



**Group Life and AD&D Insurance
Grand Rapids Child Discovery Center
Policy #468266**

Coverage Highlights

Eligibility	All non-teachers working at least 30 hours per week																						
Employee Life Benefit Amount	\$50,000																						
AD&D Benefit Amount	<p>Your AD&D benefit is equal to your life benefit.</p> <p>AD&D Benefit Schedule: If Unum approves the claim, Unum will determine the payment according to the Covered Losses and Benefits List below. The benefit Unum will pay is listed opposite the corresponding covered loss.</p> <p>The benefit will be paid only if an accidental bodily injury results in one or more of the covered losses listed below within 365 days from the date of the accident. Also, the accident must occur while you are insured under the plan.</p> <p>The most Unum will pay for any combination of Covered Losses from any one accident is the full amount.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Covered Losses</th> <th style="text-align: left;">Benefit Amount</th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>The Full Amount</td> </tr> <tr> <td>Both Hands, Both Feet or Sight of Both Eyes</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand and One Foot.....</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand and Sight of One Eye</td> <td>The Full Amount</td> </tr> <tr> <td>One Foot and Sight of One Eye</td> <td>The Full Amount</td> </tr> <tr> <td>Speech and Hearing</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand or One Foot</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Sight of One Eye.....</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Speech or Hearing.....</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Thumb and Index Finger of Same Hand</td> <td>One Quarter The Full Amount</td> </tr> </tbody> </table>	Covered Losses	Benefit Amount	Life	The Full Amount	Both Hands, Both Feet or Sight of Both Eyes	The Full Amount	One Hand and One Foot.....	The Full Amount	One Hand and Sight of One Eye	The Full Amount	One Foot and Sight of One Eye	The Full Amount	Speech and Hearing	The Full Amount	One Hand or One Foot	One Half The Full Amount	Sight of One Eye.....	One Half The Full Amount	Speech or Hearing.....	One Half The Full Amount	Thumb and Index Finger of Same Hand	One Quarter The Full Amount
Covered Losses	Benefit Amount																						
Life	The Full Amount																						
Both Hands, Both Feet or Sight of Both Eyes	The Full Amount																						
One Hand and One Foot.....	The Full Amount																						
One Hand and Sight of One Eye	The Full Amount																						
One Foot and Sight of One Eye	The Full Amount																						
Speech and Hearing	The Full Amount																						
One Hand or One Foot	One Half The Full Amount																						
Sight of One Eye.....	One Half The Full Amount																						
Speech or Hearing.....	One Half The Full Amount																						
Thumb and Index Finger of Same Hand	One Quarter The Full Amount																						
Reduction of Benefits	<p>Coverage amount(s) will reduce according to the following schedule:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age:</th> <th style="text-align: left;">Insurance amount reduces to:</th> </tr> </thead> <tbody> <tr> <td>70</td> <td>65% of original amount</td> </tr> <tr> <td>75</td> <td>50% of original amount</td> </tr> </tbody> </table>	Age:	Insurance amount reduces to:	70	65% of original amount	75	50% of original amount																
Age:	Insurance amount reduces to:																						
70	65% of original amount																						
75	50% of original amount																						

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Underwritten by:

Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

©2007 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and t's insuring subsidiaries.