



Florida Department of Agriculture & Consumer Service Voluntary Life and AD&D Insurance Plan Highlights 467692

Who is eligible for this coverage?	All active full-time employees working at least 30 hours each week for your employer in the U.S. and their eligible spouses and children (up to age 19, or to 26 if they are full-time students).
What are the Life/AD&D coverage amounts?	<p>Employee: up to 5 times salary in increments of \$10,000; not to exceed \$200,000.</p> <p>Spouse: up to 100% of employee amount in increments of \$5,000; not to exceed \$100,000.</p> <p>Child: up to 100% of employee coverage amount in increments of \$2,500; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.</p> <p>Note: You may purchase AD&D coverage for yourself regardless of whether you purchase term life coverage. In order to purchase life and AD&D coverage for your dependents, you must buy coverage for yourself.</p>
Can I be denied coverage?	<p>Current employees: If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before your enrollment date for any amount of additional coverage up to \$150,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.</p> <p>If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before your enrollment date and will be required to answer health questions for any amount of coverage.</p> <p>New employees: To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p>
How do I apply?	Please see your plan administrator.
When is my coverage effective?	Please see your plan administrator for your effective date.
What if I am out of work when the enrollment occurs?	<p>Your 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.</p> <p>Your dependent's insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that, as a result of an injury, a sickness or a disorder, <u>your dependent spouse</u>:</p> <ul style="list-style-type: none"> - Is confined in a hospital or similar institution; - Is confined at home under the care of a physician for a sickness or



injury; or

- **Has a life threatening condition.**

Your dependent children:

- **Are confined in a hospital or similar institution;**
- **Are confined at home under the care of a physician for a sickness or injury.**

LIFE THREATENING CONDITION is a critical health condition that may result in your dependent's loss of life.

How much does the coverage cost?

Term life

Age band	Employee rate per \$10,000	Spouse rate per \$5,000
<25	\$.80	\$.30
25-29	\$.80	\$.30
30-34	\$.90	\$.35
35-39	\$1.10	\$.45
40-44	\$2.00	\$.80
45-49	\$4.10	\$1.65
50-54	\$5.60	\$2.25
55-59	\$9.40	\$3.75
60-64	\$13.10	\$5.25
65-69	\$22.90	\$9.15
70-74	\$35.50	\$14.20
75+	\$35.50	\$14.20

Child life monthly rate is 0.44 per \$2,000. One life premium covers all children.

AD&D rate chart

	AD&D cost	Monthly Cost
Employee	Per \$1,000	\$0.50
Spouse	Per \$1,000	\$0.25
Child	Per \$1,000	\$0.24

Term life calculation worksheet

Coverage amount		Increment		Rate		Monthly cost	
Employee	\$	÷	\$10,000	X	\$	=	\$
Spouse	\$	÷	\$5,000	X	\$	=	\$
Children	\$	÷	\$2,000	X	\$	=	\$

AD&D

AD&D calculation worksheet

Coverage amount		Increment		Rate		Monthly cost	
Employee	\$	÷	\$10,000	X	\$	=	\$
Spouse	\$	÷	\$5,000	X	\$	=	\$
Children	\$	÷	\$2,000	X	\$	=	\$

<p>Do my life insurance benefits decrease with age?</p>	<p>Coverage amounts will reduce according to the following schedule:</p> <table border="0" data-bbox="386 289 1040 359"> <tr> <td style="padding-right: 40px;">Age:</td> <td>Insurance amount reduces to:</td> </tr> <tr> <td>70</td> <td>50% of original amount</td> </tr> </table> <p>Coverage may not be increased after a reduction.</p>	Age:	Insurance amount reduces to:	70	50% of original amount
Age:	Insurance amount reduces to:				
70	50% of original amount				
<p>Is the coverage portable (can I keep it if I leave my employer)?</p>	<p>If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.</p>				
<p>Are there any life insurance exclusions or limitations?</p>	<p>Life insurance benefits will not be paid for deaths caused by suicide within the first 24 months after the date your coverage becomes effective. If you increase or add coverage, these enhancements will not be paid for deaths caused by suicide within the first 24 months after you make these changes.</p>				
<p>Will my premiums be waived if I'm disabled?</p>	<p>If you become disabled (as defined by your plan) and are no longer able to work, your life premium payments will be waived until your disability period ends.</p>				
<p>What does my AD&D insurance pay for?</p>	<p>The full benefit amount is paid for loss of:</p> <ul style="list-style-type: none"> • life; • both hands or both feet or sight of both eyes; • one hand and one foot; • one hand or one foot and the sight of one eye; • speech and hearing. <p>Other losses may be covered as well. Please contact your plan administrator.</p>				
<p>Are there any AD&D exclusions or limitations?</p>	<p>Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); • suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane; • war, declared or undeclared, or any act of war; • active participation in a riot; • committing or attempting to commit a crime under state or federal law; • the voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol; • intoxication – "being intoxicated" means you or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred. 				
<p>When does my coverage end?</p>	<p>You and your dependents' coverage under the Summary of Benefits ends on the earliest of:</p> <ul style="list-style-type: none"> • the date the policy or plan is cancelled; • the date you no longer are in an eligible group; 				

- the date your eligible group is no longer covered;
- the last day of the period for which you made any required contributions;
- the last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage.

In addition, coverage for any one dependent will end on the earliest of:

- the date your coverage under a plan ends;
- the date your dependent ceases to be an eligible dependent;
- for a spouse, the date of a divorce or annulment. ;
- for dependent coverage, the date of your death.

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

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

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Underwritten by Unum Life Insurance Company of America, Portland, Maine

In NY, underwritten by First Unum Life Insurance Company, New York, New York

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