at the rate of 6% per year; and
- Written approval by us of any required evidence of insurability; however, no evidence of insurability will be required within 31 days after the end of the Portability Grace Period.

**Waiting Period** The Waiting Period is the continuous period of time you must be in an Eligible Group before you are eligible for coverage. Your waiting period is as follows:

If you are in an Eligible Group on or before July 1, 2025: 30 days  
If you enter an Eligible Group after July 1, 2025: 30 days

*Rehire*

If your employment ends and you are rehired within 12 months, any prior period of work in an Eligible Group with your Employer, will apply toward the Waiting Period.

**Coverage Eligibility Date**

The date on which an Insured becomes eligible for coverage.

*For you*

If you are in an Eligible Group, you are eligible for coverage on the later of:  
- the Policy Effective Date; or  
- the day after any applicable Waiting Period has been satisfied.

*For your Spouse*

Your Spouse is eligible for coverage on the later of:  
- the date you are eligible for coverage; or  
- the date you first acquire a Spouse.

**Applying for Coverage**

**Initial Enrollment**

You may apply for any Coverage Amounts available for an Insured within 31 days of an Insured's Coverage Eligibility Date.

Coverage Amounts may be subject to Evidence of Insurability Requirements.

**Late Enrollment**

If you do not apply for coverage during an Insured's Initial Enrollment or you voluntarily cancelled coverage for an Insured and are re-applying, you may apply for any Coverage Amounts available for an Insured during any scheduled Enrollment Period.

Coverage Amounts may be subject to Evidence of Insurability Requirements.

**Applying for Additional Coverage**

You may apply for additional coverage, for an Insured, subject to the Coverage Amounts available during any scheduled Enrollment Period or within 31 days of a Qualifying Life Event.

Coverage Amounts may be subject to Evidence of Insurability Requirements.

Any additional coverage applied for as the result of a Qualifying Life Event, must be consistent with the Qualifying Life Event.

You may cancel coverage for an Insured at any time during the Policy Year, during any scheduled Enrollment Period, or within 31 days of a Qualifying Life Event.

**Evidence of Insurability Requirements**

Evidence of Insurability Amounts are based on the total of all Coverage Amounts under all Certificate Versions. Evidence of Insurability is required when the Coverage Amount applied for, when combined with the total of all Coverage Amounts under all Certificate Versions, is greater than:

<b>Evidence of Insurability Amounts</b>
<b>For Your Spouse</b>
\$25,000

If your Spouse is not approved for coverage over the Evidence of Insurability Amount shown above, your Spouse will be provided coverage up to the Evidence of Insurability Amount shown above.

**Coverage Effective Date**

**Initial Enrollment**

Coverage for an Insured will begin on the later of:

- the first of the month following an Insured's Coverage Eligibility Date if you apply on or before that date for any Coverage Amounts not subject to Evidence of Insurability Requirements; or
- the first of the month following the date you apply for an Insured's coverage, if coverage is applied for within 31 days of an Insured's Coverage Eligibility Date for any Coverage Amounts not subject to Evidence of Insurability Requirements; and
- the first of the month following the date an Insured's Evidence of Insurability application is approved by us for any Coverage Amounts subject to Evidence of Insurability Requirements, but not earlier than an Insured's Coverage Eligibility Date.

**Late Enrollment**

Coverage for an Insured will begin on:

- the first day of the next Policy Year for any Coverage Amounts not subject to Evidence of Insurability Requirements; and
- the first of the month following the date an Insured's Evidence of Insurability application is approved by us for any Coverage Amounts subject to Evidence of Insurability Requirements, but not earlier than the first day of the next Policy Year.

**Coverage Effective Date for Additional Coverage**

Additional coverage for an Insured applied for during a scheduled Enrollment Period will begin on:

- the first day of the next Policy Year for any Coverage Amounts not subject to Evidence of Insurability Requirements; and
- the first of the month following the date an Insured's Evidence of Insurability application is approved by us for any Coverage Amounts subject to Evidence of Insurability Requirements, but not earlier than the first day of the next Policy Year.

Additional coverage for an Insured applied for due to a Qualifying Life Event will begin on the later of:

- the first of the month following the date of a Qualifying Life Event, if you apply for the additional coverage on or before that date for any Coverage Amounts not subject to Evidence of Insurability Requirements; or
- the first of the month following the date you apply for the additional coverage, if you apply within 31 days of the Qualifying Life Event for any Coverage Amounts not subject to Evidence of Insurability Requirements; and
- the first of the month following the date the Insured's Evidence of Insurability application is approved by us for any Coverage Amounts subject to Evidence of Insurability Requirements.

In addition, cancellations in coverage for an Insured made at any time during the Policy Year, during any scheduled Enrollment Period, or due to a Qualifying Life Event will begin on the first of the month following the date you apply for the cancellation in coverage.

Any additional coverage or cancellations in coverage will not affect a Payable Claim that occurs prior to the addition or cancellation.

**Coverage Effective Date if you are not in Active Employment**

You must be in Active Employment in order for coverage to become effective for any Insured in accordance with the Coverage Effective Date provision.

If you are not in Active Employment due to a covered extended absence as outlined under the Continuation of your Coverage During Extended Absences provision on the date coverage would become effective for any Insured, the Insured's Coverage Effective Date will be the date you return to Active Employment.

In addition, your Spouse's coverage may be delayed in accordance with the Delay of Coverage Effective Date for your Spouse provision below.

Coverage Effective Date for Initial Enrollment and Late Enrollment and Coverage Effective Date for Additional Coverage is subject to this provision.

A delay of Coverage Effective Date for any additional coverage will not affect coverage that is currently in force.

**Delay of Coverage Effective Date for your Spouse**

Your Spouse's Coverage Effective Date will be delayed if your Spouse:

- is an inpatient in a Hospital, Hospice, or other health care facility; or
- is confined at home under the care of a Physician.

If your Spouse's Coverage Effective Date is delayed due to the conditions above, your Spouse's coverage will begin on:

- the date your Spouse is no longer an inpatient in a Hospital, Hospice, or other healthcare facility; or
- the date your Spouse is no longer confined at home under the care of a Physician.

**Continuation of your Coverage During Extended Absences**

*Leave of Absence, other than a Family and Medical Leave of Absence*

You will be covered through the end of the month that immediately follows the month in which your Leave of Absence begins, provided premium is paid.

*Family and Medical Leave of Absence*

We will continue coverage in accordance with your Employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your Employer approved your leave in Writing. You will be covered up to the end of the latest of:

- the leave period required by the Federal Family and Medical Leave Act of 1993, and any amendments;
- the leave period required by applicable state law; or
- the leave period provided to you for an Injury or Sickness, provided premium is paid and your Employer has approved your leave in Writing.

If your Employer's Human Resource policy doesn't provide for continuation of your coverage during a family and medical Leave of Absence, coverage may be continued in accordance with the Portability provision in this certificate.

*Leave of Absence due to Injury or Sickness*

You will be covered for up to 3 months from the date your absence due to an Injury or Sickness begins, provided premium is paid.

*Temporary Layoff*

You will be covered through the end of the month that immediately follows the month in which your temporary Layoff begins, provided premium is paid.

**End of Coverage**

An Insured's coverage under this certificate ends on the earliest of:

- the date you are no longer in an Eligible Group;
- the date the Insured dies;
- the date the Insured is no longer eligible for coverage;
- for a Spouse, the date of divorce or annulment;
- the last day of the period any required premium contributions are made;
- the Insured's Maturity Date;
- the date the Insured's coverage is surrendered for its Guaranteed Cash Value;
- the date the Insured's Guaranteed Cash Value is less than or equal to the Debt;
- the date the Insured's Death Benefit has been exhausted or equals \$0.00;
- the date the Insured's Death Benefit has been exhausted under any Accelerated Death Benefit option in this certificate; or
- the date the Employer's group policy is cancelled.

If an Insured's coverage ends for any of the reasons outlined above, the Insured may elect to continue coverage, as long as premium is paid as required, under the Portability provision of this certificate.

We will provide coverage for a Payable Claim that occurs while the Insured is covered under this certificate.

**Filing a Claim**

Provide notice of a claim for benefits under this certificate as soon as possible. If there are any questions on how to file a claim, please contact us or your Employer.

**Step 1 - Starting a Claim**

Notice of a claim may be provided in Writing, online at: [services.unum.com](https://services.unum.com), or by contacting us directly at 1-800-635-5597. Notice of a claim should be provided within 30 days from the date of the death. If notice of a claim is not provided within this time period, it will not affect a Payable Claim as long as notice is provided as soon as reasonably possible.

**Step 2 - Claim Forms**

After receiving notice of a claim, we will send a claim form to you or your authorized representative within 15 days from the date we receive the notice of a claim. Claim forms may also be available from your Employer or from us online at: [services.unum.com](https://services.unum.com).

If you or your authorized representative do not receive a claim form from us within 15 days after we receive notice of a claim, a Written statement from you or your authorized representative establishing the nature and extent of the death will be deemed Proof of Loss, if sent to us within the time limit stated in the Proof of Loss section below.

Completed claim forms may be submitted online or sent to us by mail, or fax:

Mailing Address:       The Benefits Center  
                                  P.O. Box 100158  
                                  Columbia, South Carolina 29202-3158

Fax:                         (800) 447-2498

**Step 3 - Proof of Loss**

Proof of Loss must be sent to us no later than 90 days after the date of death. If it is not reasonably possible to provide Proof of Loss within this time period, it will not affect a Payable Claim if it is provided within one year, unless the Insured lacks the legal capacity to do so.

In no event can Proof of Loss be submitted after the expiration of the time limit for commencing Legal Action as stated in this certificate, even if the failure to provide Proof of Loss is due to a lack of legal capacity or if state law provides an exception to the one year time period.

Proof of Loss, provided at your or your authorized representative's expense, must include, but not be limited to the following:

- a certified copy of the death certificate or other lawful evidence providing equivalent information;
- the date of death;
- the cause of death; and
- the name and address of any Hospital where treatment was received, if applicable, including all attending Physicians;

If the Proof of Loss is not complete, we may require you to submit additional information.

After you or your authorized representative have satisfied the requirements of this provision, we will process and evaluate the information to determine if a claim is payable. We will notify you or your authorized representative of a claim decision and issue payment for a Payable Claim in accordance with the Payment of Benefits provision.

**Authorization for Release of Information**

We may require Written authorization from an Insured or an authorized representative to allow us to obtain necessary medical and non-medical information needed for Proof of Loss. Failure to provide us with Written authorization may result in the denial of a claim if the Insured or the authorized representative does not send proof to us and we are not able to obtain the proof required to make a claim decision.

**Autopsy**

We will have the right to request an Autopsy where it is allowed by law.

**Payment of Benefits**

All benefits will be paid to you, unless otherwise noted or unless we receive Written authorization to pay them elsewhere. This is an assignment of benefits, refer to the Assignment provision in the General Provisions section of this certificate.

In the event of your death, any unpaid benefits will be paid to your beneficiary in accordance with the Beneficiary Designation and Change provision.

In the event of your Spouse's death, should your Spouse have survived you and continued coverage, any unpaid benefits for your Spouse, will be paid to your surviving Spouse's beneficiary in accordance with the Beneficiary Designation and Change provision.

**Beneficiary Designation and Change**

When a person becomes insured under this certificate, you are responsible for designating a primary and, if applicable, a contingent beneficiary in Writing for any benefits due in the event of the Insured's death. It is important to list the full name of each beneficiary and that all beneficiary designations are kept current and provided to us or the Employer. A beneficiary designation form may be available from the Employer or from us online at: [services.unum.com](http://services.unum.com).

You are the beneficiary for any Insured under this certificate while you are still living unless there is a valid change in beneficiary designation by an Insured. If you wish to change your beneficiary designation, you may do so by sending us or the Employer a completed, dated, and signed beneficiary designation change form. However, if you designated an irrevocable beneficiary, such beneficiary designation cannot be changed without the consent of the irrevocable beneficiary. Changes in beneficiary designations will take effect on the date notice of the beneficiary designation is signed by you.

Payment of Benefits will be administered based upon the currently available beneficiary designation on file with us or the Employer. If we have taken any action or made any payment before receiving notice of a beneficiary designation, that beneficiary designation will not go into effect for those actions taken or payments made.

If more than one beneficiary is named and the order or share of payments is not designated, the beneficiaries will share equally. The share of a beneficiary who dies before you, the share of a beneficiary who is legally unable to receive benefits, or the share of benefits that are unallocated will pass to any surviving beneficiaries in proportion to their current allocations. The aggregated shares of benefits in excess of 100% will be deducted from surviving beneficiaries in proportion to their current allocations. If you, or a party legally acting on your behalf, has made an administrative error in completing the beneficiary designation form, we may, in our discretion, and when possible to do so, interpret the designation in a reasonable way to enable us to pay the benefits promptly.

If a beneficiary is not named, or if all named beneficiaries do not survive you, or the named beneficiary is legally unable to receive benefits, any benefits due will be paid to the first surviving family member in the order that follows:

- you;
- your Spouse;
- your natural offspring and legally adopted Children in equal shares;
- your mother or father, or if paying both, in equal shares; or
- your sisters and brothers in equal shares.

Instead of making a payment to a surviving family member, we have the right to pay any benefits due to your estate. If there are no surviving family members, or if we are unable to determine the appropriate beneficiary(ies), any benefits due will be paid to your estate. If there is no estate, benefits will be paid as required by law.

In the event of your death, should your Spouse survive you and elect to continue coverage under the Portability provision, your surviving Spouse should name a

## Claim Provisions

beneficiary according to the requirements specified within this provision.

### **Advanced Payment of Claim**

We may advance up to \$500 of an Insured's Death Benefit to help meet the urgent financial needs at the death of the Insured. Any such payment will reduce the Insured's Death Benefit payable by us.

### **Methods of Payment**

A Retained Asset Account will be made available to you or your beneficiary if an Insured's Life claim is at least \$10,000.

If the Life claim is less than \$10,000, we will pay it in one lump sum to you or your beneficiary.

Upon Written request, other payment options may be available to you or your beneficiary.

### **Payments to a Minor or Incompetent Insured or Insured's Beneficiary**

If an Insured or an Insured's beneficiary is a minor or is incompetent, we can pay up to \$2,000 to the person or institution that appears to have assumed the custody and main support of the Insured, the minor, or the Insured's beneficiary unless or until that Insured, the minor, or the Insured's beneficiary's appointed legal representative makes a formal claim. If we pay benefits to such person or institution, we will not have to pay those benefits again. Any such payment will reduce the Death Benefit payable by us.

### **Overpayment of Claims**

We have the right to recover any overpayments due to:

- fraud;
- misstatement of information; or
- any error we make in processing a claim.

We must be reimbursed in full. If it is not possible to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing or withholding future payments.

### **Legal Actions**

If you or your authorized representative disagree with our decision, you or your authorized representative can start Legal Action regarding your claim 60 days after Proof of Loss has been given to us and up to six years from the latest of when:

- original Proof of Loss was first required to have been given to us;
- your claim was denied; or
- your benefits were terminated,

unless applicable law requires us to afford a longer period within which to bring Legal Action.

<b>When Days Begin and End</b>	For the purpose of all dates under this certificate, all days begin at 12:01 a.m. and end at 12:00 midnight.
<b>Certificate of Coverage</b>	<p>We will provide the Employer with a certificate for distribution to each insured Employee. The certificate describes:</p> <ul style="list-style-type: none"><li>- the coverage to which an Insured may be entitled;</li><li>- to whom we will make a payment; and</li><li>- the limitations, exclusions, and requirements that apply to an Insured's coverage.</li></ul> <p>If the provisions of this certificate conflict with the provisions of the policy, the provisions of the policy will govern.</p>
<b>Certificate of Coverage Contents</b>	<p>Coverage for an Insured is provided under the provisions of this certificate. The provisions of this certificate are made part of the policy issued to the Policyholder.</p> <p>The policy consists of all provisions of the policy, the provisions of this certificate, the Policyholder's application, and all related schedules, riders, amendments, and endorsements.</p>
<b>Cancellation or Modification to the Policy and this Certificate of Coverage</b>	<p>The policy may be cancelled or modified by the Employer at any time without the Insured's consent. Any cancellation or modification to the policy requested by the Employer will take effect on the date agreed upon by us and the Employer.</p> <p>We or the Employer may modify the policy or certificate if required by state law or if we elect to discontinue offering enrollment to additional persons in an Eligible Group or if we elect to discontinue issuing additional coverage to you, your Spouse, or your Children.</p> <p>All policy and certificate modifications will take effect according to the provisions in the Start of Coverage section of this certificate.</p>
<b>Policy Change Authority</b>	No other person, including a broker or agent, may change or waive any part of this policy. This Policyholder and Unum may mutually agree to change this policy at any time without the Insured's consent. No change to this policy will be effective unless signed by an officer of our company and endorsed on or attached to this policy.
<b>Representation in Applications</b>	Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application in Writing from you.
<b>Assignment</b>	<p>An Assignment transfers all or part of your legal title and rights under the policy and this certificate to someone else, known as an "assignee." We will recognize your assignee(s) as owners of the rights you transferred under the policy and this certificate if:</p> <ul style="list-style-type: none"><li>- the Written form has been signed by you and the assignee and the Assignment in its Written form is acceptable to us; and</li><li>- in our discretion, we may reject and have no obligation under an Assignment unless a signed or certified copy of the Written Assignment has been received and recorded by us prior to the loss.</li></ul> <p>An Assignment will take effect on the date you sign the Assignment. However, if we have taken any action or made any payment before we receive a notice of the Assignment, that Assignment will not go into effect for those actions taken or payments made prior to our receipt of the notice of Assignment. Unless stated otherwise in, or allowed by the Assignment, the assignment does not change a beneficiary designation.</p> <p>You are responsible for assuring the validity of any assignment. Please verify with your own legal counsel that your Assignment meets the legal requirements in your state.</p>
<b>Contestability</b>	We will take legal or other action, if appropriate to do so, to cancel, to deny, or limit coverage or benefits based on statements made in signed applications for coverage, including Evidence of Insurability forms, only when a death occurs during the first two years after an Insured's Coverage Effective Date. However, in the event of non-payment

## General Provisions

of premium, we can take legal or other action at any time as permitted by applicable law.

To confirm the accuracy of your signed application, we may require additional information, including but not limited to completion of a medical treatment form and medical records.

### **Misstatement of Information**

If we receive information about an Insured that is incorrect, we will:

- review the information to decide whether the Insured has coverage and in what amounts; and
- if necessary, make the applicable premium adjustments.

### **Fraud**

We want to make sure you and your Employer do not incur additional insurance costs as a result of the effects of insurance fraud. We promise to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime to defraud or attempt to defraud us into issuing coverage or paying benefits that we would otherwise not have issued or paid. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

Fraudulent and deceptive actions may result in denial of a claim, and may be subject to prosecution and punishment under state and federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

### **Agency**

For purposes of the policy, your Employer acts on its own behalf or as your agent. Under no circumstances will your Employer be deemed our agent.

### **Workers' Compensation or State Disability Insurance**

This certificate does not provide coverage under any workers' compensation or state disability insurance law.

### **Communicating with you or your Employer**

We may communicate verbally or in Writing with you or your Employer.

### **Privacy and Data Protection**

We will abide by all applicable privacy and data protection laws and regulations.

### **Discretionary Acts**

The Plan grants to itself the discretionary authority to make all benefit determinations under the Plan.

The Plan, acting through the Plan Administrator, delegates to Provident Life and Accident Insurance Company ("Unum") and its parents and affiliates the discretionary authority to make all benefit determinations pursuant to Plan documents, which include insurance policies and other documents evidencing funding for benefits provided under the Plan. Unum may act directly or through its parents, employees and agents, or further delegate its authority through contracts, letters or other documentation or procedures to other affiliates or entities. Benefit determinations include determining eligibility for benefits and the amount of any benefits, resolving factual disputes, and interpreting and applying Plan terms and conditions. Exercising discretionary authority requires that a benefit determination must be made on a principled and reasoned basis, consistent with a reasonable interpretation of the terms of the Plan or insurance policy and supported by the facts and circumstances of each claim.

### **Additional Services**

This certificate may include enrollment, administrative, risk management, health, legal, financial protection, and other support services related to your Employer's benefit program. We may offer or provide these services, or we may arrange for a third party to offer or provide these services. If we arrange for a third party to do so, that third party remains liable for the provision of such goods or services.

<b>Active Employment</b>	<p>You are working for your Employer for earnings that are paid regularly and you are performing the Material and Substantial Duties of your Regular Occupation. You must be regularly scheduled to work at least the minimum number of hours defined by your Employer.</p> <p>Your work site must be:</p> <ul style="list-style-type: none"> <li>- your Employer's usual place of business in the United States;</li> <li>- an alternative work site in the United States at the direction of your Employer; or</li> <li>- a location in the United States to which your job requires you to travel.</li> </ul> <p>Normal vacation, holidays, or temporary business closures are considered Active Employment provided you are in Active Employment on the last scheduled work day preceding such time off.</p> <p>For purposes of this certificate, temporary business closures that meet the Glossary definition of Active Employment include, but are not limited to:</p> <ul style="list-style-type: none"> <li>- inclement weather;</li> <li>- power outages; and</li> <li>- public health agency orders.</li> </ul> <p>Temporary and seasonal workers are excluded from coverage.</p>
<b>Confined</b>	Assignment to a bed as a resident inpatient in a medical or treatment facility on the advice of a Physician.
<b>Debt</b>	The principal of any loan outstanding against an Insured's Death Benefit, plus any interest due or accrued.
<b>Employee</b>	A person, also referred to as "you" or "your", who is in Active Employment.
<b>Employer</b>	The Policyholder, including all covered United States divisions, subsidiaries, affiliated companies, and entities of the named Policyholder for whom premium is being paid.
<b>Enrollment Period</b>	A period of time determined by your Employer and us during which you are eligible to apply for coverage for an Insured. This period of time may be limited.
<b>Evidence of Insurability</b>	A process used by us to determine an Insured's qualification for the coverage requested. It may include a statement of the Insured's medical history, medical provider records, as well as physical examinations and information from consumer reporting agencies. Evidence of Insurability will be at our expense.
<b>Gainful Occupation</b>	<p>A Gainful Occupation is an occupation that:</p> <ul style="list-style-type: none"> <li>- you are reasonably fitted by education, training, or experience; and</li> <li>- is expected to provide an income within 12 months of your return to work equal to or greater than 60% of your annual Earnings.</li> </ul>
<b>Grace Period</b>	The Grace Period is 31 days following a premium due date during which premium payment may be made under the policy.
<b>Guaranteed Cash Value</b>	The Guaranteed Cash Values are based on the Coverage Amount less any Coverage Reductions, if applicable, and are shown in the Table of Non-forfeiture Values that can be obtained from us. These values are calculated by the Standard Nonforfeiture Value Method using the nonforfeiture factor shown below the Table. The Guaranteed Cash Values shall never be less than the value for the Anniversary of the Insured's Coverage Effective Date shown in the Table unless the Insured's coverage is in force under Reduced Paid-Up Insurance. While the Insured's coverage is in force under Reduced Paid-Up Insurance, the Guaranteed Cash Values are the present value of the future benefits provided by the Reduced Paid-Up Insurance.
<b>Hospital</b>	An accredited facility licensed to provide medical care and treatment.

<b>Hospice</b>	A program designed to provide palliative care and emotional support to the terminally ill in a home or homelike setting, or a facility so that quality of life is maintained.
<b>Injury</b>	Any damage or harm to the body that is the direct result of an accident and not related to any other cause.
<b>Insured</b>	Any person who has coverage under the policy.
<b>Layoff</b>	Temporary absence from Active Employment for a period of time that has been initiated in advance by your Employer.  Normal vacation time, holidays, or temporary business closures or any period of disability is not considered a Layoff.
<b>Leave of Absence</b>	Temporary absence from Active Employment for a period of time under a leave granted in Writing by your Employer that is in accordance with your Employer's formal leave policies.  Normal vacation time, holidays, or temporary business closures or any period of disability is not considered a Leave of Absence.
<b>Material and Substantial Duties</b>	Duties that: <ul style="list-style-type: none"><li>- are routinely required for the performance of your Regular Occupation or any Gainful Occupation; and</li><li>- cannot be reasonably omitted or modified.</li></ul>
<b>Maturity Date</b>	The anniversary of the Insured's Coverage Effective Date on or immediately following the Insured's 121st birthday.
<b>Payable Claim</b>	A claim for which we are liable under the provisions of the policy.
<b>Physician</b>	A person performing tasks that are within the limits of their medical license and is also: <ul style="list-style-type: none"><li>- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction;</li><li>- licensed to practice medicine, prescribe and administer drugs, or to perform surgery; or</li><li>- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients.</li></ul> We will not recognize you, your Spouse, children, parents, siblings, a past or present business or professional partner, or any person who has a financial affiliation or business interest with you, as a Physician for a claim that you send to us.
<b>Plan</b>	Your Employer's Life Welfare Benefit Plan which includes this certificate, your Employer's Group Life Insurance Policy, and other benefit plan documents consistent with this Plan.
<b>Policy Year</b>	July 1, 2025 to July 1, 2026 and each following July 1 to July 1.
<b>Policyholder</b>	The entity to which the policy is issued.
<b>Provident Life and Accident Insurance Company</b>	Referred to as "Unum" and "we," "us," and "our."
<b>Qualifying Life Event</b>	For coverage eligibility purposes, a Qualifying Life Event may include but is not limited to: <ul style="list-style-type: none"><li>- birth, adoption, or addition of a Child;</li><li>- a change in legal marital status;</li><li>- a change in employment status; or</li><li>- death of an Insured,</li></ul> as permitted under Internal Revenue Code section 125.

For further information regarding Qualifying Life Events, please refer to your Employer's Human Resource policy and plan documents.

<b>Regular Occupation</b>	The occupation you are routinely performing when your Injury or Sickness begins. We will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.
<b>Retained Asset Account</b>	An interest-bearing account established through an intermediary bank in the name of you or your beneficiary, as owner.
<b>Sickness</b>	An illness or disease.
<b>Spouse</b>	<p>The sole person who is your partner through lawful marriage, civil union, domestic partnership (established by a declaration acceptable to us), or your legally separated Spouse.</p> <p>Your Spouse may not be insured as both a Spouse and an Employee.</p>
<b>Writing or Written</b>	A record on or transmitted by paper, electronic, or telephonic means consistent with applicable law.

### Children's Term Insurance Rider

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The Children's Term Insurance rider provides term insurance on the life of any insured Child. You must enroll for Whole Life coverage in order to elect coverage for your Child under this rider.

This rider does not have a cash value or loan value.

This rider is made a part of the Group Whole Life Insurance Policy and is subject to all of the provisions, limitations and exclusions of the policy and certificate, unless changed or added by this rider.

All references to provisions, sections, and defined terms have been capitalized. Defined terms that have been capitalized within this rider have the same meaning as the defined terms capitalized in the certificate unless changed or added by this rider.

**Policyholder:** City of Birmingham

**Policy Number:** 981848 011

**Policy Effective Date:** July 1, 2025

**Certificate Version:** 07012025

**Rider Effective Date:** July 1, 2025

**Paying For Coverage** You must make premium contributions for the Children's Term Insurance rider.

**Children's Term Insurance Benefit** When we receive satisfactory proof that an insured Child has died while this rider is in force, we will pay the Children's Term Insurance Benefit Amount.

**Description** The Children's Term Insurance Benefit will be paid to you, unless otherwise noted or unless we receive Written authorization to pay it elsewhere. This is an assignment of benefits, refer to the Assignment provision in the General Provisions section of the certificate.

**Children's Term Insurance Benefit Amount** This benefit will pay an amount equal to:

The overall maximum of your Children's Term Insurance Benefit Amount under all Certificate Versions cannot exceed \$20,000.

**Coverage Reductions for the Child Term Insurance Benefit Amount** The Children's Term Insurance Benefit Amount does not reduce.

**Acceleration of Children's Term Insurance Benefit Amount** The Children's Term Insurance Benefit Amount is not eligible for any Accelerated Death Benefits.

**Coverage** Your Children are eligible for coverage under this rider on the later of:

**Eligibility Date** - the date you are eligible for coverage; or  
- the date you first acquire a Child.

**Evidence of Insurability Requirements** Evidence of Insurability is not required.

**Delay of Coverage Effective Date** This provision does not apply to Children.

**Definitions**

*Children*

Any child from live birth to age 26 who is:

- your own natural offspring;
- your Spouse's child;
- your lawfully adopted Child as of the earliest of the date:
  - the Child is placed in your home or in a medical facility;
  - a petition is filed for you to adopt the Child; or
  - an adoption agreement signed by you that includes your binding obligation to assume financial responsibility for the Child;
- a foster Child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction; or
- any other Child residing with you that is dependent on you for primary financial support.

Coverage for your Child may also be continued past age 26 if your Child is incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance.

You must submit proof of the Child's incapacity and dependency to us within 120 days of the Child's 26th birthday or we will accept proof within 120 days of the Child's Coverage Eligibility Date that the Child was continuously covered under this or another similar group policy since age 26. Ongoing proof of incapacity and dependency must be provided when requested by us, but not more frequently than once a year.

Your Children may not be insured as both a Child and an Employee.

Your Children may not be insured by more than one Employee.

*Coverage Effective Date*

The date a Child becomes effective for coverage under this rider in accordance with the Coverage Effective Date provision in the Start of Coverage section of the certificate.

**Exclusions** The Children's Term Insurance Rider does not have any exclusions.

**End of Coverage Under the Children's Term Insurance Rider**

A Child's coverage under this rider ends on the earliest of:

- the date you are no longer in an Eligible Group;
- the date your Child dies;
- the date your Child is no longer eligible for coverage;
- the date your Child no longer meets the definition of a Child under this rider;
- the last day of the period any required premium contributions are made; or
- the date the Employer's group policy is cancelled.

Your Children's coverage under this rider may be continued with your Group Whole Life coverage under the Portability provision of the certificate, as long as premium is paid as required.

If your Child's coverage ends due to no longer meeting the definition of a Child under this rider, your Child may convert all or part of their Children Term Life Insurance coverage in accordance with the Conversion Provision of the certificate.

Conversion for your Children may only be requested by either:

- you; or
- if you died during the 31 days prior to the request:
  - the insured Child if that Child is at least 18 years of age; or
  - the guardian of the insured Child if that Child is less than 18 years of age.

We will provide coverage for a Payable Claim that occurs while the Child is covered under this certificate.

## Accidental Death Benefit Rider

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Accidental death insurance provides financial protection by paying a benefit in the event of an Accident causing your or your Spouse's death.

This rider is made a part of the Group Whole Life Insurance Policy and is subject to all of the provisions, limitations and exclusions of the policy and certificate, unless changed or added by this rider.

All references to provisions, sections, and defined terms have been capitalized. Defined terms that have been capitalized within this rider have the same meaning as the defined terms capitalized in the certificate unless changed or added by this rider.

**Policyholder:** City of Birmingham  
**Policy Number:** 981848 011  
**Policy Effective Date:** July 1, 2025  
**Certificate Version:** 07012025  
**Rider Effective Date:** July 1, 2025

**Accidental Death Benefit Description** When we receive satisfactory proof that you or your Spouse has died while this rider is in force, we will pay the Accidental Death Benefit Amount in accordance with the Payment of Benefits provision in the Claim Provisions section of the certificate.

**Accidental Death Benefit Amount** This benefit will pay an amount equal to 100% of your or your Spouse's Death Benefit to a maximum of \$150,000 if, due to Injuries sustained in an Accident which happens prior to you or your Spouse reaching age 70, you or your Spouse dies. The Accidental Death must be within 365 days of the Accident.

**Common Carrier Benefit** This benefit may be payable if you or your Spouse dies due to Injuries sustained in an Accident which occurs while you or your Spouse is traveling as a fare-paying passenger on a Common Carrier.

Your or your Spouse's death must occur within 365 days from the date of the Accident.

This benefit will pay an amount equal to two times your or your Spouse's Death Benefit, not to exceed \$150,000.

The Common Carrier Benefit is separate from any Accidental Death Benefit which may be payable.

**Seatbelt(s) Benefit** This benefit may be payable if, due to Injuries sustained in an Accident, you or your Spouse dies while driving or riding in a Private Passenger Car, provided:

- the Private Passenger Car is equipped with seatbelt(s);
- the seatbelt(s) were in actual use and properly fastened at the time of the Accident; and
- the position of the seatbelt(s) are certified in the official report of the Accident, or by the investigating officer. A copy of the police Accident report must be submitted with the claim.

If certification is not available, and it is clear that you or your Spouse was properly wearing

a seatbelt(s), then we will pay an amount equal to 25% of your or your Spouse's Accidental Death Benefit Amount. However, if such certification is not available, and it is unclear whether you or your Spouse was properly wearing seatbelt(s), then we will pay a fixed benefit of \$1,000.

An automatic harness seatbelt will not be considered properly fastened unless a lap belt is also used.

No benefit will be paid if you or your Spouse is the driver of the Private Passenger Car and does not hold a current and valid driver's license.

The Seatbelt(s) Benefit is separate from any Accidental Death Benefit which may be payable.

## Definitions

### *Accident*

An External and Unexpected force, event or means acted upon you or your Spouse that was the sole, actual and direct cause of your or your Spouse's bodily Injury or death.

Neither the occurrence of that force, event, or means, nor your or your Spouse's bodily Injury or death were contributed by sickness, disease, bodily infirmity or disorder, allergy, abnormal physical condition, or any other event, means or cause whatsoever.

For purposes of this definition:

**External** means a force, event or means originating from outside the body.

**Unexpected** means a reasonable person would believe it highly unlikely that the force, event or means would have occurred and, if had occurred, would have resulted in bodily Injury or death.

### *Common Carrier*

Commercial transportation including airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities.

### *Hospital*

An accredited facility licensed to provide medical care and treatment.

### *Intoxicated*

Your or your Spouse's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state where the Accident occurred.

### *Private Passenger Car*

A validly registered four-wheel automobile that is used only as a private passenger vehicle (including Employer-owned automobiles used as private passenger vehicles).

## Exclusions

We will not pay benefits for any Accidental Death that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include Injury as an innocent bystander, or Injury for self-defense;
- being Intoxicated;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical or controlled substance unless taken as directed by the manufacturer, or, as prescribed or directed by your or your Spouse's Physician;
- travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while:
  - it is being used for test or experimental purposes;
  - you or your Spouse are operating, learning to operate, or serving as a member of

- the crew; or
- it is being operated by or for or under the direction of any military authority or organization.
- disease or infirmity of body, or medical or surgical treatment for such disease or infirmity;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; or
- war or any act of war, whether declared or undeclared;

**Filing a Claim for the Accidental Death Benefit Rider**

This provision should be used in lieu of the Filing a Claim provision in the Claim Provisions section of the certificate.

Provide notice of a claim for Accidental Death benefits under this rider as soon as possible. If there are any questions on how to file a claim, please contact us or your Employer.

*Step 1 - Starting a Claim*

Notice of a claim may be provided in Writing, online at: [services.unum.com](http://services.unum.com), or by contacting us directly at 1-800-635-5597. Notice of a claim should be provided within 30 days from the date of the Accidental Death. If notice of a claim is not provided within this time period, it will not affect a Payable Claim as long as notice is provided as soon as reasonably possible.

*Step 2 - Claim Forms*

After receiving notice of a claim, we will send a claim form to you or your authorized representative within 15 days from the date we receive the notice of a claim. Claim forms may also be available from your Employer or from us online at: [services.unum.com](http://services.unum.com).

If you or your authorized representative do not receive a claim form from us within 15 days after we receive notice of a claim, a Written statement from you or your authorized representative establishing the nature and extent of the Accidental Death will be deemed Proof of Loss, if sent to us within the time limit stated in the Proof of Loss section below.

Completed claim forms may be submitted online or sent to us by mail, or fax:

Mailing Address: The Benefits Center  
P.O. Box 100158  
Columbia, South Carolina 29202-3158

Fax: (800) 447-2498

*Step 3 - Proof of Loss*

Proof of Loss must be sent to us no later than 90 days after the date of the Accidental Death. If Proof of Loss is not sent to us within this time period, it will not affect a Payable Claim if it is provided within one year, unless you or your Spouse lacks the legal capacity to do so.

Proof of Loss, provided at your or your authorized representative's expense, must include, but not be limited to the following:

- a certified copy of the death certificate or other lawful evidence providing equivalent information;
- the cause of the Accidental Death;
- the date of the Accident; and
- the name and address of any Hospital where treatment was received, including all attending Physicians, if applicable.

If the Proof of Loss is not complete, we may require you or your authorized representative to submit additional information.

After you or your authorized representative have satisfied the requirements of this provision, we will process and evaluate the information to determine if a claim is payable.

We will notify you or your authorized representative of a claim decision and issue payment for a Payable Claim in accordance with the Payment of Benefits provision in the Claim Provisions section of the certificate.

**Contestability**

We will take legal or other action, if appropriate to do so, to deny, or limit coverage or benefits based on statements made in signed applications for coverage, including Evidence of Insurability forms, only when an Accidental Death occurs during the first two years after your or your Spouse's Coverage Effective Date. However, in the event of non-payment of premiums, we can take legal or other action at any time as permitted by applicable law.

## Waiver of Premium Rider

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Waiver of Premium allows premiums to be waived for an Insured's Life coverage, if you are disabled and meet the requirements outlined in the provisions below.

This rider is made a part of the Group Whole Life Insurance Policy and is subject to all of the provisions, limitations and exclusions of the policy and certificate, unless changed or added by this rider.

All references to provisions, sections, and defined terms have been capitalized. Defined terms that have been capitalized within this rider have the same meaning as the defined terms capitalized in the certificate unless changed or added by this rider.

**Policyholder:** City of Birmingham  
**Policy Number:** 981848 011  
**Policy Effective Date:** July 1, 2025  
**Certificate Version:** 07012025  
**Rider Effective Date:** July 1, 2025

**Waiver of Premium Description** Premiums may be waived for an Insured's coverage if you:  
- are Disabled prior to age 65; and  
- satisfy the Elimination Period while remaining Disabled.

**Paying for Coverage During Your Application for Waiver of Premium** To be eligible for coverage during your Elimination Period, and to maintain your right to convert or to continue your life insurance coverage in accordance with the Portability provision located in the Life Details Other Features section of the certificate, you or your Employer must continue making premium contributions for coverage until you are notified of your approval for Waiver of Premium.

Upon approval of your Waiver of Premium claim and satisfaction of the Elimination Period, premium contributions for an Insured's life insurance coverage and premium contributions applicable to any riders attached to the certificate will not be required while you remain Disabled, subject to all other provisions of this certificate.

Premiums waived in accordance with this provision will not be deducted from a Payable Claim.

**Elimination Period** The Elimination Period is the continuous period of time you must be Disabled. You must satisfy the Elimination Period before you are eligible for premiums for coverage to be waived.

<b>Elimination Period</b>	6 months
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While satisfying the Elimination Period, if you return to work for less than 30 continuous days with your Employer and go back out of work due to the same Injury or Sickness, this will be treated as a continuous disability. Days you worked will count towards satisfying the Elimination Period. If you return to work for more than 30 continuous days with your Employer, this will be treated as a new disability and a new Elimination Period will need to be satisfied.

If you are working for another employer during the Elimination Period, this will be considered working during the Elimination Period and you will not be eligible for this Waiver of Premium benefit.

**Definition of Disability for Waiver of Premium**

For purposes of Waiver of Premium, Disability or Disabled means:

*During the Elimination Period and the next 2 years after the Elimination Period*

Due to an Injury or Sickness, you are unable to perform the Material and Substantial Duties of your Regular Occupation.

*Beyond the 2 years after the Elimination Period*

Due to the same Injury or Sickness, you are unable to perform the Material and Substantial Duties of any Gainful Occupation.

While you are Disabled you must be under the Regular and Appropriate Care of a Physician. The loss of professional or occupational licenses or certifications, by themselves, will not be considered a Disability.

**Termination of Life Coverage While Satisfying the Disability Requirements**

If an Insured's life insurance coverage terminates while satisfying the requirements for Waiver of Premium, Conversion or Portability may be available. Please refer to the Conversion provision or the Portability provision located in the Life Details Other Features section of the certificate.

**Filing a Claim for Waiver of Premium**

This provision should be used in lieu of the Filing a Claim provision in the Claim Provisions section of the certificate when filing a claim for Waiver of Premium.

Provide notice of a claim for Waiver of Premium under this certificate as soon as possible. If there are any questions on how to file a claim, please contact us or your Employer.

You must notify us immediately when you return to work in any capacity, regardless of whether you are working for your Employer.

*Step 1 - Starting a Claim*

Notice of a claim may be provided in Writing, online at: [services.unum.com](https://services.unum.com) or by contacting us directly at 1-800-635-5597. Notice and proof of a claim must be provided within 90 days after the end of the Elimination Period. If it is not reasonably possible to provide notice of claim within this time period, it will not affect your claim if you show that it was not reasonably possible to provide such notice and you provide such notice as soon as it is reasonably possible.

*Step 2 - Claim Forms*

Claim forms may also be available from your Employer or from us online at: [services.unum.com](https://services.unum.com). The form has instructions on how to complete and where to send the claim.

We will send a claim form to you within 15 days from the date we receive your request for a claim form.

If you do not receive a claim form from us within 15 days after we receive your request for a claim form, you should submit a Written statement as to the nature and extent of the disability. This will be considered Proof of Loss.

*Step 3 - Proof of Loss*

Proof of Loss, provided at your expense, must establish the nature and extent of the disability and include, but not be limited to the following:

- the date you were first unable to work due to Injury or Sickness;
- the existence and cause of your Injury or Sickness;
- that your Injury or Sickness causes you to have Restrictions and Limitations limiting you from performing the Material and Substantial Duties of your Regular Occupation or Gainful Occupation;

- proof that you are under the Regular and Appropriate Care and treatment by a Physician;
- the name and address of any Hospital where treatment was received, including all attending Physicians; and
- documentation of your financial records, upon request and where appropriate, including but not limited to, Earnings and income tax returns.

If the Proof of Loss is not complete, we may require you to submit additional information.

Upon consideration of the required proof, we will notify you in Writing as to whether we will waive the premium for your life insurance coverage. Any such waiver of premium will end in accordance with the End of Waiver of Premium provision.

**Step 4 - Continuing Proof of Loss**

At our request, you must provide continuing Proof of Loss for your continuing disability during the duration of your claim. We will request continuing Proof of Loss as often as it is reasonably necessary to do so, but not more frequently than once every six months. It must be sent to us within 45 days from the date of our request.

After you or your authorized representative have satisfied the requirements of this provision, we will process and evaluate the information to determine if a claim is payable. We will notify you or your authorized representative of a claim decision and issue payment for a Payable Claim in accordance with the Payment of Benefits provision in the Claim Provisions section of this certificate.

**Right to Exam, Test, or Interview**

We may require the Insured to be examined or tested by one or more Physicians, other medical practitioners, or vocational experts of our choice. We may also require the Insured to be interviewed by an authorized representative of ours.

We have the right to interview the Insured and to have the Insured examined or tested as often as is reasonably necessary. Any examination, test, or interview that we require will be at our expense. If the Insured fails to attend or fully participate, we will not pay benefits or we will stop sending benefits under this certificate.

**Waiver of Premium Additional Details**

If you become disabled while you are covered in accordance with the Continuation of your Coverage During Extended Absences provision in this certificate, we will use your approved Death Benefit in effect just prior to the date the extended absence began to determine the amount for which premiums may be waived.

If the policy is cancelled while an Insured's premium is being waived, coverage will continue in accordance with the End of Waiver of Premium provision.

**Death During Waiver of Premium**

If an Insured dies while premiums are being waived, Proof of Loss should be submitted to us after the Insured's death. In addition to the Proof of Loss requirements outlined in the certificate and/or the Accidental Death Benefit Rider for an Insured's death, proof must also include supporting documentation that the Insured's disability continued without interruption from the date the Waiver of Premium started to the date of death.

**End of Waiver of Premium**

Waiver of Premium will automatically end on the earliest of:

- the date you recover, and you no longer are Disabled;
- the date you fail to provide us with Proof of Loss as requested;
- the date you refuse to have an examination by a Physician chosen by us;
- the date you die;
- the date premium has been waived for 12 months and you are considered to reside outside the United States or Canada. You will be considered to reside outside these countries when you have been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months for which premium has been waived.

An Insured's life insurance coverage may be converted or may be continued under the Portability provision when the Waiver of Premium benefit ends. Please refer to the

Conversion provision or the Portability provision shown in the Life Details Other Features section of the certificate.

## Definitions

### *Injury*

Any damage or harm to the body that is the direct result of an Accident and not related to any other cause. Disability must begin while you are covered under the rider.

### *Regular and Appropriate Care*

Frequent or routinely scheduled care or treatment by a Physician whose specialty or experience is appropriate to effectively treat and manage your disability. Physical examinations and Telemedicine are acceptable forms of care or treatment if consistent with standard medical practice for the disabling condition.

We will not require you to have frequent or routinely scheduled care or treatment by a Physician for your disability if such Regular and Appropriate Care is not required by standard medical practice.

### *Restrictions and Limitations*

Limitations on your functioning and restrictions in performing the activities of your Regular Occupation or a Gainful Occupation as supported by the medical information provided to us by a Physician.

### *Sickness*

An illness or disease. Disability must begin while you are covered under the policy.

### *Telemedicine*

A medical inquiry with a Physician via the use of telecommunication and information technologies (including, but not limited to, audio or video communications) for your evaluation, diagnosis, or treatment as would be practiced in person. This does not include requests for prescription refills or medical records.

**IMPORTANT INFORMATION REGARDING  
THE ACCELERATED DEATH BENEFIT**

This certificate provides life insurance coverage, with Accelerated Death Benefit options. An Accelerated Death Benefit is NOT long-term care insurance. You may use the money you receive from an Accelerated Death Benefit payment for any purpose.

Accelerated Death Benefit payments may be taxable. We suggest you seek advice from a personal tax advisor.

Receipt of Accelerated Death Benefits may affect eligibility for Medicaid, other government benefits, or entitlements.

Cash values, loan values, and the Death Benefit WILL BE REDUCED if an Insured receives an Accelerated Death Benefit.

Here is an illustration of the effect of an Accelerated Death Benefit for Terminal Illness payment:

\$75,000	Death Benefit Amount
\$56,250	Accelerated Death Benefit Amount
\$18,750	Remaining Death Benefit Amount
\$750	Remaining Cash Value
\$250	Remaining Loan Balance
\$500	Cash Surrender Value
\$948	Certificate Premium

We will waive premiums for coverage under the certificate and any riders attached according to the terms listed in the Waiver of Premium provision for that Accelerated Death Benefit, if an Accelerated Death Benefit is paid.

## GROUP WHOLE LIFE

### THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE REQUIRED BY CERTAIN STATES. PLEASE READ CAREFULLY.

State variations apply and are subject to change. Consult your Employer or plan administrator for the most current state provisions that may apply to you.

**Full effect will be given to your state's civil union, domestic partner, and same sex marriage laws to the extent they apply to you under a group insurance policy issued in another state.**

If you have a complaint about your insurance, you may contact us at 1-800-321-3889, or the department of insurance in your state of residence. Links to the websites of each state department of insurance can be found at [www.naic.org](http://www.naic.org).

Si usted tiene alguna queja acerca de su seguro puede comunicarse con nosotros a través del número 1-800-321-3889, o al departamento de seguros de su estado de residencia. Puede encontrar enlaces a los sitios web de los departamentos de seguros de cada estado en [www.naic.org](http://www.naic.org).

If you had group life coverage in place with your employer through another carrier when your employer changed carriers to Unum, your prior coverage may be continued under the Unum plan to the extent the laws of your resident state require such right to continue.

**If you are a resident of one of the states noted below, and the provisions referenced below appear in your Certificate in a form less favorable to you as an Insured, they are amended as follows:**

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#### For residents of Alaska:

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

##### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Overpayment of Claims** provision in the **Claim Provisions** section of the certificate is amended as follows:

We have the right to recover any overpayments due to:

- fraud
- misstatement of age; or
- any error we make in processing a claim.

We must be reimbursed in full. If it is not possible to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing or withholding future payments.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in a Written application signed by you, and a copy of the signed application has been provided to you, your beneficiary, or your authorized representative.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Misstatement of Information** provision in the **General Provisions** section of the certificate is replaced with a **Misstatement of Age** provision and reads as follows:

If an Insured's age is misstated, the amount payable will be that amount which the premium paid would have bought at the correct age, or the premium will be adjusted to reflect the premium charge that would have been issued at the correct age.

#### **For residents of Arkansas:**

The *Effect of the Accelerated Death Benefit for Terminal Illness payment on other benefit provisions* in the **Accelerated Death Benefit for Terminal Illness** provision in the **Life Details** section of the certificate has been amended as follows for the payment of an Accelerated Death Benefit for Terminal Illness:

Payment of an Accelerated Death Benefit Amount for Terminal Illness for one Insured will not reduce any other Insured's Death Benefit and will not reduce any Accidental Death Benefit payable under the Accidental Death Benefit Rider.

The **Conversion** provision for *Right to Convert* in the **Life Details - Other Features** section of the certificate is amended to include the following additional Qualifying Events for your Spouse:

In addition, your Spouse may convert their life insurance coverage if it ends:

- due to your death; or
- because your Spouse no longer meets the definition of a Spouse.

A *Notice of Right to Convert* is added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

#### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Accidental Death Benefit Amount** provision in the **Accidental Death Benefit Rider** is replaced as follows:

This benefit will pay an amount equal to 100% of your or your Spouse's Coverage Amount less any Coverage Reductions, if applicable, to a maximum of \$150,000 if, due to Injuries sustained in an Accident which happens prior to you or your Spouse reaching age 70, you or your Spouse dies. The Accidental Death must be within 365 days of the Accident.

#### **For residents of Florida:**

The **Continuation of Your Coverage During Extended Absences** provision for *Leave of Absence due to Injury or Sickness* in the **End of Coverage** section of the certificate is amended as follows:

Provided premium is paid, you will be covered up to the later of:

- your retirement date; or
- 6 months following the date your Injury or Sickness began.

In *Step 3 - Proof of Loss* in the **Filing a Claim** provision in the **Claim Provisions** section of the certificate, the phrase "but not be limited to" is removed.

The **Legal Actions** provision in the **Claim Provisions** section of the certificate has been amended to read as follows:

If you or your authorized representative disagree with our decision, you or your authorized representative can start Legal Action regarding your claim 60 days after Proof of Loss has been given to us and up to five years from the later of when:

- original Proof of Loss was first required to have been given to us;
- your claim was denied; or
- your benefits were terminated,

unless applicable law requires us to afford a longer period within which to bring Legal Action.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application signed by you, and a copy of the signed application has been provided to you, your beneficiary, or your authorized representative.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Misstatement of Information** provision in the **General Provisions** section of the certificate is replaced with a **Misstatement of Age** provision and reads as follows:

If an Insured's age is misstated, the amount payable will be that amount which the premium paid would have bought at the correct age, or the premium will be adjusted to reflect the premium charge that would have been issued at the correct age.

The last paragraph of the definition of **Physician** in the **Glossary** section of the certificate has been amended to read as follows:

We will not recognize you, your Spouse, children, parents, siblings, a past or present business or professional partner as a Physician for a claim that you send to us.

The second paragraph in the definition of *Accident* in the **Definitions** provision of the **Accidental Death Benefit Rider** has been amended to read as follows:

Neither the occurrence of that force, event, or means, nor your or your Spouse's bodily Injury or death were contributed by sickness, disease, bodily infirmity or disorder, allergy or abnormal physical condition.

In *Step 3 - Proof of Loss* in the **Filing a Claim for Accidental Death** provision in the **Accidental Death Benefit Rider**, the phrase "but not be limited to" is removed.

The **Definition of Disability for Waiver of Premium** provision in the **Waiver of Premium Rider** is amended as follows:

For purposes of Waiver of Premium, Disability or Disabled means:

Due to an Injury or Sickness, you are unable to perform the Material and Substantial Duties of any Gainful Occupation.

While you are Disabled you must be under the Regular and Appropriate Care of a Physician. The loss of professional or occupational licenses or certifications, by themselves, will not be considered a Disability.

In *Step 3 - Proof of Loss* in the **Filing a Claim for Waiver of Premium** provision in the **Waiver of Premium Rider**, the phrases "but not be limited to" and "but not limited to" are removed.

**For residents of Idaho:**

A *Notice of Right to Convert* is added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

**For residents of Louisiana:**

The **Exclusions** provision in the **Life Details | Exclusions** section of the certificate is amended as follows:

This certificate does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after an Insured's initial Coverage Effective Date.

This certificate also does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after the date any increases or additional life insurance coverage becomes effective for an Insured. This exclusion will not apply to any amount of life insurance coverage in force for 24 months prior to any increases or additional life coverage.

These exclusions will apply to any life coverage for which you pay all or part of the premium.

These exclusions will also apply to any life coverage that has been approved by us that is subject to the Evidence of Insurability Requirements.

The **Overpayment of Claims** provision in the **Claim Provisions** section of the certificate is amended as follows:

We have the right to recover any overpayments due to:

- fraud
- misstatement of age; or
- any error we make in processing a claim.

We must be reimbursed in full. If it is not possible to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing or withholding future payments.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

In the absence of fraud, any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application signed by you, and a copy of the signed application has been provided to you or your beneficiary.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Misstatement of Information** provision in the **General Provisions** section of the certificate is replaced with a **Misstatement of Age** provision and reads as follows:

If an Insured's age is misstated, we will:

- review the information to decide whether the Insured has coverage and in what amounts; and

- if necessary, make the applicable premium adjustments.

#### **For residents of Maine:**

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

##### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

A provision for **Continuation of Coverage for Total Disability** has been added to the **End of Coverage** section in the certificate as follows:

Provided premium is paid, coverage may be continued for up to six months from the date your Total Disability began, but not later than the earlier of:

- the date you are approved for continuation under any disability provision included in the policy; or
- the cancellation of your Employer's group policy.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

A definition for **Total Disability** has been added to the **Glossary** section of the certificate as follows:

For purposes of the Continuation of Coverage for Total Disability provision, Total Disability means that due to an Injury or Sickness you are not working in any occupation.

While you are Disabled you must be under the Regular and Appropriate Care of a Physician. The loss of professional or occupational licenses or certifications, by themselves, will not be considered a Disability.

#### **For residents of Maryland:**

The **Vesting Period** provision in the **Life Highlights** section of the certificate is removed in its entirety.

*Certificate Loans* in the **Loans** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

The **Premiums for an Insured's Coverage under this Certificate** provision in the **Life Details** section of the certificate has been amended to read as follows:

The Policyholder is responsible for remitting premium for an Insured's coverage under this certificate in accordance with the Grace Period.

If any of the Insured's premium is unpaid at the end of the Grace Period and the Insured's coverage has accumulated cash value, we will continue the insurance under Reduced Paid-Up Insurance, unless the Insured has surrendered their coverage or elects to continue coverage under the Portability provision or, if eligible, the Conversion provision in this certificate. If the Insured's coverage has not accumulated cash value, then coverage for the Insured will cease to be in force on the last day of the Grace Period, unless the Insured elects to continue coverage under the Portability provision or, if eligible, the Conversion provision in this certificate.

The **Non-forfeiture Options** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

The *Accelerated Death Benefit for Terminal Illness Amount* in the **Accelerated Death Benefit for Terminal Illness** provision in the **Life Details** section of the certificate has been amended to read as follows:

The amount you may receive is up to 100% of the Insured's Death Benefit.

The maximum amount is \$150,000.

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application in Writing and signed by you.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Misstatement of Information** provision in the **General Provisions** section of the certificate is replaced with a **Misstatement of Age** provision and reads as follows:

If an Insured's age is misstated, we will:

- review the information to decide whether the Insured has coverage and in what amounts; and
- if necessary, make the applicable premium adjustments.

The last paragraph in the **Definition of Disability for Waiver of Premium** provision in the **Waiver of Premium Rider** has been amended to read as follows:

While you are Disabled you must be under the Regular and Appropriate Care of a Physician. Regular and appropriate care from a Physician is not required for conditions such as permanent blindness or loss of limb. The loss of professional or occupational licenses or certifications, by themselves, will not be considered a Disability.

**For residents of Minnesota:**

The *Life Insurance Coverage that can be Converted* in the **Conversion** provision in the **Life Details - Other Features** section of the certificate has been amended to remove reference to the Limits on Right to Convert.

The *Limits on Right to Convert* in the **Conversion** provision in the **Life Details - Other Features** section of the certificate has been removed.

The **End of Coverage** section in the certificate has been amended to include a **Life Insurance Continuation Rights** provision as follows:

If you are an employee who is a resident of the state of Minnesota, you have the right to continue life insurance coverage for yourself, your Spouse, and your Children if life insurance coverage ends because you have:

- voluntarily or involuntarily terminated employment; or

- been Laid Off.

For purposes of this provision, Laid Off means you are working less than the minimum number of hours defined by your Eligible Group in this certificate.

Life insurance coverage cannot be continued if:

- you end employment because of gross misconduct; or
- the Employer's group policy is cancelled.

#### *Notification of Continuation of Life Insurance Coverage*

The Employer must inform you in Writing, within 14 days from the date of your termination of employment or within 14 days from the date you were Laid Off of:

- your right to continue life insurance coverage;
- the monthly premium amount, which cannot exceed 102% of the cost under the Employer's group life insurance policy, that you must send to the Employer;
- the manner in which and the office of the Employer to which payment is to be made or sent; and
- the time the payments are due to the Employer.

The Employer must send you notice by first class mail to your last known address which you have provided to the Employer. If the Employer fails to notify you and your insurance stops, the Employer will be liable to pay the life insurance benefit Unum would have paid had your, your Spouse, or your Children's life insurance coverage remained in force.

#### *Death During the 60 Day Election Period*

If you, your Spouse, or your Children die during the 60 day election period and before you elect to keep life insurance coverage in force under this provision, you will have been considered to have elected to continue life insurance coverage under this provision. A death benefit will be payable for you, or your covered Spouse, or your covered Children, to you or your beneficiary equal to the amount of life insurance coverage that could have been continued less any unpaid premium owed as of the date of death.

#### *End of Continuation of Life Insurance Coverage*

Life insurance coverage will end on the earliest of:

- 18 months from:
  - the date of your terminated employment; or
  - the date you were Laid off;
- the date you obtain life insurance under another group policy; or
- the date the Employer's group policy is cancelled.

When life insurance coverage ends on one of the dates above, you, your Spouse, and your Children may convert your life insurance coverage in accordance with the Conversion provision of this certificate.

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate has been changed to include the following statement:

Benefits for which we are liable will be paid within two months after we receive Written Proof of Loss.

The **Legal Actions** provision in the **Claim Provisions** section of the certificate has been amended to read as follows:

If you or your authorized representative disagree with our decision, you or your authorized representative can start Legal Action regarding your claim 60 days after Proof of Loss has been given to us and up to five years from the latest of when:

- original Proof of Loss was first required to have been given to us;
- your claim was denied; or
- your benefits were terminated,

unless applicable law requires us to afford a longer period within which to bring Legal Action.

**For residents of Missouri:**

The **Exclusions** provision in the **Life Details | Exclusions** section of the certificate is amended by providing that any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 12 months after:

- an Insured's initial Coverage Effective Date; and
- the date any increases or additional life insurance coverage becomes effective for an Insured;

are not covered.

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Definition of Disability for Waiver of Premium** provision in the **Waiver of Premium Rider** is amended as follows:

For purposes of Waiver of Premium, Disability or Disabled means:

Due to an Injury or Sickness, you are unable to perform the Material and Substantial Duties of any Gainful Occupation.

While you are Disabled you must be under the Regular and Appropriate Care of a Physician. The loss of professional or occupational licenses or certifications, by themselves, will not be considered a Disability.

### **For residents of Montana**

A *Notice of Right to Convert* is added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application signed by you, and a copy of the signed application has been provided to you, your beneficiary, or your authorized representative.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

### For residents of New Hampshire:

The **Continuation of Your Coverage During Extended Absences** provision in the **End of Coverage** section of the certificate has been amended to include the following:

#### *Strike, Lockout, Labor Dispute*

You will be covered up to the earliest of:

- the expiration of 6 months from the date you ceased Active Employment; or
- the date you accept employment with another Employer.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

In the **Definition** provision of the **Child Term Insurance Rider**, if the *Children* definition includes coverage for your Child to be continued past the age limit for Child coverage that would otherwise apply, the language specific to this coverage is replaced as follows:

Coverage for your Child may be continued past the age limit for Child coverage that would otherwise apply if your Child is incapable of self-sustaining employment due to intellectual or physical incapacity prior to reaching the age limit for Child coverage that would otherwise apply and is dependent upon you for support and maintenance.

You must submit proof of the Child's incapacity and dependency to us within 31 days of the Child's birthday when the Child reaches the age limit for Child coverage that would otherwise apply, or we will accept proof within 31 days of the Child's Coverage Eligibility Date that the Child was continuously covered under this or another similar group policy since the age limit for Child coverage that would otherwise apply. Ongoing proof of incapacity and dependency must be provided when requested by us, but not more frequently than once a year.

### For residents of New Mexico:

The **Conversion** provision for the *Right to Convert* in the **Life Details - Other Features** section of the certificate is amended to include the following additional Qualifying Events for your Spouse:

In addition, your Spouse may convert their life insurance coverage if it ends:

- due to your death; or
- because your Spouse no longer meets the definition of a Spouse.

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

#### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The definition of *Accident* in the **Definitions** provision in the **Accidental Death Benefit Rider** is replaced as follows:

#### *Accident*

An unintended or unforeseen bodily Injury sustained by an Insured, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition and which:

- occurs on or after the Insured's Coverage Effective Date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in this rider or the certificate.

The **Exclusions** provision in the **Accidental Death Benefit Rider** is replaced as follows:

We will not pay benefits for any Accidental Death that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- suicide (sane or insane), attempted suicide or intentionally self-inflicted injury within two years of your or your Spouse's Coverage Effective Date;
- active participation in a riot, insurrection, or terrorist activity. This does not include Injury as an innocent bystander, or Injury for self-defense;
- being voluntary Intoxicated;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical or controlled substance unless taken as directed by the manufacturer, or, as prescribed or directed by your or your Spouse's Physician;
- travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while:
  - it is being used for test or experimental purposes; or
  - you or your Spouse is operating, learning to operate, or serving as a member of the crew; or
- riding or driving an air, land or water vehicle in a race, speed, or endurance contest.

**For residents of North Carolina:**

*Step 3 - Proof of Loss* in the *Filing a Claim for an Accelerated Death Benefit for Terminal Illness* provision in the **Accelerated Death Benefit for Terminal Illness** provision in the certificate, is amended to read that Proof of Loss must be sent to us no later than 180 days after the date the claim is filed for an Accelerated Death Benefit for Terminal Illness.

The **Claim Provisions** section of the certificate is amended to include the following provision:

**Refund of Premium at Death**

Any premium paid, which applies to a period beyond the end of the month in which the death of the insured occurs will be refunded. No part of any premium waived under the certificate, or any rider will be refunded.

*Step 3 - Proof of Loss* in the *Filing a Claim* provision in the **Claim Provisions** section in the certificate is amended to read that Proof of Loss must be sent to us no later than 180 days after the date of death.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Exclusions** provision of the **Accidental Death Benefit Rider** for the "war or any act of war, whether declared or undeclared." exclusion is amended to include the statement: This exclusion will not apply if the Insured is a known service member at the time of enrollment.

*Step 3 - Proof of Loss* in the **Filing a Claim for the Accidental Death Benefit Rider** provision in the **Accidental Death Benefit Rider**, is amended to read that Proof of Loss must be sent to us no later than 180 days after the date the claim is filed for an Accidental Death Benefit.

**For residents of Ohio:**

The **Vesting Period** provision in the **Life Highlights** section of the certificate is removed in its entirety.

*Certificate Loans* in the **Loans** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

The **Non-forfeiture Options** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

*Step 3 - Proof of Loss* in the *Filing a Claim for an Accelerated Death Benefit for Terminal Illness* in the **Accelerated Death Benefit for Terminal Illness** provision in the certificate, is amended to read that Proof of Loss must be sent to us as soon as reasonably possible.

The *Right to Convert* in the **Conversion** provision in the **Life Details - Other Features** section of the certificate has been amended to read as follows for your Spouse:

- In addition, your Spouse may convert their life insurance coverage if it ends:
- due to your death; or
  - because your Spouse no longer meets the definition of a Spouse.

A *Notice of Right to Convert* has been added to the **Conversion** provision in the Life Details - Other Features section of the certificate as follows:

*Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

*Step 3 - Proof of Loss* in the **Filing a Claim** provision in the **Claim Provisions** section in the certificate is amended to read that Proof of Loss should be sent to us within 90 days after the date of death or as soon as reasonably possible.

The provision **Payment of Benefits** in the **Claim Provisions** section of the certificate has been changed to include the following statement:

Benefits for which we are liable will be paid immediately, or within two months after we receive Written Proof of Loss.

The provision **Representation in Applications** in the **General Provisions** section of the certificate has been changed to read as follows:

Any statements made by you will be considered a representation and not a warranty. Such statements will not be used to avoid insurance, reduce benefits, or deny a claim unless they are included in an application signed by you, and a copy of the signed application has been provided to you or your beneficiary.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

A **Complaint Process** provision has been added to the **General Provisions** section of the certificate and reads as follows:

If we receive notice of a complaint by telephone call, we will respond with a return telephone call within 24 hours and send Written correspondence to the complaint within 10 business days from receipt of the phone call. Upon Written receipt of a complaint, we will respond in writing to the complaint within 10 business days from receipt of the complaint.

Provident Life & Accident Insurance Company  
Attn: Customer Relations  
1 Fountain Square  
Chattanooga, TN 37402  
(800) 451-8475

In our Written response, we address all issues stated in the complaint and include any necessary attachments such as a copy of the policy, a copy of the claim file, copies of all correspondence and any other pertinent documentation.

You also have the right to file a complaint with the Ohio Department of Insurance, Consumer Services Division, 50 West Town Street, Third Floor-Suite 300, Columbus, Ohio 43215, (614) 644-2673, toll free in Ohio 1-800-686-1526. Complaints may also be filed via the internet at <http://insurance.ohio.gov>

The following notice appears in the **State Requirements** section of the certificate as follows:

Holders of Certificates issued, delivered, or used in Ohio are entitled to all the protections afforded them under Ohio law, including without limitation, Title XXXIX of the Ohio Revised Code.

If you are an Ohio resident insured under a group policy issued to an employer outside of Ohio, the following provision on the face page of your certificate is removed: "If the provisions of this certificate conflict with the provisions of the policy, the provisions of the policy will govern."

*Step 3 Proof of Loss* in the **Accidental Death Benefit Rider** has been amended to read:

Proof of Loss should be sent to us within 90 days of the Accidental Death.

Proof of Loss, provided at your or your authorized representative's expense, must include, but not be limited to the following:

- a certified copy of the death certificate or other lawful evidence providing equivalent information;
- the cause of the Accidental Death;
- the date of the Accident; and
- the name and address of any Hospital where treatment was received, including all attending Physicians, if applicable.

If the Proof of Loss is not complete, we may require you or your authorized representative to submit additional information.

#### **For residents of Oregon:**

The statement at the bottom of the Face Page of the certificate is amended to read as follows:

A Death Benefit is payable when the Insured dies prior to the attained age of 121.

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate is amended to include the following:

Benefits for which we are liable will be paid within 30 days after we receive sufficient Proof of Loss.

The **Methods of Payment** provision in the **Claim Provisions** section of the certificate is amended to include:

You or your beneficiary may request an Insured's Life claim be paid in one lump sum regardless of the claim amount.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The *Accident* definition in the **Definitions** provision of the **Accidental Death Benefit Rider** has been amended as follows:

An unintended or unforeseen bodily Injury sustained by you or your Spouse, wholly independent of sickness, illness, or disease.

*Step 3 - Proof of Loss* in the **Filing a Claim for Waiver of Premium** in the **Waiver of Premium Rider**, is amended to read as follows:

### *Step 3 - Proof of Loss*

Proof of Loss, provided at your expense, must establish the nature and extent of the disability and include, but not be limited to the following:

- the date you were first unable to work due to Injury or Sickness;
- the existence and cause of your Injury or Sickness;
- that your Injury or Sickness causes you to have Restrictions and Limitations limiting you from performing the Material and Substantial Duties of your Regular Occupation or Gainful Occupation;
- proof that you are under the Regular and Appropriate Care and treatment by a Physician; and
- the name and address of any Hospital where treatment was received, including all attending Physicians.

If the Proof of Loss is not complete, we may require you to submit additional information.

Upon consideration of the required proof, we will notify you in Writing as to whether we will waive the premium for your life insurance coverage. Any such waiver of premium will end in accordance with the End of Waiver of Premium provision.

### **For residents of South Carolina:**

A *Notice of Right to Convert* is added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

#### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The **Continuation of Your Coverage During Extended Absences** provision for *Leave of Absence due to Injury or Sickness* in the End of Coverage section of the certificate is amended as follows:

Provided premium is paid, you will be covered up to the later of:

- your retirement date; or
- 6 months from the date your absence begins.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

The **Misstatement of Information** provision in the **General Provisions** section of the certificate reads as follows:

If we receive information about an Insured's age or sex that is misstated, we will:

- review the information to decide whether the Insured has coverage and in what amounts; and
- if necessary, make the applicable premium adjustments.

### **For residents of South Dakota:**

The last paragraph in the **Physician** definition in the **Glossary** section of the certificate has been amended as follows:

We will not recognize you, your Spouse, children, parents, siblings, a past or present business or professional partner, or any person who has a financial affiliation or business interest with you, as a Physician for a claim that you send to us. This will not apply to you, your Spouse, children, parents or siblings if they are the only Physician in the service area provided that they are acting within the scope of their practice.

The **Exclusions** provision in the **Accidental Death Benefit Rider** is replaced as follows:

We will not pay benefits for any Accidental Death that is caused by, contributed to by, or occurs as a result of any of the following:

- committing a felony;
- committing suicide if sane;
- active participation in a riot, insurrection, or terrorist activity. This does not include Injury as an innocent bystander, or Injury for self-defense;
- being Intoxicated;
- travel or flight in any vehicle or device for aerial navigation, including boarding or alighting from it while:
  - it is being used for test or experimental purposes;
  - you or your Spouse is operating, learning to operate, or serving as a member of the crew; or
  - it is being operated by or for or under the direction of any military authority or organization.
- disease or infirmity of body, or medical or surgical treatment for such disease or infirmity; or
- war or any act of war, whether declared or undeclared.

#### **For residents of Washington:**

The second sentence of the first paragraph on the **Face Page** of the certificate has been changed to read as follows:

If the provisions of the certificate conflict with the provisions of the policy, the provisions of the certificate will govern.

The **Vesting Period** provision in the **Life Highlights** section of the certificate is removed in its entirety.

*Certificate Loans* in the **Loans** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

The **Non-forfeiture Options** provision in the **Life Details** section of the certificate has been amended to remove reference to the Vesting Period.

The definition of *Terminally Ill or Terminal Illness* in the **Accelerated Death Benefit for Terminal Illness** provision in the **Life Details** section of the certificate, is changed to read as follows:

For purposes of this benefit, Terminally Ill or Terminal Illness is a medical condition:

- from which an Insured is not expected to recover; and
- which is expected to result in the Insured's death within 24 months

*Step 3 - Proof of Loss* under **Filing a Claim for an Accelerated Death Benefit for Terminal Illness** in the **Accelerated Death Benefit for Terminal Illness** provision in the Life Details section of the certificate has been revised to include that if there is a conflict of opinion between the Insured's Physician and us, the Insured has the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either party. As a part of the final decision, the arbitrator or mediator shall award the costs or arbitration to one party or the other or may divide the costs equally.

The time period for how long Waiver of Premium will begin and continue if an Accelerated Death Benefit for Terminal Illness is paid under *Waiver of Premium* in the **Accelerated Death Benefit for Terminal Illness** provision in the **Life Details** section of the certificate has been changed to read as follows:

If the Accelerated Death Benefit for Terminal Illness is paid, Waiver of Premium will:

- begin when the benefit is paid; and
- continue for 24 months.

The last paragraph in the **Certificate of Coverage** provision in the **General Provisions** section of the certificate has been changed to read as follows:

If the provisions of the certificate conflict with the provisions of the policy, the provisions of the certificate will govern.

The **Activities of Daily Living** definition in the **Glossary** section of the certificate is removed in its entirety.

The **Substantial Assistance** definition in the **Glossary** section of the certificate is removed in its entirety.

The reference to "Death Benefit" in the **Accidental Death Benefit Amount provision** of the **Accidental Death Benefit Rider** has been revised to reflect "Coverage Amount less any Coverage Reductions".

The **Exclusions** provision in the **Life Details | Exclusions** section of the certificate is removed in its entirety.

The **Exclusions** provision in the **Accidental Death Benefit Rider** has been changed to read as follows:

We will not pay benefits for any Accidental Death that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include
- Injury as an innocent bystander, or Injury for self-defense;
- travel or flight in any vehicle or device for aerial navigation, including boarding or
- alighting from it while:
  - it is being used for test or experimental purposes;
  - you or your Spouse is operating, learning to operate, or serving as a member of the crew; or
  - it is being operated by or for or under the direction of any military authority
  - or organization.
- disease or infirmity of body, or medical or surgical treatment for such disease or
- infirmity;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; or
- war or any act of war, whether declared or undeclared.

The *Effect of the Accelerated Death Benefit for Terminal Illness payment on other benefit provisions* in the **Accelerated Death Benefit for Terminal Illness** provision in the **Life Details** section of the certificate has been amended as follows for the payment of an Accelerated Death Benefit for Terminal Illness:

Payment of an Accelerated Death Benefit Amount for Terminal Illness for one Insured will not reduce any other Insured's Death Benefit and will not reduce any Accidental Death Benefit payable under the Accidental Death Benefit Rider.

#### **For residents of West Virginia:**

A *Notice of Right to Convert* is added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

##### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The *Limits on Right to Convert* in the **Conversion** provision in the Life Details - Other Features section of the certificate has been amended to read as follows:

If your insurance ends because the group policy is cancelled or the policy is changed to end life insurance for the Eligible Group to which you belong, the following will apply:

You may convert a limited amount of life insurance coverage for an Insured, if the Insured has been covered under the Employer's group policy with us for at least three (3) years and the Employer's group policy has been in force for at least five (5) years.

The maximum amount you have the right to convert is the lesser of:

- \$10,000; or
- the Insured's life insurance coverage under this certificate less any amounts that become available under any other group life policy offered by the Employer within 31 days after the date the policy is cancelled.

#### **For residents of Wisconsin:**

The **Legal Actions** provision in the **Claim Provisions** section of the certificate has been amended to read as follows:

If you or your authorized representative disagree with our decision, you or your authorized representative can start Legal Action regarding your claim 60 days after Proof of Loss has been given to us and up to six years from the latest of when:

- original Proof of Loss was first required to have been given to us;
- your claim was denied; or
- your benefits were terminated,

unless applicable law requires us to afford a longer period within which to bring Legal Action.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to include nonpayment of premium in the last sentence of the first paragraph as follows:

However, in the event of fraud or non-payment of premiums, we can take legal or other action at any time as permitted by applicable law.

#### **For residents of Wyoming:**

The **Conversion** provision for the *Right to Convert* in the **Life Details - Other Features** section of the certificate is amended to include the following additional Qualifying Events for your Spouse:

Your Spouse may convert their life insurance coverage if it ends:

- due to your death; or
- because your Spouse no longer meets the definition of a Spouse.

A *Notice of Right to Convert* has been added to the **Conversion** provision in the **Life Details - Other Features** section of the certificate as follows:

##### *Notice of Right to Convert*

Your Employer must notify you of your Right to Convert all or part of an Insured's life insurance coverage within 15 days from the end of the Conversion Application Period.

If your Employer does not notify you within those 15 days, the time allowed for you to exercise an Insured's Right to Convert will be extended for 15 days from the date you are notified.

In no event will the time allowed for you to exercise an Insured's Right to Convert be extended beyond 60 days from the end of the Conversion Application Period.

The *Limits on Right to Convert* in the **Conversion** provision in the **Life Details - Other Features** section of the certificate has been amended to read as follows:

If your Insurance ends because the group policy is cancelled or the policy is changed to end life insurance for the Eligible Group to which you belong, the following will apply:

You may convert a limited amount of life insurance coverage for an Insured, if the Insured has been covered under the Employer's group policy with us for at least three (3) years.

The maximum amount you have the right to convert is the lesser of:

- \$10,000; or
- the Insured's life insurance coverage under this certificate less any amounts that become available under any other group life policy offered by the Employer within 31 days after the date the policy is cancelled.

The provision **Payment of Benefits** in the **Claim Provisions** section of the certificate has been changed to include the following statement:

Benefits for which we are liable will be paid within 45 days after we receive Proof of Loss and any additional supporting evidence. Any death benefits will include interest from the date of death up to the date of payment.

The **Beneficiary and Designation Change** provision in the **Claim Provisions** section of the certificate is amended as follows for benefits that are payable to your estate:

To the extent permitted by law, the amount payable to your estate will not be subject to any claims of any creditor or creditor's representative.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to replace the reference to "fraud" in the last sentence of the first paragraph with "non-payment of premium".

# Privacy Notice

This Privacy Notice applies to Unum Group's United States insurance operations and is being provided on behalf of its affiliates listed below ("Unum" "we"), as required by the Gramm-Leach Bliley Act and state insurance laws. This Notice describes how we collect, share, and protect nonpublic personal information (NPI).

## COLLECTING INFORMATION

We collect NPI about our customers to provide them with insurance products and services, perform underwriting, provide stop loss coverage, and administer claims. The types of NPI we collect for these purposes may include telephone number, address, Social Security number, date of birth, occupation, income, and medical history, including treatment. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

## SHARING INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us perform underwriting, provide stop loss coverage, pay claims, detect fraud, and to provide reinsurance or auditing. We may share NPI with medical providers for insurance and treatment purposes and with insurance support organizations. The organizations may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes, with parties for a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

We do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

## SAFEGUARDING INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

## ACCESS TO INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing, providing your full name, address, telephone number and policy number, to the address below. We will reply within 30 business days of receipt. If you request, we will send copies of the NPI to you or make available to you at our office. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

## CORRECTION OF INFORMATION

If you believe the NPI we have about you is incorrect, please write to us and include your full name, address, telephone number and policy number if we have issued a policy, and the reason you believe the NPI is inaccurate. We will reply within 30 business days of receipt. If we agree with you, we will correct the NPI and

notify you and insurance support organizations that may have received NPI from us in the preceding 7 years. We will also, if you ask, notify any person who may have received the incorrect NPI from us in the past 2 years.

If we disagree with you, we will tell you we are not going to make the correction and the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct and the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI to be accessible. We will include your statement any time the disputed NPI is reviewed or disclosed. We will also give the statement to insurance support organizations that gave us NPI and to any person designated by you, if we disclosed the disputed NPI to that person in the past two years.

### **COVERAGE DECISIONS**

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI. You may submit a written request for the reason(s) for our decision within 90 business days of our decision. We will reply within 21 business days of receipt with the specific reasons, if not initially furnished, and specific items of information that supported our decision.

### **CONTACTING US**

For additional information about Unum's commitment to privacy and to view a copy of our HIPAA Privacy Notice, please visit: [unum.com/privacy](http://unum.com/privacy) or [coloniallife.com](http://coloniallife.com). You may also write to: Privacy Officer, Unum, 2211 Congress Street, B267, Portland, Maine 04122 or at [Privacy@unum.com](mailto:Privacy@unum.com).

We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

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

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