



## CLASS 003 GROUP LONG TERM CARE INSURANCE ENROLLMENT GUIDE

We are pleased to offer voluntary Group Long Term Care Insurance coverage to all Adjunct Faculty, Permanent Part Time and those working less than 20 hours or less than a 50% Full Time Employee

Caregiving Education/Enrollment Web Site: [www.LosRiosLTC.com](http://www.LosRiosLTC.com)  
Unum Toll Free Help Line: 1-800-227-4165  
Policy Number: #145431-003

### **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. Any monthly benefit election, \$3,000 to \$9,000, 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 2 Year, 5 Year or 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. Selection of this option requires completion and approval of a medical Evidence of Insurability Form.
- **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. Selection of this option requires completion and approval of a medical Evidence of Insurability Form.

### **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 coverage. Please check with your employer for your effective date.

#### **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](http://www.LosRiosLTC.com). At the Unum Benefit Menu, select the Class 003 link. Once on the Unum site, click on the "Calculator" Tab.
2. Fill in the Benefit Election Form called the Employee Enrollment Form, the Long Term Care Insurance Application with HIPPA Authorization and the Checklist of Delivered Forms on the Unum web site. Find these enrollment forms at [www.LosRiosLTC.com](http://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 003 link. Once on the Unum site, click on the "Enrollment" Tab and see the forms within Section 3.
3. Scroll to "Family Enrollment" Section 5 of the Enrollment Page and complete the LTC Personal Worksheet (**#7625-04-CA**) and the 3<sup>rd</sup> Party Notice of Premium Lapse Form (**#7606-04**).
4. Your premiums will be billed directly by Unum. Direct Bill options include a monthly bank draft from your personal checking account or Unum mailing you a bill quarterly, semiannually or annually. If you prefer the monthly bank draft, print off and complete the Authorization and Agreement for Auto Payments Form (**#7713-04**) found within Section 5 of the Enrollment Page.

### **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](http://www.LosRiosLTC.com). At the Unum Benefit Menu, select the Class 003 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](http://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 003 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 3<sup>rd</sup> 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 # 145431-003)  
Or visit [www.LosRiosLTC.com](http://www.LosRiosLTC.com).**