

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Continued

BENEFIT EXCLUSIONS

- Intentionally self-inflicted injuries while sane, or self-inflicted injuries while sane or insane;
- Suicide, or any attempt at suicide;
- Nuclear war, or war between the following countries: U.S., states of the former Soviet Union, China, France, or the UK;
- Service or full-time active duty in the armed forces of any country or international authority;
- Disease of the body, bodily or mental infirmity, or any bacterial infection other than bacterial infection due directly to an accidental cut or wound;
- Active participation in a riot;
- Voluntary use of any controlled substance by the insured or insured dependents;
- Attempt to commit or commission of a crime under state or federal law;
- Operating or learning to operate, service as a member of a crew of an aircraft; or while in any aircraft operated by or under any military authority; or while in any aircraft being used for a test or experimental purpose; or owned or leased by or on behalf of the Policyholder or any division, subsidiary or affiliate of the Policyholder or by the insured (and members of his/her family); except transport type aircraft operated by the Military Airlift Command of the U.S. or similar air transport service or any other country;
- Insured's or Insured dependent's voluntary ingestion of percentage of alcohol in the blood which raises a presumption that the insured or the dependent was [driving any vehicle used for transportation while] under the influence of alcohol, as governed by the state laws in which the accident occurred.

HOW MUCH DOES COVERAGE COST?

Monthly Payroll Deducted Cost

Coverage Amount	Plan I Employee Only	Plan II Employee & Family
\$10,000	\$.35	\$.55
\$20,000	\$.70	\$1.10
\$30,000	\$1.05	\$1.65
\$40,000	\$1.40	\$2.20
\$50,000	\$1.75	\$2.75
\$60,000	\$2.10	\$3.30
\$70,000	\$2.45	\$3.85
\$80,000	\$2.80	\$4.40
\$90,000	\$3.15	\$4.95
\$100,000	\$3.50	\$5.50
\$150,000	\$5.25	\$8.25
\$200,000	\$7.00	\$11.00
\$250,000	\$8.75	\$13.75
\$300,000	\$10.50	\$16.50
\$350,000	\$12.25	\$19.25

Please see separate brochure for specific details regarding the plan.

**UNUM LIFE INSURANCE COMPANY OF AMERICA
VOLUNTARY AD&D ENROLLMENT FORM**

Employer: _____ Group Policy No. _____

Employee: _____ Soc. Sec. No. _____
(Last Name, First Name, Middle Initial)

Address: _____
(Street and Number) (City, State, Zip Code)

Date of Birth: Month _____ Day _____ Year _____ Sex: Male [] Female []

Department: _____ Office Address: _____

Occupation: _____ Annual Salary: \$ _____

Plan Choice: (Check one of the plans below)

- Plan I—Employee only
- Plan II—Employee and Family

Amount of Insurance: \$ _____ Monthly Premium: \$ _____

If you have chosen Employee and Family coverage, please complete:

Spouse Name: _____
[Last Name, First Name, Middle Initial]

Primary Beneficiary: _____ Relationship _____

Contingent Beneficiary: _____ Relationship _____

As an employee of the University, I work _____ hours per week. I am employed on a _____ month contract.

Date of Application: _____ Policy Effective Date: _____

Date Employed: _____ x _____
[Signature of Applicant]

Agent _____

Soc. Sec. No.	Last Name	First Name	Middle Initial

Payroll Deduction Authorization

I hereby request and authorize my employer to deduct the appropriate premium from my salary when I become eligible for this insurance and for each period thereafter, automatically including future rate increases, and to calculate into deduction modes consistent with the payroll system of my employer, including prorated or accelerated deductions, as applicable. The deductions are to be continued until:

- (a) I request that this authorization be cancelled, or
- (b) Termination of my employment.

The amounts so deducted are to be paid to The Gabor Agency, Inc., Tallahassee, Florida, on behalf of the Unum Life Insurance Company to cover premiums on AD&D insurance applied for by me.

Date _____ Signature of Applicant _____