



**Group Long Term Disability Insurance
Grand Rapids Child Discovery Center
Policy #468266**

Coverage Highlights	
Plan Design	60% of monthly earnings
Maximum Monthly Benefit Amount	\$4,000 with greater of 10% or \$100 minimum benefit Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.
Elimination Period	90 days
Duration of Benefit	Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability and in accordance with the ADEA I duration schedule.
Definition of Disability	<p>2 Year Regular Occupation with residual</p> <p>You are disabled when Unum determines that:</p> <ul style="list-style-type: none"> • you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and • you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury. <p>After 24 months of payments, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.</p>
Exclusions and Limitations	
Pre-existing Condition	<p>You have a pre-existing condition if:</p> <ul style="list-style-type: none"> • you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and • the disability begins in the first 12 months after your effective date of coverage.
Mental and Nervous Limitation	<p>The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities:</p> <ul style="list-style-type: none"> • are not continuous; and/or • are not related. <p>Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.</p>
Coverage Exclusions	<p>Your plan does not cover any disabilities caused by, contributed to by, or resulting from you:</p> <ul style="list-style-type: none"> • loss of a professional or occupational license or certification • intentionally self-inflicted injuries • active participation in a riot • commission of a crime for which you have been convicted • pre-existing condition (see above definition)

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:*

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