

**Learn about your  
benefits: Important  
information inside!**

You have 31 days to enroll.

**Androscoggin Home Healthcare + Hospice**

NEW HIRE

**Don't miss your chance:  
Get valuable financial protection now!**

Your benefits package is an important part of your total compensation.

**Androscoggin Home Healthcare + Hospice is offering you this coverage:**

- Short Term Disability Insurance
- Long Term Disability Insurance
- Term Life Insurance with Accidental Death & Dismemberment (AD&D)
- Critical Illness Insurance
- Accident Insurance
- Hospital Insurance

Please see your Plan Administrator for enrollment details

**You have 31 days to enroll.**



### Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

#### How does it work?

If a covered illness or injury keeps you from working, this employer-paid Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

#### Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

#### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries (excluding back)
- Joint disorders
- Cancer
- Digestive disorders

#### Consider your weekly expenses



Food \$ \_\_\_\_\_



Transportation  
(gas, car payments, repairs) \_\_\_\_\_



Child care/elder care \_\_\_\_\_



Mortgage/rent \_\_\_\_\_



Utilities  
(electric, water, cable, phone) \_\_\_\_\_

Medical costs  
(co-pays, medications) \_\_\_\_\_

Insurance  
(health, life, car, home) \_\_\_\_\_

Total weekly expenses \$ \_\_\_\_\_

<sup>1</sup> Unum internal data, 2018. **Note:** Causes are listed in ranked order.

## Short Term Disability Insurance

### How much coverage can I get?

<b>You*</b>	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. <b>Coverage amounts</b> Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week. <small>*See the Legal Disclosures on the back for more information.</small>
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The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

! Androscoggin Home Healthcare + Hospice is paying the cost of this coverage. Coverage is guaranteed so you don't have to answer medical questions.

### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

### Calculate your benefit and cost

Disability worksheet			
Calculate your weekly disability benefit.			
\$ _____ Your annual earnings	÷ 52 = \$ _____ Your weekly earnings	x 60% = (Max % of income covered)	\$ _____ Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000).

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.





### Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

#### How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

#### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

#### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:<sup>1</sup>

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

#### Consider your monthly expenses



Food \$ \_\_\_\_\_



Transportation  
(gas, car payments, repairs) \_\_\_\_\_



Child care/elder care \_\_\_\_\_



Mortgage/rent \_\_\_\_\_



Utilities  
(electric, water, cable, phone) \_\_\_\_\_

Medical costs  
(co-pays, medications) \_\_\_\_\_

Insurance  
(health, life, car, home) \_\_\_\_\_

Total monthly expenses \$ \_\_\_\_\_

#### What else is included?

##### Work-life balance EAP

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

##### Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

##### Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

##### Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.



<sup>1</sup> Unum internal data, 2018. **Note:** Causes are listed in ranked order.

## Long Term Disability Insurance

### How much coverage can I get?

#### You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

#### Coverage amounts

Cover 60% of your monthly income, up to a maximum payment of \$5,000.  
The monthly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures in the back of this booklet for more information.

**!** If you don't sign up now but decide to apply later, you may have to answer medical questions.

### Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

### Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

### Calculate your cost

- Use \$100,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

#### Disability worksheet

##### 1 Enter your annual earnings and calculate your maximum monthly benefit available.

\$ \_\_\_\_\_ ÷ 12 = \$ \_\_\_\_\_ x 60% = \$ \_\_\_\_\_  
Your annual earnings      Your monthly earnings      (Max % of income covered)      Max monthly benefit available

##### 2 Calculate your cost per paycheck

\$ \_\_\_\_\_ ÷ 100 = \$ \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ ÷ 12 = \$ \_\_\_\_\_  
Your annual earnings      Rate      Number of paychecks per year      Total cost per paycheck

Age	Rates
15-24	\$0.240
25-29	\$0.400
30-34	\$0.730
35-39	\$1.080
40-44	\$1.720
45-49	\$2.240
50-54	\$2.750
55-59	\$3.400
60-64	\$3.430
65-69	\$2.500
70+	\$2.500



### Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

#### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

#### Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$150,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

#### Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

<b>You:</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  You can get up to \$150,000 with no health questions. This is your guaranteed issue amount.
<b>Your spouse:</b>	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.  Your spouse can get up to \$25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.  The maximum benefit for children live birth to 6 months is \$1,000.

#### What else is included?

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.**

Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

#### Who can get Accidental Death & Dismemberment (AD&D) coverage?

<b>You:</b>	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
<b>Your spouse:</b>	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage.

## Term Life and Accidental Death & Dismemberment (AD&D) Insurance

### How much coverage can I get?

#### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.  
(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$_____	= \$_____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$1,000 of coverage Cost	Per \$1,000 of coverage Cost	\$0.060 per \$1,000 of coverage
15-24	\$0.056	\$0.056	
25-29	\$0.064	\$0.064	
30-34	\$0.079	\$0.079	
35-39	\$0.110	\$0.110	
40-44	\$0.152	\$0.152	
45-49	\$0.242	\$0.242	
50-54	\$0.371	\$0.371	
55-59	\$0.605	\$0.605	
60-64	\$0.967	\$0.967	
65-69	\$1.697	\$1.697	
70-74	\$3.063	\$3.063	
75+	\$6.202	\$6.202	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$1,000 = \$_____	X \$0.015	= \$_____
Spouse	\$_____,000	÷ \$1,000 = \$_____	X \$0.015	= \$_____
Child	\$_____,000	÷ \$1,000 = \$_____	X \$0.015	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$1,000 of coverage	\$0.015
Spouse	per \$1,000 of coverage	\$0.015
Child	per \$1,000 of coverage	\$0.015

Billed amount may vary slightly. If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.



### Term Life with Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

#### How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

#### Why choose Unum?

Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience.<sup>1</sup> We’ll be there to back our benefits and provide you with the support you need.

#### Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you can receive coverage for:

<b>You:</b>	You can receive 2 times your earnings up to a maximum of \$200,000. You can get up to \$200,000 with no health questions.
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#### What else is included?

##### A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

##### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

##### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work. Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

#### Who can get Accidental Death & Dismemberment (AD&D) coverage?

<b>You:</b>	You can get 2 times your earnings of AD&D coverage up to a maximum of \$200,000.
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No questions or health exams required for AD&D coverage.

<sup>1</sup> Unum internal data, 2017.







## Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### What's covered?

Critical illnesses	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease</li> </ul> <p><b>Major (50%):</b> Coronary artery bypass graft or valve replacement</p> <p><b>Minor (10%):</b> Balloon angioplasty or stent placement</p>

Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> </ul>	<ul style="list-style-type: none"> <li>• Non-invasive cancer (25%)</li> <li>• Skin cancer — \$500</li> </ul>

Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Infectious Diseases (25%)</li> </ul>

### Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

### Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Who can get coverage?

<b>You:</b>	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical questions if you apply during this enrollment.
<b>Your spouse:</b>	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
<b>Your children:</b>	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

## Critical Illness Insurance benefit and cost

### Monthly costs

Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$3.86	\$2.86
25 - 29	\$4.66	\$3.26
30 - 34	\$5.76	\$3.81
35 - 39	\$7.66	\$4.76
40 - 44	\$9.96	\$5.91
45 - 49	\$12.76	\$7.31
50 - 54	\$15.36	\$8.61
55 - 59	\$20.16	\$11.01
60 - 64	\$27.66	\$14.76
65 - 69	\$40.26	\$21.06
70 - 74	\$63.66	\$32.76
75 - 79	\$95.76	\$48.81
80 - 84	\$141.66	\$71.76
85+	\$229.96	\$115.91

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 20 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 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/media/9486](http://www.medicare.gov/media/9486).

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

### Monthly costs

Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$7.72	\$5.72
25 - 29	\$9.32	\$6.52
30 - 34	\$11.52	\$7.62
35 - 39	\$15.32	\$9.52
40 - 44	\$19.92	\$11.82
45 - 49	\$25.52	\$14.62
50 - 54	\$30.72	\$17.22
55 - 59	\$40.32	\$22.02
60 - 64	\$55.32	\$29.52
65 - 69	\$80.52	\$42.12
70 - 74	\$127.32	\$65.52
75 - 79	\$191.52	\$97.62
80 - 84	\$283.32	\$143.52
85+	\$459.92	\$231.82

### Monthly costs

Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$11.58	\$8.58
25 - 29	\$13.98	\$9.78
30 - 34	\$17.28	\$11.43
35 - 39	\$22.98	\$14.28
40 - 44	\$29.88	\$17.73
45 - 49	\$38.28	\$21.93
50 - 54	\$46.08	\$25.83
55 - 59	\$60.48	\$33.03
60 - 64	\$82.98	\$44.28
65 - 69	\$120.78	\$63.18
70 - 74	\$190.98	\$98.28
75 - 79	\$287.28	\$146.43
80 - 84	\$424.98	\$215.28
85+	\$689.88	\$347.73



# Hospital Insurance



## How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

## Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

## Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

## How much does it cost?

Your monthly premium	
You	\$34.48
You and your spouse	\$62.87
You and your children	\$48.77
Family	\$77.15

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

This plan has a childbirth limitation. See disclosures for more information.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/media/9486](http://www.medicare.gov/media/9486).

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,500
ICU Admission	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 15 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$250
Other Benefits		
Well Child Benefit	Payable for maximum of 4 days per child before child reaches age 1	\$50



# Accident Insurance



## How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

## What's included?

### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza



## Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

Accident Insurance can pay you money for covered accidental injuries and their treatment.

## Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

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

## How much does it cost?

Your monthly premium	Option 1
You	\$12.95
You and your spouse	\$22.86
You and your children	\$29.31
Family	\$39.22

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 20 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 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/media/9486](http://www.medicare.gov/media/9486). See Schedule of Benefits for a complete listing of what is covered.

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## SCHEDULE OF BENEFITS

### Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Loss of Use	
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000

### Hospitalization

Admission	\$1,000
Admission – Hospital ICU	\$1,500
Daily Stay (amount)	\$200
Daily Stay – Hospital ICU (amount)	\$400
Short Stay	\$200

### Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000

### Injury

3rd Degree Burns - 20% or greater of skin surface	\$10,000
Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450

### Injury

Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx), Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 inches	\$150
Repair At least 2 inches but less than 6 inches	\$300
Repair 6 inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$75
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Therapy Services (chiro, speech, PT, occ)	\$20



## SCHEDULE OF BENEFITS

### Recovery

Therapy Services Maximum Days	15 Days
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### Surgery

Dislocations	
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Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
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Anesthesia	
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Epidural or Regional Anesthesia	\$100
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General Anesthesia	\$250
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Connective Tissue	
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Exploratory without Repair	\$100
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Repair for One Connective Tissue	\$800
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Repair for Two or more Connective Tissues	\$1,200
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Eye Surgery	
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Eye Surgery, Requiring Anesthesia	\$300
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Fractures	
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Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
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Surgical Repair same bone maximum incurred per accident	1 Fracture
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Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
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General Surgery	
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Abdominal, Thoracic, or Cranial	\$1,500
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Exploratory	\$150
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Incidence per covered accident	1 Per Insured
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Hernia Surgery	
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Hernia Surgery	\$150
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Knee Cartilage	
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Knee Cartilage (Meniscus) Exploratory without Repair	\$150
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Knee Cartilage (Meniscus) with Repair	\$750
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Outpatient Surgical Facility	
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Outpatient Surgical Facility	\$300
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Ruptured or Herniated Disc Surgery	
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Exploratory without Repair	\$125
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One Disc	\$675
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Two or more Discs	\$1,000
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### Treatment

Ambulance	
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Air	\$1,500
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Ground	\$400
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### Treatment

Durable Medical Equipment	
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Tier 1 (arm sling, cane, medical ring cushion)	\$50
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Tier 2 (bedside commode, cold therapy system, crutches)	\$100
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Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
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Emergency Dental Repair	
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Dental Crown	\$350
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Dental Extraction	\$115
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Filling or Chip Repair	\$90
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Imaging	
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Tier 1: X-rays or Ultrasound	\$50
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Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
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Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
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Lodging	
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Lodging (per night)	\$150
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Prosthetic Device	
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One Device or Limb	\$750
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Two or more Devices or Limbs	\$1,500
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Skin Grafts	
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For Burns - Payable as a % of the applicable Burn benefit	50%
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Not Burns - Less than 20% of skin surface	\$250
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Not Burns - 20% or greater of skin surface	\$500
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Treatment	
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Emergency Room Treatment	\$100
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Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
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Pain Management Injections (epidural, cortisone, steroid)	\$100
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Transfusions	\$400
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Transportation (per trip)	\$100
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Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75
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## Notes

## Short Term Disability Insurance

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Androscoggin Home Healthcare + Hospice for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

‘Substantial and material acts’ means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you 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.

## Long Term Disability Insurance

### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Androscoggin Home Healthcare + Hospice for the required minimum hours each week and you are performing the material and substantial duties of your regular

occupation.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

### Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs.

Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

### Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

“Substantial and material acts” means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws, including a temporary disability benefit under a workers’ compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

### Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided



## LEGAL DISCLOSURES

under the covered layoff or leave of absence provision.

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

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocate Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc.

Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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.

### **Term Life Insurance and Accidental Death & Dismemberment (AD&D)**

#### **Actively at work**

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### **Exclusions and limitations**

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### **AD&D specific exclusions and limitations:**

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- 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 your 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.

#### **Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### **Age Reduction**

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

#### **Termination of coverage**

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered

layoff, leave of absence, 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 dependents, 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.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and laws when applicable.

#### **Actively at work**

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### **Exclusions and limitations**

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

#### **AD&D specific exclusions and limitations:**

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- 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 doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### **Delayed effective date of coverage**

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### **Age reduction**

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

#### **Termination of coverage**

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage



## LEGAL DISCLOSURES

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.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

### Critical Illness

#### Pre-existing conditions

We will not pay benefits for a claim when the Covered Loss occurs in the first 6 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by or occurs as the result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 6 months just prior to their Coverage Effective Date, they have an Injury or Sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed; or

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

#### Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.

If the Employer replaces a critical illness policy with this Policy, or the employee becomes insured due to a merger, acquisition or affiliation, and the prior carrier's pre-existing condition requirement has been satisfied, the Pre-existing Condition requirement under this coverage will not apply. However, if the Unum certificate provides a higher level of coverage at the time it becomes effective, its Pre-existing Condition requirement will apply to any increase in coverage. If the prior carrier's pre-existing condition requirement has not been satisfied, periods of coverage applicable to the prior carrier's Pre-existing Condition will count towards satisfying the Pre-existing Condition requirement under this coverage.

Date of diagnosis must be after the coverage effective date.

#### Exclusions and limitations

Unum will not pay benefits for a claim 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 or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, or insurrection. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the insured's physician; being intoxicated; and a Date of Diagnosis that occurs while an insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue

coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance. Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

#### THIS INSURANCE PROVIDES LIMITED BENEFITS

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 GCIP16-1 or the Certificate Form GCIC16-1 or contact your Unum representative.

### Hospital Insurance

#### 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 20 hours per 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 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

#### Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date.

Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.

If you have not returned to Active Employment before any Insured's covered loss, any benefits payable will be limited to what would have been paid by the prior carrier.

#### Childbirth Limitation

We will not pay benefits due to Childbirth for any Insured within the first nine months after the Insured's Coverage Effective Date.

Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

#### Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- Committing or attempting to commit a felony;
- Being engaged in an illegal occupation or activity;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- Active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- Participating in war or any act of war, whether declared or undeclared;
- Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- Being intoxicated;
- A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- Elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of: Stroke, Alzheimer's disease, trauma, viral infection; or
- Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or



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- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

### THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage as defined in federal law. Some states may require individuals to have comprehensive medical coverage before purchasing hospital insurance.

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 definitions of coverage and availability, please refer to Certificate Form GHIC16-1 and policy form GHIP16-1 or contact your Unum representative.

Unum complies with all state civil union and laws when applicable.

### Accident Insurance

#### Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

#### Exclusions and limitations

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

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases; However, if an Insured sustains an Injury while performing their Regular Occupation, this will be considered a Covered Accident only for partners or sole proprietors Insureds who cannot be covered by workers' compensation;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; #practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

#### Termination of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue

- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

#### THIS IS A LIMITED BENEFITS POLICY

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 certificate form GAC16-1 et al. and Policy Form GAP16-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Group Voluntary Term Life, Group Term Life, Long Term Disability, Short Term Disability, Accident and Hospital Insurance,  
Unum Life Insurance Company of America, Portland, Maine  
Unum Insurance Company, Portland, Maine  
Critical Illness

Unum Insurance Company, Portland, Maine

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# Disability Insurance Enrollment Form



**THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.**

Please complete this entire form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Androscoggin Home Healthcare + Hospice

## Complete your personal information and choose your coverage amount

First name (please print)	M. initial	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Gender	Date of birth (mm-dd-yyyy)	Original hire date (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual salary	Hours worked per week	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Did you recently become eligible for benefits? (Y/N) <input type="text"/>	Have you been rehired by your company? (Y/N) <input type="text"/>	If so, please provide a date (mm-dd-yyyy) <input type="text"/>	

## Long Term Disability Insurance

658551

### Choose your coverage

**This plan provides a 60% benefit.**

To calculate your cost per paycheck, refer to the disability worksheet under 'Calculate your costs'.

Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may need to complete Evidence of Insurability. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

658551

## Long Term Disability Insurance — SIGN AND CERTIFY

YES — I want Long Term Disability Coverage	NO — I do not want Long Term Disability Coverage
<input type="checkbox"/> YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.  _____ Signature  _____/____/____ Date	<input type="checkbox"/> I DO NOT want Long Term Disability Insurance. I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.  _____ Signature  _____/____/____ Date

Required:

First name (please print) M. initial Last name

Email: \_\_\_\_\_

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.

Return forms to: plan administrator

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

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

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# Term Life Insurance Enrollment Form

— Complete this form to enroll.



**THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.**

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Androscoggin Home Healthcare + Hospice

## Step 1: Complete your personal information

First name (please print)	M. initial	Last name	662869
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Gender	Date of birth (mm-dd-yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Apartment #		
<input type="text"/>	<input type="text"/>		
City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Original hire date	Annual salary	Occupation	Hours worked per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse first name (please print)	M. initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)		
<input type="text"/>		

## Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse cannot exceed 100% of the coverage amount you purchase for yourself.

### Term Life Insurance

\* If you've chosen life coverage over the amount of \$150,000 for you, or \$25,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$150,000 *	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000

Want a different amount?

☐ \$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

### AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.15	<input type="checkbox"/> \$5,000	\$0.07	<input type="checkbox"/> \$2,000	\$0.03
<input type="checkbox"/> \$50,000	\$0.75	<input type="checkbox"/> \$15,000	\$0.22	<input type="checkbox"/> \$6,000	\$0.09
<input type="checkbox"/> \$100,000	\$1.50	<input type="checkbox"/> \$20,000	\$0.30	<input type="checkbox"/> \$8,000	\$0.12
<input type="checkbox"/> \$150,000	\$2.25	<input type="checkbox"/> \$25,000	\$0.38	<input type="checkbox"/> \$10,000	\$0.15

Want a different amount?

☐ \$ \_\_\_\_\_

☐ \$ \_\_\_\_\_

### Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die.

The total percent of benefit must not exceed 100%

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Sign and certify

☐ I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

☐ No, I do not want coverage under the **Term Life and AD&D Insurance**

☐ No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Return forms to: plan administrator

Email: \_\_\_\_\_

Note: Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

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

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AE-1185 (11-15)





# Critical Illness Enrollment Form — Complete this form to enroll.



**THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.**

Please complete both sides of this form to ensure a smooth enrollment. If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete the form. Please contact your plan administrator for assistance.

Androscoggin Home Healthcare + Hospice

## Step 1: Complete your personal information

First name (please print)	M. initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Gender	Date of birth (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months?		(Y/N) <input type="text"/>
Street address	Apartment #	
<input type="text"/>	<input type="text"/>	
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Original hire date	Hours worked per week	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you recently become eligible for benefits? (Y/N)	Have you been rehired by your company? (Y/N)	If so, please provide a date (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse first name	M. initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)		
<input type="text"/>		

## Step 2: Choose your coverage amount

### Employee coverage

(Child coverage is automatically included)

- ☐ Option 1: \$10,000
- ☐ Option 2: \$20,000
- ☐ Option 3: \$30,000

### Spouse coverage

You can purchase coverage for your spouse as long as you have purchased coverage for yourself. Your spouse coverage will be 50% of your amount.

- ☐ YES, I want coverage for my spouse
- ☐ NO, I do not want coverage for my spouse

If you have chosen coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete a Statement of Health form. The amount of coverage over the Guarantee Issue amount will be subject to medical underwriting and will become effective on the first of the month coincident with or next following the date Unum approves your Statement of Health form.

If you DO NOT APPLY FOR coverage for you or your spouse during your or their initial enrollment period, you will need to complete a Statement of Health form for all amounts of coverage. You may complete and electronically submit the Statement of Health form — please see your Plan Administrator.

# Critical Illness Enrollment Form (continued)

## Step 3: Name your beneficiaries

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die.  
**The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Step 4: Signature

☐ I understand that my coverage may be subject to limitations, exclusions and terminations as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

☐ **No, I do not want Critical Illness.**

\_\_\_\_\_

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

Return forms to: plan administrator

**Note:** Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.



### Should you buy Cancer Insurance?

#### Cancer Insurance Is Not A Substitute for Comprehensive Coverage

##### Caution: Limitations on Cancer Insurance

Prepared by the National Association of Insurance Commissioners

Cancer insurance provides benefits only if you get cancer. No policy will cover you for cancer diagnosed before you applied for the policy. Examples of other specified disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified disease policies.

#### CANCER INSURANCE IS NOT A SUBSTITUTE FOR COMPREHENSIVE COVERAGE...

Cancer treatment accounts for about 10% of U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer.

If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid either by you or your basic insurance. They often have very high maximums, such as \$100,000 to \$1,000,000. Major medical policies will cover you for any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

#### SHOULD YOU BUY CANCER INSURANCE?... MANY PEOPLE DON'T NEED IT

If you are considering cancer insurance, ask yourself three questions: Is my current coverage adequate for these costs? How much will the treatment cost if I do get cancer? How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need.

Low-income people who are Medicaid recipients don't need more insurance. If you think you might qualify, contact your local social service agency.

**Duplicate Coverage is Expensive and Unnecessary.** Buy basic coverage first such as a major medical policy. Make sure any cancer policy will meet needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that

they will pay benefits no matter what your other insurance pays. However, your basic policy may contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your regular insurance as well as the cancer policy.

**Some Cancer Expenses May not be Covered Even by a Cancer Policy.** Medical costs of cancer treatment vary. On the average, hospitalization accounts for 78% of such costs and physician services make up 13%. The remainder goes for other professional services, drugs, and nursing home care. Cancer patients often face large nonmedical expenses which are not usually covered by cancer insurance. Examples are home care, transportation, and rehabilitation costs.

**Don't be Mislead by Emotions.** While three in ten Americans will get cancer over a lifetime, seven in ten will not. In any one year, only one American in 250 will get cancer. The odds are against you receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

#### CAUTION: LIMITATIONS OF CANCER INSURANCE...

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. Here are some common limitations:

**Some policies pay only for hospital care.** Today cancer care treatment, including radiation, chemotherapy and some surgery, is often given on an out-patient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy which pays only when you are hospitalized has limited value.

**Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days.** However since the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.

**Most cancer insurance policies have fixed dollar limits.** For example, a policy might pay only up to \$1,500 for surgery costs or \$1,000 for radiation therapy, or it may have fixed payments such as \$50 or \$100 for each day in the hospital. Others limit total benefits to a fixed amount such as \$5,000 for \$10,000.

**No policy will cover cancer diagnosed before you applied for the policy.** Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.

**Most cancer insurance does not cover cancer-related illnesses.** Cancer or its treatment may lead to other physical problems, such as infection, diabetes, or pneumonia.

**Many policies contain time limits.** Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.

### **FOR ADDITIONAL HELP...**

If you are considering a cancer policy, the company or agent selling you the policy should answer your questions. You do not need to make a decision to purchase a policy the same day you talk to the agent. Be sure to ask how long you have to make your decision.

**If you do not get the information you want, call or write your Insurance Department:**

#### **In Maine**

Department of Professional and Financial Regulation  
Bureau of Insurance  
#34 State House Station  
August, ME 04333-0034  
(800) 300-5000  
(207) 624-8475]

#### **In New Hampshire**

New Hampshire Department of Insurance  
21 South Fruit Street, Suite 14  
Concord, NH 03301  
(800) 852-3416  
(603) 271-2261





# Accident and Hospital Insurance Enrollment Form — Complete this form to enroll.



**THIS IS NOT AN APPLICATION FOR INSURANCE:** This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your employer.

**Initial enrollment:** To make initial elections; **OR Annual enrollment:** To make changes to existing elections and/or information. The elections/information you indicate will replace your prior elections/information on file with Unum.

**Note:** if you do not wish to make any changes, do not complete this form. Please contact your employer with any questions.

Androscoggin Home Healthcare + Hospice

## Step 1: Complete your personal information

First name (please print)	M. initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Gender	Date of birth (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apartment #	
<input type="text"/>	<input type="text"/>	
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Original hire date	Hours worked per week	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you recently become eligible for benefits? (Y/N)	Have you been rehired by your company? (Y/N)	If so, please provide a date (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse first name	M. initial	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (mm/dd/yyyy)		
<input type="text"/>		

## Step 2: Choose your coverage amount

### Accident Insurance

Your monthly premium	Option 1
<input type="checkbox"/> You	\$12.95
<input type="checkbox"/> You and your spouse	\$22.86
<input type="checkbox"/> You and your children	\$29.31
<input type="checkbox"/> Family	\$39.22

### Hospital Insurance

Your monthly premium	
<input type="checkbox"/> You	\$34.48
<input type="checkbox"/> You and your spouse	\$62.87
<input type="checkbox"/> You and your children	\$48.77
<input type="checkbox"/> Family	\$77.15

Note: If your coverage election requires medical underwriting, you will need to complete a Statement of Health form. Coverage elections that are subject to medical underwriting will become effective on the first of the month coincident with or next following the date Unum approves your Statement of Health form. You may complete and submit the Statement of Health form electronically – please see your Plan Administrator for more information.

## Accident and Hospital Insurance Enrollment Form

### Step 3: Name your beneficiaries

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your insurance policy if you were to die.

**The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Signature

☐ **Yes**, I do want Accident insurance.

☐ **Yes**, I do want Hospital insurance.

☐ **No**, I do not want Accident insurance.

☐ **No**, I do not want Hospital insurance.

I understand that my coverage may be subject to limitations, exclusions and terminations as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

### Return forms to: plan administrator

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.

Underwritten by: Group Voluntary Term Life, Group Term Life, Long Term Disability, Short Term Disability, Accident and Hospital Insurance,  
Unum Life Insurance Company of America, Portland, Maine  
Unum Insurance Company, Portland, Maine  
Critical Illness

Unum Insurance Company, Portland, Maine

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