City of Frisco

Group Voluntary Accident

Policy No. R0511295

All Employees

Underwritten by Unum Life Insurance Company of America

November 8, 2013

CERTIFICATE

THIS IS A LIMITED BENEFIT CERTIFICATE. PLEASE READ IT CAREFULLY.

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION LAWS.

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your **Certificate** as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of this certificate (issued to you) are different from the policy (issued to the Policyholder), the policy will govern. The policy may be changed in whole or in part. Only an officer of Unum can approve a change. The approval must be in writing and endorsed on or attached to the policy. Any other person, including a broker, may not change the policy or waive any part of it.

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

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

Unum Life Insurance Company of America
2211 Congress Street
Portland, ME 04122

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Unum's toll-free telephone number for information or to make a complaint at:

1-800-321-3889
OPTION NUMBER 2

You may also write to Unum at:

Deborah J. Jewett, Manager
Customer Relations
Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may also write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance (TDI).

ATTACH THIS NOTICE TO YOUR CERTIFICATE OF COVERAGE:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Unum's para informacion o para someter una queja al:

1-800-321-3889
OPCION NUMERO 2

Usted tambien puede escribir a Unum:

Deborah J. Jewett
Gerente de Relaciones al Cliente
Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 475-1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

SUJETE ESTA NOTICIA SU CERTIFICADO DE BENEFICIOS:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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BENEFITS AT A GLANCE

This accident policy provides financial protection for you by paying a benefit if you suffer a covered accident. The amount you receive is based on the amount of coverage in effect on the date of the accident according to the terms and provisions of the policy. You also have the opportunity to have coverage for your spouse and dependent child(ren).

EMPLOYER'S ORIGINAL POLICY
EFFECTIVE DATE: January 1, 2013

POLICY NUMBER: R0511295 GRP_ACC_VOL_11-01

ELIGIBLE GROUP(S):

All Employees in **Active Employment** in the United States with the **Employer**.

MINIMUM HOURS REQUIREMENT:

Employees must be in active employment at least 30 hours per week.

PAYING FOR COVERAGE:

For You:
You must make contributions for your coverage.

For Your Spouse:
You must make contributions for coverage for your spouse.

For Your Dependent Child(ren):
You must make contributions for coverage for your **Dependent Child(ren)**.

COVERAGE TYPE:

On & Off Job Accident

ACCIDENT BENEFIT:

COVERAGE FOR EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)

Your confirmation of coverage will indicate those covered for accident benefits under this policy.

If a benefit amount below does not indicate an amount for the spouse and dependent child(ren), the benefit amount will be the same as the employee benefit amount.

For limitations regarding the number of benefit payments per covered accident please refer to the BENEFIT INFORMATION section of the policy.

Accidental Death	
Employee	$50,000
Spouse	$20,000
Dependent Child(ren)	$10,000
Accidental Death - Common Carrier	
Employee	$150,000
Spouse	$60,000
Dependent Child(ren)	$30,000

Accidental Dismemberment

Initial Accidental Dismemberment

loss of both hands or both feet; or	$15,000
loss of one hand and one foot; or	$15,000
loss of one hand or foot; or	$7,500
loss of two or more fingers, toes or any combination; or	$1,500
loss of one finger or toe	$750

Catastrophic Accidental Dismemberment

loss of both hands or both feet; or
loss of one hand and one foot

	Prior to age 65	Age 65 - 69	Age 70 and over
Employee	$100,000	$50,000	$25,000
Spouse	$50,000	$25,000	$12,500
Dependent Child(ren)	$50,000	$25,000	$12,500

Accidental Loss

Initial Accidental Loss

Permanent Paralysis; or	$15,000
loss of sight of both eyes; or	$15,000
loss of sight of one eye; or	$7,500
loss of the hearing of one ear	$7,500

Catastrophic Accidental Loss

Permanent Paralysis; or
loss of sight of both eyes; or
loss of the hearing of both ears; or
loss of the ability to speak

	Prior to age 65	Age 65 - 69	Age 70 and over
Employee	$100,000	$50,000	$25,000
Spouse	$50,000	$25,000	$12,500
Dependent Child(ren)	$50,000	$25,000	$12,500

Acquired Brain Injury	$25
Ambulance, Air	$1,500
Ambulance, Ground	$400
Appliance	$100
Blood / Plasma / Platelets	$400

Burns

2nd degree

35 or more square inches of the body surface	$1,000

3rd degree

At least 10 square inches, but less than 20 square inches; or	$2,500
At least 20 square inches, but less than 35 square inches; or	$5,000
35 or more square inches of the body surface	$10,000

Burns - Skin Grafts

Skin grafts for 2nd or 3rd degree burns — 50% of applicable Burn benefit

Skin grafts for any other accidental traumatic loss of skin:

At least 10 square inches, but less than 20 square inches; or	$150
At least 20 square inches, but less than 35 square inches; or	$250
35 or more square inches of the body surface	$500

Chiropractic Treatment	$25
Coma	$10,000
Concussion	$150
Dental Work (emergency)	
Dental Crown	$300
Dental Extraction	$100

Dislocation (separated joint)

Joint	Closed Reduction	Open Reduction
Hip	$3,000	$6,000
Knee (except patella)	$1,500	$3,000
Ankle - Bone or Bones of the Foot (other than toes)	$1,200	$2,400
Collarbone (sternoclavicular)	$750	$1,500
Lower Jaw	$450	$900
Shoulder (glenohumeral)	$450	$900
Elbow	$450	$900
Wrist	$450	$900
Bone or Bones of the Hand (other than fingers)	$450	$900
Collarbone (acromioclavicular and separation)	$150	$300
One Toe or Finger	$150	$300

Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.

Emergency Room Treatment	$150
Emergency Treatment in a Physician Office / Urgent Care Facility	
Physician's office; or	$75
Urgent Care Facility	$75
Eye Injury with surgical repair	$300

Fracture (broken bone)

Bone	Closed Reduction	Open Reduction
Depressed Skull fracture (except bones of face or nose)	$3,750	$7,500
Simple Non-depressed Skull fracture (except bones of face or nose)	$1,500	$3,000
Hip, Thigh (femur)	$2,250	$4,500
Vertebrae, Body of (excluding vertebral processes)	$1,200	$2,400
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	$1,200	$2,400
Leg (tibia and/or fibula)	$1,200	$2,400
Bones of Face or Nose (except mandible or maxilla)	$525	$1,050
Upper Jaw, Maxilla (except alveolar process)	$525	$1,050
Upper Arm between Elbow and Shoulder (humerus)	$525	$1,050
Lower Jaw, Mandible (except alveolar process)	$450	$900
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	$450	$900
Vertebral Processes	$450	$900
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	$450	$900
Kneecap (patella)	$450	$900
Foot (except toes)	$450	$900
Ankle	$450	$900
Rib	$375	$750
Coccyx	$300	$600
Finger, Toe	$75	$150

Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.

Hospitalization	
Hospital Admission; or	$1,000
Hospital Intensive Care Unit Admission	$1,500
Hospital Confinement; or	$200
Hospital Intensive Care Unit Confinement	$400
Knee Cartilage	
Torn with surgical repair	$750
Exploratory without repair	$150
Laceration	
Laceration(s)	$25
Repaired by stitches:	
Total of all lacerations is less than two inches (5.08 centimeters) long	$75
Total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long	$300
Total of all lacerations is over six inches (over 15.24 centimeters) long	$600
Lodging	$150
Medical Imaging	$200
Open Abdominal and Thoracic / Hernia	
Open abdominal or thoracic surgery	$1,500
Hernia with surgical repair	$150
Exploratory without repair	$150
Outpatient Surgery Facility Service	$300
Pain Management	$100
Physician Follow-up Visit	
Physician's office; or	$75
Urgent Care Facility	$75
Prosthetic Device / Artificial Limb	
One	$750
More than one	$1,500
Rehabilitation Unit Confinement	$100
Ruptured Disc with surgical repair	$800
Telehealth Service	$25
Telemedicine Medical Service	$25
Tendon / Ligament / Rotator Cuff	
One with surgical repair	$800
Two or more with surgical repair	$1,200
Exploratory without repair	$150
Therapy Services	
Occupational, Physical, or Speech Therapy	$25
Transportation (plane, car, bus or train)	.40 per mile

Additional Benefits

In addition to the benefits listed above, the following additional benefit may provide financial protection for you by paying a benefit for a wellness test.

Wellness Benefit	$50

SOME LOSSES MAY NOT BE COVERED UNDER THIS POLICY.

OTHER FEATURES

Portability

The above items are only highlights of this policy. The plan includes enrollment, risk management and other support services related to your employer's benefit program.

CLAIM INFORMATION

Notice of Claim. Notice of claim should be sent to Unum within 90 days after the date of the accident for which a benefit is claimed or the date of **Covered Loss** for which a benefit is claimed, or as soon as is reasonably possible. If notice is not reasonably possible to provide within 90 days, it must be given no later than one year after the time notice of claim is required. These time limits will not apply during any time period **You** or **Your** authorized representative lacks the legal capacity to give Unum notice of claim. Notice should be sent to Unum at **Our** home office. If you submit a claim before notification of Unum's decision on any coverage amount requiring **Evidence of Insurability**, the amount of coverage applicable to the claim will be determined as if Unum's final underwriting decision had been made prior to the date of the accident or date of covered loss.

Claim Forms. When Unum receives a notice of claim, claim forms will be sent for filing proof of claim within 15 days. If claim forms are not sent within 15 days, the proof of claim requirements will be met if **We** receive a written statement of the nature and extent of the loss as required in the proof of claim section. Claim forms are also available from your employer.

Proof of Claim. Proof of claim must include documentation furnished by a **Physician** and supported by clinical, radiological, histological, pathological, and/or laboratory evidence. It may also include one or more of the following: a physician's bill, a **Hospital** bill, or other proof of charges.

If it is not reasonably possible to give proof of claim within 90 days after the date of the accident for which a benefit is claimed or date of covered loss for which a benefit is claimed, it must be given no later than one year after the time proof of claim is required. These time limits will not apply during any time period the **Insured** or the insured's authorized representative lacks the legal capacity to give Unum proof of claim.

Time of Payment of Claims. After Unum receives, evaluates and processes proof of claim, Unum will pay any benefits due within 60 days.

Payment of Claims. If any dependent child covered under this policy is receiving financial and medical benefits through the Texas Department of Human Services, all benefits payable for such person will be paid to the Texas Department of Human Services whenever:

- the Texas Department of Human Services is paying benefits pursuant to Chapters 31 and 32 of the Human Resources Code, i.e., financial and medical assistance service programs administered pursuant to the Human Resources Code;
- the parent who is covered by this policy has possession or access to the dependent child pursuant to a court order, or is not entitled to access or possession of the dependent child and is required by the court to pay child support; and
- we are notified at the time of claim that such person is receiving financial and medical assistance.

Benefits will be paid to you unless such benefits have been assigned or required to be paid to the Texas Department of Human Services. If you are not competent, Unum can pay up to $2,000 to the person or institution that appears to have assumed your custody and main support. Any accrued benefits unpaid at your death will be paid to the named beneficiary, if any, otherwise to your estate or, if required, to the Texas

Department of Human Services. Unum will be discharged to the extent of any such payment made in good faith.

Overpayments. Unum has the right to recover any overpayments due to:

- fraud; and
- any error we make in processing a claim.

You must reimburse **Us** in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

Unpaid Premium. Any unpaid premium due for your coverage under this policy may be recovered by us by offsetting against amounts otherwise payable to you, your beneficiary, or your legal representative(s) under this policy, or by other legally permitted means.

Assignment. The rights provided to you by the policy are owned by you, unless you assign your rights under the policy to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the policy provisions before receiving and registering an assignment.

Physical Examinations and Autopsy. We can require that the insured be examined by a physician of our choice at our expense as often as it is reasonably necessary while a claim is pending. In case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

Legal Actions. You or your authorized representative can start legal action regarding your claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim was first required to have been given; or your claim was denied; or your benefits were terminated, unless otherwise provided under federal law.

GENERAL PROVISIONS

ELIGIBILITY FOR COVERAGE

Employee

If you are working for your employer in an eligible group, you are eligible for coverage the later of:

- the policy effective date; or
- the day after you complete any applicable **Waiting Period**.

If your employment ends and you are rehired within 12 months, your previous work in an eligible group will apply toward the waiting period. All other policy provisions apply.

Unum will apply any period of work with your employer toward the waiting period to determine your eligibility date.

Spouse

If you are covered under this policy, your **Spouse** is eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire a spouse.

You may not apply for coverage for your spouse if your spouse is covered as an employee.

Dependent Child(ren)

If you are covered under this policy, your **Dependent Children** are eligible for coverage on the later of:

- the date your coverage begins; or
- the date you first acquire the dependent child as further described in the definition of Dependent Child(ren)..

If your spouse is an eligible employee, only one of you may apply for coverage on dependent child(ren).

Coverage Effective Date

You may apply, at **Enrollment**, for coverage based on the benefits available as shown in the BENEFITS AT A GLANCE section. Evidence of Insurability may be required. When you apply for coverage or are covered under this policy, you are also eligible to apply for coverage on your spouse and dependent child(ren).

The insured's coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage, provided Unum has approved your application and any required evidence of insurability.

If you are absent from work on the date your coverage would normally begin due to **Injury**, or sickness, temporary **Layoff** or **Leave of Absence**, the proposed insured's coverage will begin on the date you return to active employment.

Newborn Coverage

Your dependent children who are born or adopted while you are covered under this policy are covered for 31 days from the moment of live birth or date of adoption. If you do not have dependent child(ren) coverage at the time of the birth or adoption, you must notify Unum within 31 days of the newly eligible dependent child's birth or adoption and pay the required additional premium for your dependent child(ren)'s coverage to continue. If you have dependent child(ren) coverage at the time of the newly eligible dependent child's birth or adoption, it is not necessary for you to notify Unum or pay any additional premium.

Employer Changes to the Policy

Once your coverage begins and you are in active employment or on a covered layoff or leave of absence, any coverage changes made by your employer, consistent with the options you select, will take effect on the date agreed upon by Unum and your employer.

If you are not in active employment due to injury or sickness, any coverage changes requested by your employer will begin on the date you return to active employment.

Coverage changes will not affect a **Payable Claim** that occurs prior to the effective date of the change.

Changes You Make to Your Coverage

If changes in coverage are allowed, you may choose to:

- increase coverage based on the available benefits shown in the BENEFITS AT A GLANCE section;
- decrease coverage based on the available benefits shown in the BENEFITS AT A GLANCE section; or
- cancel coverage.

Evidence of insurability may be required.

Changes in coverage begin at 12:01 a.m. on the date shown on your confirmation of coverage. However, if you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date your change in coverage would normally begin, changes in coverage that you make will begin on the date you return to active employment.

Changes in coverage will not affect a payable claim that occurs prior to the effective date of the change.

Termination of Employee Coverage. If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer.

Otherwise, your coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- 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 for which you made any required contributions; or
- last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the Portability provision or in accordance with the layoff and leave of absence provisions of this policy.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

Termination of Spouse Coverage. If you choose to cancel your spouse's coverage under the policy, coverage for your spouse ends on the first of the month following the date you provide notification to your employer.

Otherwise, spouse coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- 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 for which you made any required contributions;
- last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the portability provision or in accordance with the layoff and leave of absence provisions of this policy;
- date your coverage under the policy ends;
- date your spouse no longer meets the definition of spouse; or
- date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while your spouse is covered under the policy.

Termination of Dependent Child(ren) Coverage. If you choose to cancel your dependent child(ren)'s coverage under the policy, coverage for your dependent child(ren) ends on the first of the month following the date you provide notification to your employer.

Otherwise, dependent child(ren) coverage under the policy ends on the earliest of the:

- date this policy is cancelled;
- 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 for which you made any required contributions;
- last day you are in active employment. However, as long as premium is paid as required, coverage will continue if you elect to continue coverage under the portability provision or in accordance with the layoff and leave of absence provisions of this policy;

- date your coverage under the policy ends; or
- date your dependent child(ren) no longer meets the definition of dependent child(ren).

Unum will provide coverage for a payable claim which occurs while your dependent child(ren) is covered under the policy.

Layoff. If you are on a temporary layoff, and if premium is paid, any insured will be covered through the end of the month that immediately follows the month in which your temporary layoff begins.

Leave of Absence. If you are on a leave of absence, other than for family or medical leave, and if premium is paid, any insured will be covered through the end of the month that immediately follows the month in which your leave of absence begins.

Absence Due to Injury or Sickness. If you are not working due to injury or sickness, and if premium is paid, any insured may continue to be covered subject to the Termination of Employee Coverage provision.

Continuing Coverage while Employee is on Family and Medical Leave of Absence. Unum will continue coverage in accordance with your Employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your employer approved your leave in writing.

Coverage will be continued until the end of the latest of the leave period:

- required by the Federal Family and Medical Leave Act of 1993 and any amendments;
- required by applicable state law; or
- provided to you for an injury or sickness.

If your Employer's Human Resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

Unum will not:

- apply a new waiting period; or
- require evidence of insurability.

Insurance Fraud. Unum wants to ensure you and your employer do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

You may be guilty of a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability of Statements in Application or Evidence of Insurability. Unum considers any statements you make in a signed application or evidence of insurability form, or that your employer makes in the application process, a representation and not

a warranty. If any of the material statements you or your employer make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made by the employer in the application process or statements made by you in a signed application or evidence of insurability form.

Except in the case of fraud, Unum can take action only in the first 2 years any insured's coverage is in force.

However, if the employer gives Unum information about you that is incorrect, Unum will:

- use the facts to determine if you have coverage under the policy according to the policy provisions and in what amounts; and
- make a fair adjustment of the premium.

Employer as Agent. For purposes of this policy, the employer acts on its own behalf or as the employee's agent. Under no circumstances will the employer be deemed the agent of Unum.

Communicating with You or Your Employer. Unum may provide notices, information and other communications to you or your employer in written, or electronic or telephonic form.

Workers Compensation or State Disability Insurance. This policy does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

Cancellation or Modification of this Policy. This **Policyholder** provision applies to your coverage. This policy can be cancelled by:

- Unum; or
- the Policyholder.

Unum may cancel or modify this policy if:

- our participation requirements are not met, as applicable;
- the Policyholder does not promptly provide Unum with information that is reasonably required;
- the Policyholder fails to perform any of its obligations that relate to this policy;
- the premium is not paid in accordance with the provisions of this policy that specify whether the Policyholder, the employee, or both, pay(s) the premiums;
- the Policyholder does not promptly report to us the names of any employees who are added or deleted from the eligible group;
- Unum determines that there is a significant change, in the size, occupation or age of the eligible group as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its employees;
- Unum provides 45 days notice at any time after the Initial Rate Guarantee for any reason; or
- Unum is notified of a change in Federal or State Law materially affecting the policy.

If Unum cancels or modifies this policy, for any of the reasons listed above, a written notice will be delivered to the Policyholder at least 45 days prior to the cancellation date or modification date. The Policyholder may cancel this policy if the modifications are unacceptable.

If any premium is not paid during the 31 day grace period, this policy will cancel automatically at the end of the grace period. The Policyholder is liable for premium for coverage during the grace period. The Policyholder must pay us all premiums due for the full period this policy is in force. In the event of termination, this policy may be reinstated only as agreed upon by Unum and the Policyholder. If Unum agrees to reinstate this policy, such reinstatement will not constitute waiver of the termination provision in the future.

The Policyholder may cancel this policy by written notice delivered to Unum at least 31 days prior to the cancellation date. When both the Policyholder and Unum agree, this policy can be cancelled on an earlier date. If Unum or the Policyholder cancels this policy, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is cancelled, the cancellation will not affect a payable claim.

BENEFIT INFORMATION

Accidental Death
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a **Covered Accident** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Common Carrier benefit.

Accidental Death-Common Carrier
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured is injured as the result of a covered accident while a fare paying passenger on a **Common Carrier** and the injury causes the insured to die within 90 days after the covered accident.

If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment

Initial Accidental Dismemberment
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident:

- Loss of a hand means that the hand is cut off through or above the wrist joint.
- Loss of a foot means that the foot is cut off through or above the ankle joint.
- Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.
- Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

The Initial Accidental Dismemberment benefit will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Dismemberment benefit and the Initial Accidental Loss benefit for the same covered accident.

Catastrophic Accidental Dismemberment
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Dismemberment Elimination Period if any insured:

- sustains Catastrophic Accidental Dismemberment as the result of a covered accident; and
- is under the appropriate care of a physician during the Catastrophic Accidental Dismemberment Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Dismemberment Elimination Period.

Catastrophic Accidental Dismemberment Elimination Period means the period of 365 days after the date of a covered accident.

Catastrophic Accidental Dismemberment means an injury that within 365 days of the covered accident results in total and irrecoverable loss:

- Loss of a hand means that the hand is cut off through or above the wrist joint.

- Loss of a foot means that the foot is cut off through or above the ankle joint.

The Catastrophic Accidental Dismemberment benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Dismemberment and the Catastrophic Accidental Loss benefit to the same insured.

Accidental Loss

Initial Accidental Loss
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for loss suffered as the result of a covered accident and which occurs within 90 days after the covered accident.

Permanent paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 90 days as confirmed by a physician. In the case of a transected spinal cord with supporting clinical and radiological evidence and no expectation of return of function, the continuous 90 days requirement specified above is waived.

Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Loss of hearing means deafness in at least one ear, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The Initial Accidental Loss will be payable once per insured per covered accident. Unum will not pay the Initial Accidental Loss and the Initial Accidental Dismemberment benefit for the same covered accident.

Catastrophic Accidental Loss
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section at the end of the Catastrophic Accidental Loss Elimination Period if any insured:

- sustains a Catastrophic Accidental Loss as the result of a covered accident; and
- is under the appropriate care of a physician during the Catastrophic Accidental Loss Elimination Period; and
- remains alive at the end of the Catastrophic Accidental Loss Elimination Period.

Catastrophic Accidental Loss Elimination Period means the period of 365 days after the date of a covered accident.

Catastrophic Accidental Loss means an injury that within 365 days of the covered accident results in total and irrecoverable loss.

- Permanent Paralysis as the result of a covered accident means the complete and permanent loss of the use of two or more limbs through paralysis for a continuous period of 365 days as confirmed by a physician.
- The loss of sight means both eyes are totally blind and that no sight can be restored.
- The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device.
- The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

The Catastrophic Accidental Loss benefit will be payable once per lifetime per insured. Unum will not pay the Catastrophic Accidental Loss benefit and the Catastrophic Accidental Dismemberment benefit to the same insured.

Acquired Brain Injury
We will pay this benefit if any insured requires **Cognitive Rehabilitation Therapy**, **Cognitive Communication Therapy**, **Neurocognitive Therapy and Rehabilitation**, **Neurobehavioral**, **Neurophysiological**, **Neuropsychological**, and **Psychophysiological Testing or Treatment**, **Neurofeedback Therapy**, **Remediation**, **Post-acute Transition Services**, or **Community Reintegration Services** necessary as a result of and related to an Acquired Brain Injury. We will pay this amount per treatment with a maximum of six treatments per insured. The treatment must be prescribed by a physician and performed in an office or in a hospital on an inpatient or outpatient basis.

Ambulance, Air
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional air ambulance company transports by air any insured to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The air ambulance transportation must be within 48 hours after the covered accident. Unum will pay this benefit once per insured per covered accident.

Ambulance, Ground
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if a licensed professional ambulance company transports any insured by ground to or from a hospital or between medical facilities where treatment for injuries is received as the result of a covered accident. The ambulance transportation must be within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Appliance
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as the result of a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. For purposes of this benefit, appliance means a walking boot that extends above the ankle, brace for the neck, back or leg, cane, crutches, walker and wheelchair. The use of a medical appliance must begin within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Blood / Plasma / Platelets
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives the transfusion of blood/plasma/platelets. The blood/plasma/platelets must be administered within 90 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Burns
Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives burns as a result of a covered accident and is treated by a physician within 72 hours after the covered accident. Unum will pay one of the benefit amounts found in the BENEFITS AT A GLANCE section once per insured per covered accident. In the event the insured meets more than one of the burn classifications, Unum will pay the higher amount.

Burns - Skin Grafts
Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured receives a skin graft as a result of a covered accident. Unum will pay this benefit once per insured per covered accident. This benefit will not be paid for elective procedures and/or cosmetic surgery that are not the result of a covered accident.

Chiropractic Treatment
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a structural imbalance as a result of a covered accident and receives **Chiropractic Care Services** by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Unum will pay this benefit up to 3 visits per insured per covered accident and only 3 visits per **Calendar Year**.

Coma
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is in a coma. Coma means a coma resulting from a severe traumatic brain Injury due to a covered accident that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by the absence of:

- eye opening;
- verbal response; and
- motor response.

The condition must require intubation for respiratory assistance. Benefits will not be paid for a medically induced coma. Unum will pay this benefit once per insured per covered accident.

Concussion
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured sustains a concussion as the result of a covered accident and is diagnosed by a physician within 72 hours from the date of the covered accident. Unum will pay this benefit once per insured per covered accident.

Dental Work (emergency)
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a broken tooth as a result of a covered accident and is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days of the covered accident.

One dental crown and one dental extraction benefit are payable per insured per covered accident, regardless of the number of teeth involved.

Dislocation (separated joint)
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and suffers a dislocation as the result of a covered accident. A dislocation is a completely separated joint. It must be diagnosed as a dislocation by a physician within 90 days after the covered accident. The dislocation must be corrected by open (surgical) or closed (non-surgical) reduction.

Dislocation due to a covered accident
Unum will pay this benefit only for the first dislocation of a joint after the coverage effective date. Subsequent dislocations of the same joint after the coverage effective date will not be covered.

Multiple dislocations due to a covered accident
Unum will pay for each dislocation, but will pay no more than two times the benefit amount for the joint involved which has the highest benefit amount.

Reduction by a physician without anesthesia
Unum will pay 25% of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved.

Incomplete dislocation diagnosed by a physician
Unum will pay 25% of the benefit shown in the BENEFITS AT A GLANCE section for a closed reduction of the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

Emergency Room Treatment
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial examination and treatment by a physician in an **Emergency Room** within 72 hours after the covered accident.

Unum will pay this benefit once per insured per covered accident.

Unum will pay either the Emergency Room Treatment or the Emergency Treatment in a Physician Office/**Urgent Care Facility** for the initial treatment of a covered accident, but will not pay the Emergency Room Treatment benefit and the Emergency Treatment in Physician Office/Urgent Care Facility benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.

Emergency Treatment in a Physician Office/Urgent Care Facility
Unum will pay one of the benefits shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and requires initial treatment and/or advice by a Physician in a physician's office (other than **Occupational, Speech or Physical Therapy**, or chiropractic treatment) or Urgent Care Facility. The initial treatment must be within 72 hours of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventive testing.

Unum will pay this benefit once per insured per covered accident.

Unum will pay either the Emergency Treatment in a Physician Office/Urgent Care Facility or the Emergency Room Treatment for the initial treatment of a covered accident, but will not pay the Emergency Treatment in Physician Office/Urgent Care Facility benefit and the Emergency Room Treatment benefit for the same covered accident. Follow-up treatment prescribed by a physician will be paid under the Physician Follow-up Visit benefit.

Eye Injury
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers an eye injury. The eye injury must require surgery or the removal of a foreign object by a physician within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Unum will pay this benefit once per insured per covered accident.

Fracture (broken bone)
Unum will pay the applicable benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a fracture as a result of a covered accident. A fracture is a break in a bone which can be seen by X-ray. It must be diagnosed as a fracture by a physician within 90 days after the covered accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a physician.

Fracture of one bone due to a covered accident
Unum will pay this benefit only for the first fracture of any bone after the coverage effective date. If there are multiple fractures to the same bone, Unum will only pay one fracture benefit.

Fracture of multiple bones due to a covered accident
Unum will pay for each fracture, but will pay no more than two times the benefit amount for the bone involved which has the highest benefit amount.

Chip fracture
Unum will pay 25% of the benefit shown in the BENEFITS AT A GLANCE section for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Hospitalization
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is **Confined** to a hospital, a **Hospital Sub-Acute Intensive Care Unit**, or a **Hospital Intensive Care Unit** due to a covered accident.

Unum will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- a **Confinement** of less than 20 hours in an **Observation Unit**.

Unum will pay benefits for only one Hospital Confinement at a time even if it is caused by more than one covered accident.

If an insured is confined in a hospital, a hospital sub-acute intensive care unit or hospital intensive care unit, and becomes confined again within 90 days for the same or related condition, Unum will treat the confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement, Unum will treat this confinement as a new confinement.

Hospital Admission
Unum will pay this benefit if the insured initially becomes confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Hospital Intensive Care Unit Admission
Unum will pay this benefit if the insured is admitted directly to a hospital intensive care unit due to an injury as the result of a covered accident. The insured must be confined in a hospital intensive care unit within 30 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Unum will only pay either the Hospital Admission benefit or the Hospital Intensive Care Unit Admission benefit once per insured per covered accident. If admitted directly to the hospital, then the Hospital Admission benefit shown in the BENEFITS AT A GLANCE section is payable. If admitted directly into the hospital intensive care unit, then the Hospital Intensive Care Unit Admission benefit shown in the BENEFITS AT A GLANCE is payable. Unum will not pay the Hospital Admission benefit and Hospital Intensive Care Unit Admission benefit for the same covered accident concurrently.

Hospital Confinement
Unum will pay this benefit if the insured is confined to a hospital due to an injury within 180 days after the covered accident. Unum will pay benefits for Hospital Confinement up to 365 days per covered accident.

Hospital Intensive Care Unit Confinement
Unum will pay this benefit if the insured becomes confined to a hospital intensive care unit due to an injury within 30 days after the covered accident. Unum will pay benefits for Hospital Intensive Care Unit Confinement up to 15 days per insured per covered accident:

- If any insured is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day. The total amount payable per covered accident will not exceed 365 days for Hospital Confinement and 15 days for Hospital Intensive Care Unit Confinement.
- If an insured is confined to a hospital intensive care unit that does not meet the definition in this policy of a hospital intensive care unit, Unum will pay the Hospital Confinement benefit.

Unum will pay either the Hospital Confinement benefit or the Hospital Intensive Care Unit Confinement benefit shown in the BENEFITS AT A GLANCE section.

Knee Cartilage
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a torn knee cartilage (meniscus). It must be treated by a physician within 60 days after the covered accident and it must be repaired through surgery by a physician within one year after the covered accident. Unum will pay this benefit once per insured per covered accident.

If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE

section for exploratory surgery under the Knee Cartilage benefit once per insured per covered accident.

Laceration
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a laceration. A laceration is a cut. The laceration must be repaired by a physician within 72 hours after the covered accident. The amount we pay will be based on the total length of all lacerations received in any one covered accident which require repair. If the laceration is severe enough to require stitches but the physician chooses to repair it in another way, Unum will pay the benefit as a laceration repaired with stitches. Unum will pay this benefit once per insured per covered accident.

Lodging
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for one motel/hotel room for a companion to accompany the insured for up to 30 days per covered accident. Unum will pay this benefit per day if any insured is confined in a hospital as the result of a covered accident.

This benefit is payable only for motel/hotel stays during the period of time the insured is confined to the hospital. In order for this benefit to be payable, the hospital must be more than 50 miles from the residence of the insured.

Medical Imaging
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured and receives a covered medical imaging test as the result of a covered accident. The test must be ordered by a physician and be performed in a medical facility within 180 days of the covered accident. Medical imaging tests covered under this policy are:

- Magnetic Resonance Imaging (MRI) or Magnetic Resonance (MR);
- Computed Tomography Scan (CT) or Computed Axial Tomography (CAT); or
- Electroencephalogram (EEG)

Unum will pay this benefit once per insured per covered accident.

Open Abdominal and Thoracic / Hernia
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and undergoes open abdominal, or thoracic surgery other than hernia repair. The surgery must be performed within 72 hours of the covered accident to repair internal injuries. Unum will pay this benefit once per insured per covered accident.

Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if any insured undergoes hernia surgery. The hernia must be diagnosed within 30 days of the covered accident and surgery must be performed within 60 days of the covered accident to repair a hernia received as a result of a covered accident.

If any insured has open abdominal and hernia surgery, or open thoracic and hernia surgery as a result of the same covered accident, Unum will only pay the Open Abdominal or Thoracic Surgery benefit.

If exploratory surgery is performed and no repair is done, Unum will pay the benefit listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.

Outpatient Surgery Facility Service
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that has a surgery, as specified below, on an outpatient basis in a surgical center for the treatment of injuries due to a covered accident. This does not include surgery received in the emergency room or while confined in a hospital.

The following specified injuries must be treated by a physician within 60 days from the date of the covered accident and the specified surgery must be performed within:

- Knee Cartilage
  One year after the covered accident.
- Ruptured Disc
  One year after the covered accident.
- Tendon / Ligament / Rotator Cuff
  180 days after the covered accident.

The following specified injury and the specified surgery must be performed within:

- Eye Injury
  90 days after the covered accident.

The following specified injury must be diagnosed within 30 days of the covered accident and the specified surgery must be performed within:

- Hernia
  60 days after the covered accident.

Unum will only pay benefits for the first outpatient surgery per insured per covered accident, regardless of the number of surgical procedures performed.

Pain Management
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives **Epidural Anesthesia**. The epidural anesthesia must be administered within 60 days after the covered accident. Unum will pay this benefit once per insured per covered accident.

Physician Follow-up Visit
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured receives initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational, speech or physical therapy, or chiropractic treatment) that is recommended or advised by a Physician for injuries as the result of a covered accident.

Treatment must:

- begin within 60 days and be completed within 365 days of the covered accident;
- be due to injuries received as the result of a covered accident;
- occur in a Physician's office, Urgent Care Facility or Hospital on an outpatient basis; and

- not be for routine examinations or preventive testing.

Unum will pay this benefit up to a combined maximum of 2 visits per insured per covered accident. Unum will not pay the Emergency Room Treatment benefit or Emergency Treatment benefit and the Physician Follow-up Visit benefit for visits on the same day.

Prosthetic Device / Artificial Limb
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and receives one or more prosthetic device(s)/artificial limb(s) when the insured loses a hand, foot or sight of an eye. The prosthetic device(s)/artificial limb(s) must be received within one year of the covered accident.

Unum will pay this benefit once per insured per covered accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as hair wigs. Unum will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for Rehabilitation Unit Confinement if an insured is transferred to a **Rehabilitation Unit** immediately after a period of hospital confinement due to a covered accident. We will pay this amount for each day of confinement in a rehabilitation unit, up to a maximum of 15 days per insured person per covered accident but not to exceed 30 days per calendar year.

Unum will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc with surgical repair
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured is injured as a result of a covered accident and suffers a ruptured disc in the spine. It must be treated by a physician within 60 days from the date of the covered accident. It must be repaired through surgery by a physician within one year after the covered accident. Unum will pay this benefit once per insured per covered accident.

Telehealth Service
We will pay this benefit if any insured receives this service as the result of a covered accident. This service must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventive testing. We will pay this amount once per insured per covered accident.

Telemedicine Medical Service
We will pay this benefit if any insured receives this service as the result of a covered accident. This service must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventive testing. We will pay this amount once per insured per covered accident.

Tendon / Ligament / Rotator Cuff
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section if an insured suffers a torn, ruptured or severed tendon/ligament/rotator cuff as the result of a covered accident. It must be treated by a physician within 60 days after the covered

accident and repaired through surgery by a physician within 180 days after the covered accident.

If exploratory surgery is performed and no repair is done, Unum will pay the applicable amount listed in the BENEFITS AT A GLANCE section for exploratory surgery once per insured per covered accident.

Therapy Services - Occupational, Physical and Speech
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured who receives occupational, physical or speech therapy as the result of a covered accident. Unum will pay up to a maximum of 10 visits per insured per covered accident. The therapy must begin within 90 days after the covered accident and must be completed within one year after the covered accident. All services must be prescribed by a physician and rendered by an **Occupational, Physical or Speech Therapist** and performed in an office or in a hospital on an inpatient or outpatient basis.

Transportation
Unum will pay the benefit shown in the BENEFITS AT A GLANCE section for an insured that must travel from their residence more than 50 miles one way on physician's advice for treatment of injuries as a result of a covered accident.

The transportation benefit will be paid for:

- a hospital confinement;
- outpatient surgery; or
- a physician's office visit.

Unum will pay this benefit for the injured insured when traveling to and from the insured's destination via:

- commercial travel (plane, train or bus); or
- non-commercial travel (use of a personal car).

Unum will measure the mileage for the most direct route from the insured's residence to the facility where treatment is received.

Unum will pay this benefit up to 3 round trips, not to exceed 1200 miles per round trip per covered accident.

This benefit is not payable for transportation by ambulance or air ambulance.

LIMITATIONS AND EXCLUSIONS

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

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;

- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.

ADDITIONAL BENEFIT INFORMATION

WELLNESS BENEFIT

Unum will pay the Wellness Benefit Amount shown in the Benefits at a Glance for one Wellness Test per Calendar Year per Insured if the Insured has a Wellness Test performed while the Insured's coverage is in force.

Wellness tests are:

- Blood test for triglycerides;
- Bone marrow aspiration or biopsy;
- CA 15-3 (blood test for breast cancer);
- CA-125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Carotid Doppler;
- Chest x-ray;
- Colonoscopy;
- Echocardiogram;
- Electrocardiogram;
- Fasting blood glucose test;
- Fasting plasma glucose (FPG);
- Hemoglobin A1C(HbA1c);
- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum cholesterol test to determine HDL and LDL levels;
- Serum protein electrophoresis (blood test for myeloma);
- Skin cancer biopsy;
- Stress test on a bicycle or treadmill;
- Thermography;
- Thin prep pap test;

- Two hour post-load plasma glucose; or
- Virtual colonoscopy.

OTHER FEATURES

Your Right to Continue Coverage (Portability)

If, while you are covered under the policy, your employment with the Policyholder ends, you are no longer in an eligible group or the policy is being terminated by the Policyholder and is not being replaced, you may have the right to apply to continue coverage under the policy for yourself, your spouse and your dependent child(ren). You must apply for coverage under this portability provision and pay the first premium within 31 days after the date your employment ends, you are no longer in an eligible group or the date the policy is terminated by the Policyholder and is not being replaced.

You are not eligible to apply for continuing coverage under this provision if the policy is closed to new enrollments or your coverage under the policy ends for any of the following reasons:

- the policy is cancelled by Unum; or
- the policy is being terminated by the Policyholder and is being replaced.

Except as provided in this section, your continuing coverage will be the same coverage provided you under the policy as of the date your employment ends, the policy is terminated by the Policyholder and is not replaced, or you are no longer in an eligible group. Any subsequent change to the policy will not apply to your continuing coverage.

Your continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- premiums will be billed directly to you;
- initial premium rates will be based on the portability rates in effect at the time you apply to continue your coverage; and
- premium rates can be changed by Unum at any time upon 60 days notice to you so long as the change is not due to any change in your age or health or the age or health of your spouse or your dependent child(ren).

Your continuing coverage, and any coverage ofyour spouse and dependent child(ren) will end on the earliest to occur of:

- your failure to pay the required premium within the 31 day grace period;
- unless your spouse applies for continuing coverage under the following provision, the date you die; or
- the coverage under this portability provision is cancelled by Unum for any reason upon 45 days notice.

Once continuing coverage is cancelled it can not be reinstated.

In the event the Policyholder’s coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or that date.

The Right of Your Spouse to Continue Coverage if You Die or are Divorced (Spouse Portability)

If you die or divorce your spouse, your spouse may have the right to apply to continue coverage under the policy.

Your spouse must apply for coverage under this portability provision and pay the first premium within 31 days after the date of your death or divorce.

Your spouse is not eligible to apply to continue coverage under this provision if your spouse was not insured under this policy on the date of your death or divorce.

Except as provided in this section, your spouse's continuing coverage will most nearly match the coverage provided to your spouse under the policy as of the date of your death or divorce.

If you die or divorce your spouse, your spouse may also apply to continue the same coverage for dependent child(ren), provided:

- the dependent children are insured under the policy at the time of your death, or divorce; and
- you are not continuing coverage for dependent child(ren).

Your spouse's continuing coverage is subject to all of the provisions, exclusions and limitations of the policy, except that:

- premiums will be billed directly to your spouse;
- initial premium rates will be based on the portability rates in effect at the time your spouse applies to continue coverage; and
- premium rates can be changed by Unum at any time upon 60 days notice to your spouse.

Your spouse's and any dependent child(ren)'s continuing coverage will end on the earliest to occur of:

- your spouse's failure to pay the required premium within the 31 day grace period;
- the date your spouse dies; or
- the coverage under this portability provision is cancelled by Unum for any reason upon 45 days notice.

Once continuing coverage is cancelled it cannot be reinstated.

In the event the Policyholder's coverage under the policy is cancelled or closed to new enrollments, the policy will remain in effect for the benefit of those who have continued their coverage under this provision prior to the policy cancellation date or that date.

GENERAL DEFINITIONS

Additional definitions may be contained in other policy provisions, amendments or riders.

Acquired Brain Injury means a neurological insult to the brain, which is not hereditary, congenital or degenerative. The injury to the brain has occurred after birth and results in a change in neuronal activity, which results in an impairment of physical functioning, sensory processing, cognition, or psychosocial behavior.

Active Employment means you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be regularly scheduled to work on average at least the minimum number of hours as described under Minimum Hours Requirement shown in the BENEFITS AT A GLANCE section.

Your work site must be:

- your employer's usual place of business;
- an alternative work site at the direction of your employer; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.

Calendar Year means the period beginning on the insured's coverage effective date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate means a written statement prepared by Unum and may include attachments. It tells you:

- the coverage to which the insured may be entitled;
- to whom benefits are payable; and
- limitations, exclusions and/or requirements that apply within this policy.

Chiropractic Care Services means spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance caused by a covered accident. Benefits will not be paid for massage therapy or for treatment of chronic conditions or other injuries not related to structural imbalance.

Cognitive Communication Therapy means services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.

Cognitive Rehabilitation Therapy means services designed to address therapeutic cognitive activities, based on an assessment and understanding of the individual's brain-behavioral deficits.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.

Community Reintegration Services mean services that facilitate the continuum of care as an affected individual transitions into the community.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Covered Accident means an unforeseen occurrence resulting in a bodily injury which:

- occurs on or after the coverage effective date;
- occurs while coverage is in force;
- is listed in the BENEFITS AT A GLANCE section; and
- is not excluded by name or specific description in the Policy.

Covered Loss means a condition covered by this policy as shown in the BENEFITS AT A GLANCE and as applied for by you and approved by Unum.

Dependent Child(ren) means your:

- natural children;
- step-children;
- grandchildren who are your dependents for federal income tax purposes;
- adopted children, including a child for whom you have filed a suit seeking adoption;
- children whom you are required to insure under a medical support order issued under section 14.061, Family code, or enforceable by a court in this state; and
- children in your custody under a temporary court order that grants you conservatorship of the children.

Such children must be:

- unmarried from live birth but less than age 25; and
- dependent on you or your spouse for main support and living with you in a regular parent-child relationship.

After attainment of age 25 dependent child(ren) also includes dependent child(ren) who became incapable of self-sustaining employment, prior to age 25, due to mental or physical handicap. Such child will continue to be an insured subject to the following: (1) the employee must furnish proof of such incapacity and dependency to Unum within 31 days of the child's 25th birthday; and (2) proof of continued incapacity and dependency must be furnished at our request, but not more than annually, after the two year period following the child's 25th birthday.

No dependent child can be covered as both an employee and a dependent child.

Emergency Room means a specified area within a hospital that is designated for the emergency care of accidental Injuries. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by physicians; and
- provide care seven days per week, 24 hours per day.

Employee means a person who is in active employment in the United States with the employer.

Employer means the Policyholder and includes any division, subsidiary or affiliated company.

Enrollment means a period of time determined by Unum and your employer during which you are eligible to enroll for or change your coverage. This period of time may be limited.

Epidural Anesthesia means a form of regional anesthesia involving injection of drugs through a catheter placed into the epidural space. The epidural must be administered due to a covered accident, and does not include treatment for childbirth or diseases.

Evidence of Insurability means a statement of your or your spouse's medical history which Unum will use to determine if you or your spouse are approved for coverage. Evidence of insurability will be at Unum's expense.

Grace Period means the period of time following the premium due date during which premium payment may be made.

Hospital means a place that:

- is an institution licensed as a hospital and operated pursuant to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a physician;
- has full-time nurses on duty or on call supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: x-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Alcoholism and drug addiction are not covered by this policy.

Hospital Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a physician assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit that meets the definition above may include hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;

- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit; or
- Transplant Unit.

Hospital Sub-Acute Intensive Care Unit means a place which:

- is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and
- is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Injury or Injuries means a bodily injury which is the direct result of a covered accident and not related to any other cause.

Insured means any person covered under the policy.

Layoff or **Leave of Absence** means that you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your employer.

Your normal vacation time is not considered a temporary layoff or leave of absence.

Neurobehavioral Testing means an evaluation of the history of neurological and psychiatric difficulty, current symptoms, current mental status, and premorbid history, including the identification of problematic behavior and the relationship between behavior and the variables that control behavior. This may include interviews of the individual, family, or others.

Neurobehavioral Treatment means interventions that focus on behavior and the variables that control behavior.

Neurocognitive Rehabilitation means services designed to assist cognitively impaired individuals to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.

Neurocognitive Therapy means services designed to address neurological deficits in informational processing and to facilitate the development of higher level cognitive abilities.

Neurofeedback Therapy means services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.

Neurophysiological Testing means an evaluation of the functions of the nervous system.

Neurophysiological Treatment means interventions that focus on the functions of the nervous system.

Neuropsychological Testing means the administering of a comprehensive battery of tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning.

Neuropsychological Treatment means interventions designed to improve or minimize deficits in behavioral and cognitive processes.

Observation Unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which:

- is under the direct supervision of a physician or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Occupational Therapist is a person, other than you or a family member, who:

- possesses the designation “Occupational Therapist Registered (OTR)”;
- is licensed by the state to practice occupational therapy;
- performs services which are allowed by his license; and
- performs services for which benefits are provided by this policy.

Occupational Therapy means the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person’s ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person’s particular occupational role. Occupational therapy does not include diversional, recreational, vocational therapies (e.g. hobbies, arts and crafts).

Off-Job Accident means an accident that was not caused by or aggravated by any employment for pay or profit.

On-Job Accident means an accident that was caused by or aggravated by any employment for pay or profit.

Payable Claim means a claim for which Unum is liable under the terms of the policy.

Physical Therapist is a person, other than you or a family member, who:

- is licensed by the state to practice physical therapy;
- performs services which are allowed by his or her license;
- performs services for which benefits are provided by this policy; and
- practices according to the Code of Ethics of the American Physical Therapy Association.

Physical Therapy means treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following injury or loss of a body part.

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Unum will not recognize you, your spouse, dependent child(ren), parents or siblings, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a physician for a claim that you send to us.

Policyholder means the employer to whom the policy is issued.

Post-acute Transition Services mean services that facilitate the continuum of care beyond the initial neurological insult through rehabilitation and community reintegration.

Psychophysiological Testing means an evaluation of the interrelationships between the nervous system and other bodily organs and behavior.

Psychophysiological Treatment means interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.

Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility.

A rehabilitation unit is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a hospice care facility;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Remediation means the process(es) of restoring and improving a specific function.

Speech Therapist or pathologist is a person other than you or a family member who:

- is licensed by the state to practice speech therapy;
- performs services which are allowed by his/her license; and
- performs services for which benefits are provided by this policy and practices according to the code of ethics of the American Speech-Language-Hearing Association.

Speech Therapy means treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing and fluency.

Spouse means your lawful spouse, including a legally separated spouse, residing in the United States. You may not cover your spouse if your spouse is enrolled for coverage as an employee.

Telehealth Services means a health service, other than a Telemedicine Medical Service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a Telemedicine Medical Service that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- compressed digital interactive video, audio, or data transmission;
- clinical data transmission using computer imaging by way of still-image capture and store and forward; and
- other technology that facilitates access to health care services or medical specialty expertise.

Telemedicine Medical Service means a health care service initiated by a physician or provided by a health professional acting under physician delegation and supervision, for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- compressed digital interactive video, audio, or data transmission;
- clinical data transmission using computer imaging by way of still-image capture and store and forward; and
- other technology that facilitates access to health care services or medical specialty expertise.

Urgent Care Facility means a health care facility that is organizationally separate from a hospital and whose primary purpose is the offering and provision of immediate, short-term medical care, without appointment, for urgent care.

Waiting Period means the continuous period of time that you must be in active employment in an eligible group before you are eligible for coverage as determined by Unum and your employer.

We, **Us** and **Our** means Unum Life Insurance Company of America.

You, **Your** and **Yourself** means an employee who is eligible for Unum coverage.

Additional Claim and Appeal Information

APPLICABILITY OF ERISA

If this policy provides benefits under a Plan which is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply. Whether a Plan is governed by ERISA is determined by a court, however, your Employer may have information related to ERISA applicability. If ERISA applies, the following provisions are part of the Plan. Benefit determinations are controlled exclusively by the policy, your certificate of coverage, and the information in this document.

This coverage may be provided under a Plan that provides other benefits as well. Contributions to the Plan are made as stated under your certificate of coverage. The contributions made by you and your Employer, if any, for this coverage may be used by the Plan to provide any of the benefits under the Plan. The Employer is ultimately responsible for paying any difference between the total cost of benefits under the Plan and the amounts you and other employees contribute.

HOW TO FILE A CLAIM

If you wish to file a claim for benefits, you should follow the claim procedures described in your insurance certificate. To complete your claim filing, Unum must receive the claim information it requests from you (or your authorized representative), and your attending physician. If you or your authorized representative should have any questions about what to do, you or your authorized representative may contact Unum directly.

CLAIMS PROCEDURES

In the event that your claim is denied, either in full or in part, Unum will notify you in writing within 90 days after your claim was filed. Under special circumstances, Unum is allowed an additional period of not more than 90 days (180 days in total) within which to notify you of its decision. If such an extension is required, you will receive a written notice from Unum indicating the reason for the delay and the date you may expect a final decision. Unum's notice of denial shall include:

- the specific reason or reasons for denial with reference to those Plan provisions on which the denial is based;

- a description of any additional material or information necessary to complete the claim and why that material or information is necessary; and

- a description of the Plan's procedures and applicable time limits for appealing the determination, including a statement of your right to bring a lawsuit under Section 502(a) of ERISA following an adverse determination from Unum on appeal.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

APPEAL PROCEDURES

If you or your authorized representative appeal a denied claim, it must be submitted within 90 days after you receive Unum's notice of denial. You have the right to:

- submit a request for review, in writing, to Unum;
- upon request and free of charge, reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and
- submit written comments, documents, records and other information relating to the claim to Unum.

Unum will make a full and fair review of the claim and all new information submitted whether or not presented or available at the initial determination, and may require additional documents as it deems necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension and the date by which the Plan expects to make a decision. If an extension is required due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the necessary information and the date by which you need to provide it to us. The 60-day extension of the appeal review period will begin after you have provided that information.

The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those Plan provisions upon which the final decision is based. It will also include a statement describing your access to documents and describing your right to bring a lawsuit under Section 502(a) of ERISA if you disagree with the determination.

Notices of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

DISCRETIONARY ACTS

The Plan, acting through the Plan Administrator, delegates to Unum and its affiliate Unum Group discretionary authority to make benefit determinations under the Plan. Unum and Unum Group may act directly or through their employees and agents or further delegate their authority through contracts, letters or other documentation or procedures to other affiliates, persons or entities. Benefit determinations include determining eligibility for benefits and the amount of any benefits, resolving factual disputes, and interpreting and enforcing the provisions of the Plan. All benefit determinations must be reasonable and based on the terms of the Plan and the facts and circumstances of each claim.

Once you are deemed to have exhausted your appeal rights under the Plan, you have the right to seek court review under Section 502(a) of ERISA of any benefit determinations with which you disagree. The court will determine the standard of review it will apply in evaluating those decisions.

IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE, ACCIDENT, HEALTH AND HOSPITAL SERVICE INSURANCE GUARANTY ASSOCIATION
(For Insurers declared insolvent or impaired on or after September 1 2005)

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect Texas policyholders if their life or health insurance company fails. Only the policyholders of insurance companies which are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

It is possible that the Association may not cover your policy in full or in part due to statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas at the time **(irrespective of the policyholder's residency at policy issue)**
- Residents of other states, ONLY if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder's state of residence has a similar guaranty association; and
  3. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of $500,000 for basic hospital, medical-surgical, and major medical insurance, $300,000 for disability or long term care insurance, and $200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of $100,000 under one or more policies on any one life; or
- Death benefits up to a total of $300,000 under one or more policies on any one life.
- Total benefits up to a total of $5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of $100,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of $100,000 on any one life: or
- Present value of unallocated benefits up to a total of $5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- $300,000 on any one life with the exception of the $500,000 health insurance limit, the $5,000,000 multiple owner life insurance limit, and the $5,000,000 unallocated group annuity limit.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
6504 Bridge Point Parkway, Suite 450
Austin, TX 78730
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
800-252-3439 or
www.tdi.state.tx.us