



CLASS 002 GROUP LONG TERM CARE INSURANCE ENROLLMENT GUIDE

We are pleased to offer voluntary Group Long Term Care Insurance coverage to all Certificated Employees equal to a 50% Full Time Employee

Caregiving Education/Enrollment Web Site: www.LosRiosLTC.com
Unum Toll Free Help Line: 1-800-227-4165
Policy Number: #145431-002

The Base Plan includes the following:

- Long Term Care Facility Monthly Benefit of \$3,000.
- 2 Year Long Term Care Facility Benefit Duration
- 100% Assisted Living Facility Benefit
- 50% Home & Community Based Care Benefit

You have the opportunity to purchase the following optional benefit enhancements:

- **Increased Monthly Coverage** - You can purchase coverage of up to \$9,000/month (in \$1,000 increments) of Long Term Care Facility Benefits with 100% Assisted Living Facility Benefits and 50% Home & Community Based Care Benefits. Coverage above \$6,000/month requires completion and approval of a medical Evidence of Insurability Form.
- **Increased Duration Benefit** - You can purchase a 5 Year or Lifetime LTC Facility Benefit Duration. Coverage for Lifetime Duration requires completion and approval of a medical Evidence of Insurability Form.
- **50% Home and Community Based & Immediate Family Member Care Option** - This option allows you to receive the benefit while receiving care from immediate family, friends or other non-trained persons as well as professionals. The benefit amount is 50% of the Long Term Care Facility Benefit.
- **5% Simple Benefit Increase** - This benefit gives 5% Uncapped Simple Growth annually. Your Monthly Benefit Amount will increase each year by 5% of your original LTC Facility Monthly Benefit. As long as your coverage remains in effect, inflation increases will occur automatically for your Monthly Benefit Amount and Lifetime Maximum Amount. Your premium will not increase due to automatic increases in these amounts.

Policy Limitations and Exclusions (Continued on page 2):

There are some instances when Unum will not pay a benefit. Unum will not make long term care payments to you for:

- a Chronic Illness which is caused by a war (whether declared or undeclared) or any act of war;
- a Chronic Illness caused by suicide, whether sane or insane, attempted suicide, or intentionally self-inflicted injury;
- a Chronic Illness caused by participation in a felony, riot, or insurrection;
- treatment for alcoholism and drug addiction;
- a period in which you are confined in a hospital other than if you are confined in a Facility that is a distinctly separate part of a hospital (this exclusion does not apply to those periods covered under the Bed Reservation Benefit);

- care, treatment, services or claims certification by a Physician who is you, your spouse or registered domestic partner, parent, daughter, son, sister or brother; or
- care and services provided by an **Immediate Family Member**, who is you, your spouse or registered domestic partner, parent, daughter, son, sister or brother (not applicable if your coverage includes Home, Community-Based and Immediate Family Member Care).

ENROLLMENT INFORMATION

Employee Enrollment

Newly Hired Employees – once eligible for the plan, you will have 31 days to sign up for Guarantee Issue coverage. Please check with your employer for your effective date.

Guarantee Issue – Employees are eligible for monthly benefit amounts on a Guarantee Issue basis of up to and including \$6,000 and a LTC Facility Benefit Duration of 2 or 5 years, if you apply during your initial eligibility period. If you apply during your initial eligibility period for a policy no greater than the Guarantee Issue limits, it is unnecessary to complete a Group Long Term Care Insurance Application (medical questionnaire). This document is also called the Evidence of Insurability Form.

All Active Employees & Newly Hired Employees who enroll after the Guarantee Issue enrollment period or choose benefits over \$6,000 and/or Lifetime Duration coverage are required to fill out the Evidence of Insurability Form.

How do I enroll for coverage?

1. Decide on the coverage you want.
 - a. Choose a Monthly Benefit from \$3,000 to \$9,000.
 - b. Choose Duration of Benefits - 2 Year, 5 Year, or Lifetime LTC Facility Benefit Duration.
 - c. Choose to add the 5% Simple Benefit Increase Option and/or the 50% Home and Community Based & Immediate Family Member Care Option.
 - d. Calculate the monthly cost using the Rate Sheets or the online Calculator. To access this Calculator go to the "Your Plan – Learn More" tab found in the lower left menu bar of the website www.LosRiosLTC.com. At the Unum Benefit Menu, select the Class 002 link. Once on the Unum site, click on the "Calculator" Tab.
2. Fill in the Benefit Election Form called the Employee Enrollment Form and the Checklist of Delivered Forms on the Unum web site. Find these enrollment forms at www.LosRiosLTC.com by clicking on the "Your Plan – Learn More" tab found in the lower left menu bar. At the Unum Benefit Menu, select the Class 002 link. Once on the Unum site, click on the "Enrollment" Tab and see the forms within Section 3.
3. To apply for coverage of more than \$6,000/month and/or Lifetime Duration, or to enroll after your initial Guarantee Issue enrollment period, you must complete the Evidence of Insurability Form (**#1116-01**) and the Health Information Portability and Accountability Act (HIPAA) Authorization Form (**# 6720-03-CA**). If you are printing forms from the Unum web site, both forms are located in the PDF file for the Evidence of Insurability Form (**#1116-01**).

Family Member Enrollment

Eligible Family Members – means a person ages 18 through 80 who is in a class of persons eligible for coverage as determined by the Policyholder and Unum and is residing in the United States, its territories or possessions and who is:

- the legally married spouse/domestic partner of an Employee;
- the natural, adoptive or step parents of an Employee or spouse/domestic partner;
- the natural, adoptive or step grandparents of an Employee or spouse/domestic partner;
- the natural, adoptive or step siblings of an Employee or spouse/domestic partner;

- the spouse of the Employee's natural, adoptive or step siblings;
- the spouse of the Employee's spouse's natural, adoptive or step siblings;
- the natural, adoptive or step adult children of an Employee;
- the spouse of a natural, adoptive or step adult child of an Employee.

How do Family Members apply for coverage?

1. Decide on the coverage they want.
 - a. Choose a Monthly Benefit from \$3,000 to \$9,000.
 - b. Choose Duration of Benefits - 2 Year, 5 Year, or Lifetime LTC Facility Benefit Duration.
 - c. Choose to add 5% Simple Benefit Increase Option and/or the 50% Home and Community Based & Immediate Family Member Care Option.
 - . Calculate the monthly cost using the Rate Sheets or the Online Calculator. To access this Calculator go to the "Your Plan – Learn More" tab found in the lower left menu bar of the website www.LosRiosLTC.com. At the Unum Benefit Menu, select the Class 002 link. Once on the Unum site, click on the "Calculator" Tab.
2. Spouses/Domestic Partners complete the Spouse/Domestic Partner Enrollment Form and non-spouse Family Members fill in the Family Enrollment Form. Both forms can be found on the Unum website. Find these enrollment forms at www.LosRiosLTC.com by clicking on the "Your Plan – Learn More" tab found in the lower left menu bar. At the Unum Benefit Menu, select the Class 002 link. Once on the Unum site, click on the "Enrollment" Tab and see the forms within Sections 4 and 5.
3. Complete the Domestic Partner Form (**#1434-97**).
4. Fill in the Evidence of Insurability Form (**#1116-01**) and the Health Information Portability and Accountability Act (HIPAA) Authorization Form (**# 6720-03-CA**). If you are printing forms from the Unum web site, both forms are located in the PDF file for the Evidence of Insurability Form (**# 1116-01**).
5. Give the Spouse/Domestic Partner Enrollment Form, Domestic Partner Form , Evidence of Insurability Form and the HIPAA Authorization Form to your Human Resources administrator. You will pay the insurance premium for the spouse/domestic partner through salary deduction. This completes the spouse/domestic partner enrollment process.

For non-Spouse/Domestic Partner Applications, complete steps 6 through 9.

6. Complete the LTC Personal Worksheet Form (**7625-04-CA**).
7. If you wish to have someone notified that your coverage is in danger of lapsing due to non-payment of premiums, fill out the optional 3rd Party Notice of Premium Lapse form (**# 7606-04**).
8. If you wish to have premium payments automatically deducted from a checking account, fill out the optional Authorization and Agreement for Automatic Payments form (**# 7713-04**).
9. Send the non-Spouse Family Member Enrollment Form, Evidence of Insurability Form, HIPAA Authorization Form, Nonpayment Notification and Automatic Payment Authorization Forms directly to:

Group Long Term Care
Unum Life Insurance Company of America,
2211 Congress Street, Portland, ME 04122
or FAX to 207-541-7606

Other questions?
Call UNUM representatives at 1-800-227-4165 (Policy # 145431-002)
Or visit www.LosRiosLTC.com.