

# If you can't work, would your bank account be disabled?

Help keep your finances stable with Unum's short term disability insurance.

## Jason's story

Jason planned to spend his weekends on the water — until he slipped on a dock and landed in a cast. Knee surgery put a damper on his plans, but his short term disability insurance helped him pay the bills until he was able to return to work.



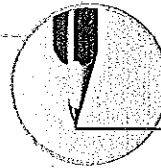
## Who's at risk?

Some of the top reasons for short term disability claims among Americans are:<sup>1</sup>

- Pregnancy
- Injuries
- Digestive and intestinal disorders

## Your disability benefits help cover what matters most.

Unum's short term disability insurance pays you a percentage of your gross weekly salary if you cannot work due to a covered injury or illness. These benefits can help you cover your expenses and protect your finances at a time when you're paying extra medical bills. With our fast claims review process and weekly benefit payments, you can focus on getting well — not your wallet.



### MY WORKSHEET

(For illustrative purposes only.)

#### Monthly expenses you should consider

Mortgage/rent	\$ _____
Transportation (gas, car payments, repairs)	\$ _____
Utilities (electric, water, cable, Internet)	\$ _____
Insurance (health, life, car, home)	\$ _____
Food & clothing (groceries, restaurants)	\$ _____
Education (tuition, books, supplies)	\$ _____
Loans/credit card debt	\$ _____
Child care/elder care	\$ _____
Savings contributions (retirement)	\$ _____
Medical costs (doctor copays, medications)	\$ _____
Total monthly expenses	\$ _____
Current monthly income (after taxes)	\$ _____
Total monthly income if disabled	\$ _____
Less total monthly expenses (from above)	- \$ _____
Monthly surplus or shortfall	\$ _____

## How to apply

To learn more, watch for information from your employer.

# Get the coverage you need.

Your employer is offering you the opportunity to purchase Unum's short term disability insurance.

## Reasons to buy this coverage at work — now.

- No medical questions to answer. You are guaranteed coverage if you sign up during your initial enrollment at work.\*
- No checks to write. Your cost is conveniently deducted from your paycheck.

## What are these?

Benefit period and elimination period

**Benefit period** — If you become disabled, this is the maximum amount of time you could receive benefits for a covered disability.

**Elimination period** — This is the number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits.

### My notes on short term disability insurance:

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\*Benefits may be subject to a pre-existing condition.

<sup>1</sup> Unum internal data, 2010. Note: Some short term disability claims are for illnesses not yet defined at the time symptoms first appear.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine  
In New York, underwritten by: First Unum Life Insurance Company, New York, New York

Unum complies with all state civil union and domestic partner laws when applicable.

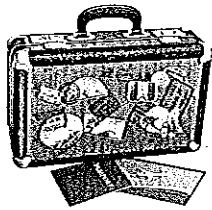
[unum.com](http://unum.com)

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EN-1064 (8-11)

FOR EMPLOYEES

# How would you handle an emergency away from home? Worldwide emergency travel assistance



## Support for a variety of situations

For more information about Unum's worldwide emergency travel assistance, visit [unum.com/travelassistance](http://unum.com/travelassistance) or contact your human resources manager or Unum representative.

Whether traveling for business or pleasure, you have worldwide emergency travel assistance in your suitcase.

No one expects to become ill or injured or need legal assistance when traveling, but unexpected emergencies do occur. Whether you're traveling for business or personal reasons, our worldwide emergency travel assistance program goes with you, whether you travel to a foreign country or just 100 or more miles from home.<sup>1</sup> Help is just a phone call away<sup>2</sup>— day or night — if you, your spouse<sup>2</sup> or your dependent children need immediate assistance anywhere in the world.

### Services are available for simple to extreme travel emergencies:

- Hospital admission assistance<sup>3</sup>
- Emergency medical evacuation
- Critical care monitoring
- Medical repatriation
- Emergency message service
- Transportation for a friend or family member to join the hospitalized patient
- Care of minor children
- Emergency trauma counseling
- Prescription assistance
- Assistance in the return of a vehicle
- Legal and interpreter referrals

### One simple phone call will connect you to:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Unum travel assistance services are provided by Assist America Inc.,



the nation's largest provider of global emergency assistance services through employee benefit plans.<sup>4</sup> Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

\*All services must be arranged and paid for by Assist America, and no claims for reimbursement are accepted. Medical expenses such as care and treatment in a hospital are paid for by you or your health insurance policy (if care received is covered in your policy).

The Unum worldwide emergency travel assistance program is provided by Assist America Inc., with no geographical or pre-existing condition exclusions, and no exclusions on any sports-related injury. Assist America arranges and pays for 100% of the services the company provides without any caps or charge-backs either to the employer or the employee.\*

Call the number on your emergency travel assistance wallet card if you have a travel emergency. If you have misplaced your wallet card, contact your human resources department and ask for a replacement.

Learn more about your worldwide emergency travel assistance program at [unum.com/travelassistance](http://unum.com/travelassistance).

1,2 Worldwide emergency travel assistance services are provided by Assist America Inc. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Employees are covered for business or personal travel; spouses and dependent children are covered for personal travel only. Please contact your Unum representative for full details.

3 Hospital admission is coordinated by Assist America Inc.

4 Assist America Inc. internal data [cited September, 2011], available from <http://www.assistamerica.com>

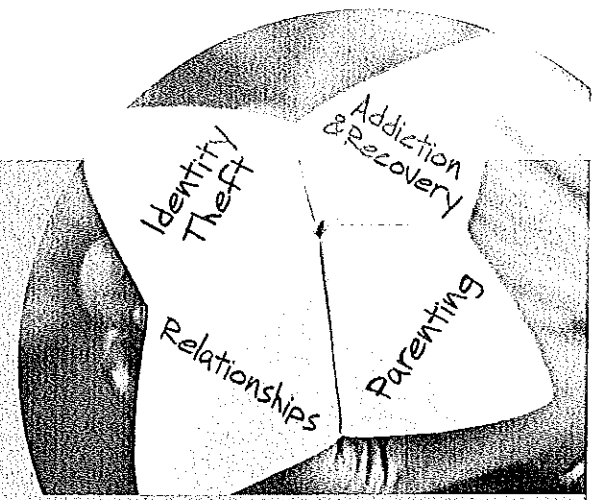
Unum, Chattanooga, Tennessee

Insurance products underwritten by the subsidiaries of Unum Group.

[unum.com](http://unum.com)

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## Life's stresses aren't a game Real solutions are close at hand



### Help with stress

A satisfaction survey of employees who used work-life balance EAP shows nearly 75% reported less stress.<sup>1</sup>

Nearly  
**75%** report  
less stress

When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Unum's EAP offers unlimited access to master's level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.\*

### Help for personal challenges, big and small

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important.

That's when you can pick up the phone and speak confidentially\*\* to a master's level consultant who can help you or a family member to:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Work through complex, sensitive issues such as personal or work relationships, depression, or substance abuse
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation

You'll have access to an attorney for state specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.

You also have unlimited website access at [www.lifebalance.net](http://www.lifebalance.net) where you can:

- Read booklets, life articles and guides
- View videos and online seminars, as well as listen to podcasts
- Subscribe to email newsletters
- Find information on parenting, retirement, finances, education and more

**Balance can be a call  
or click away:**

1-800-854-1446, English  
1-877-858-2147, Spanish  
1-800-999-3004, TTY/TDD

www.lifebalance.net  
(user ID and password: lifebalance)



**To learn more or request  
your EAP wallet card,  
please contact your human  
resources department.**

- Use health management online calculators and other tools to help you with topics such as losing weight or starting a new exercise program
- Access links to other informative websites
- Use school, camp, eldercare and childcare locators
- Use financial calculators, retirement planners, worksheets and more

**Guidance for work-related conflicts**

If you're a manager dealing with staff issues such as an employee who's feeling overwhelmed by his or her workload, you have unlimited access to guidance from a team of consultation experts. Call the toll-free work-life balance EAP number to:

- Have a confidential sounding board and objective view
- Work on communication and problem-solving skills
- Learn how to motivate your employees

If you are a supervisor or working to become one, you can visit the website at [www.lifebalance.net](http://www.lifebalance.net) to get information on managing people using resources such as:

- Electronic management newsletters
- Recommended reading lists on management
- Self-assessment tools to be a better manager
- Manager podcasts

A wallet card is available with telephone number and online contact information. Please see your human resources manager or Unum representative to request one.

\* In California and Nevada, employees and their family members may confer with a local consultant up to three times in a six-month time period.

\*\* The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances the consultant may be mandated to report a situation to the appropriate authority.

1 2012 1st Quarter Performance dashboard survey, Unum Group LTD and Life, Ceridian Corporation, March 2012.

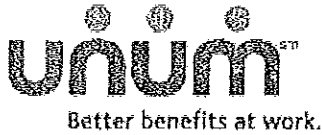
unum.com

Work-life balance employee assistance program services are provided by Ceridian Corporation. These services are available with selected Unum insurance offerings.

Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

Insurance products are underwritten by the subsidiaries of Unum Group.

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## Almcoe Refrigeration Benefit Overview (Voluntary STD/Voluntary LTD)

Voluntary Short Term Disability	Unum
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Eligibility	Full-Time Employee working 30+ hours per week.
Benefit Amount	60% of your weekly earnings, to a maximum of \$1,000 per week.
Elimination Period	14 days due to Injury 14 days due to Sickness
Duration	24 weeks
Definition of disability	Residual, Own Occupation
Maternity	Included
Premium	Paid by the Employee

Voluntary Long Term Disability	Unum
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Eligibility	Full-Time Employee working 30+ hours per week.
Benefit Amount	60% of your monthly earnings, to a maximum of \$5,000 per month.
Elimination Period	180 days
Duration	Up to Age 65
Definition if Disability	2 Year Own Occupation
Pre Existing Condition	12/12/24 Exclusion
24 Month Mental & Nervous w/Self	
Reported Symptoms	Included
Employee Assistance Program	Included
Travel Assistance	Included
Premium	Paid by the Employee

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. 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.



**INSTRUCTIONS AND INFORMATION FOR  
COMPLETING THE EVIDENCE OF  
INSURABILITY FORM**  
Unum Life Insurance Company of America

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. The insurance product is underwritten by Unum Life Insurance Company of America.

To expedite processing, this form has been designed to be scanned and optically read. Please print neatly and respond to all questions.

1. Fully complete this form when your plan requires you to be individually underwritten to qualify for insurance. Specify what coverage you are requesting. If you are unsure, check with your plan administrator.
2. Make sure you have answered all the questions completely and accurately. Information pertaining to your Employer name, address and Group number, as well as your personal information must be provided. If there are unanswered questions, the underwriting process will not begin.
3. All employees and spouses applying for any coverage requiring underwriting must answer all health questions through section 2. If you are applying for disability coverage, or your life amount requiring underwriting is greater than \$150,000, you must also fill out section 3.
4. Please include your work and home phone number; we may need to request additional information by telephone.
5. Please sign and date where indicated and make a copy of this form for your records. Please send the completed form to your plan administrator or mail the form directly to:

Unum  
P.O. Box 9783  
Portland, ME 04104-5083

In order to evaluate your application we are relying on the information you have provided. In addition, we may need to request supplemental information from you or your physicians. Some coverage and amounts may require a brief medical exam, a blood test, urinalysis and/or EKG. These tests will be performed at your convenience and can be completed at your place of employment or home. We will notify you if any additional information is needed. Unum will pay for any additional information or tests needed to evaluate your application.

**CAUTION:** If your answers on the application are incorrect or untrue, Unum may deny benefits or rescind your insurance. Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.





**EVIDENCE OF INSURABILITY**  
Unum Life Insurance Company of America

Application Type:  Initial Request     Late Applicant     Annual Enrollment  
 Change in Status     Increase     Portability

List Your Current Height

-   
Ft.    In.

Weight

Lbs.

List Your Spouse's Current Height

-   
Ft.    In.

Weight

Lbs.

Employee Social Security Number

-  -

Gender

Male     Female

Group #

Group #

Division #

Employee First Name

M.I. Last Name

Date of Birth - mm/dd/yyyy

/  /

Spouse First Name (if applicable)

M.I. Last Name

Spouse Date of Birth - mm/dd/yyyy

/  /

Number & Street Address

Employee Home Number

()  -

City

State

Zip Code

Employee Work Number

()  -

Date of Employment - mm/dd/yyyy Occupation

/  /

Employee Annual Salary

\$ , ,

E-mail Address

Coverages Elected

Life     LTD     STD

Employer's Name

Employer's Address

City

State

Zip Code

Employee

Total Life Amount Applied For

\$ , ,

Amount Requiring Underwriting

\$ , ,

Spouse

Total Life Amount Applied For

\$ , ,

Amount Requiring Underwriting

\$ , ,

Names of Dependent Children Applying for Coverage

Child

Date of Birth - mm/dd/yyyy

/  /

Total Life Amount

\$ ,

Child

/  /

\$ ,

Child

/  /

\$ ,

Please answer the following questions to the best of your knowledge and belief:

Has any person applying for coverage been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS)? Applicant need not disclose Human Immunodeficiency Virus (HIV) test results.  Yes  No

**Section 1 Dependent Children Health Questions**

1. Within the past 5 years, have any dependent(s) been treated for diabetes, heart disorder, or cancer (other than basal or squamous cell carcinoma of the skin)? Do any dependent(s) have cerebral palsy, cystic fibrosis or muscular dystrophy? If yes, please provide name(s) of children.  Yes  No

**Section 2 Employee and Spouse Health Questions**

All employees and spouses applying for coverage must complete this section.

	Employee		Spouse	
	Yes	No	Yes	No
1. Within the past 2 years, have you used any controlled substances with the exception of those prescribed by a physician, received medical advice or sought treatment for drug or alcohol abuse, or pled guilty, pled no contest to or been convicted of a felony, misdemeanor, or a charge of operating a motor vehicle under the influence of drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 2 years, have you been prescribed three or more medications to be taken concurrently for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 5 years, have you received medical advice or sought treatment for psychosis, internal cancer including melanoma, leukemia or Hodgkin's disease, ALS, muscular dystrophy, angina, or had heart surgery, heart attack or transient ischemic attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 10 years, have you received medical advice or sought treatment for stroke, congestive heart failure, chronic lung disease including emphysema, diabetes treated with insulin or oral medications, hepatitis (other than type A), cirrhosis of the liver, chronic renal disease including hypertension or failure, systemic lupus or any connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you confined to a wheelchair for reasons other than paraplegia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3 If your amount requiring underwriting is greater than \$150,000 or you are applying for disability coverage, you must complete section 3. Otherwise, please sign and return application.**

If you answer yes, please provide details requested in the box on the following page.

	Employee		Spouse	
	Yes	No	Yes	No
1. Within the past 2 years, have you flown as a student or private pilot, engaged in auto or boat racing, scuba diving, hang gliding, ballooning, flying ultralights, parachuting, mountain climbing or any similar sport or avocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever used barbiturates, amphetamines, cocaine, hallucinogenic drugs or any narcotics except as prescribed by a physician or been advised to reduce your consumption of alcohol or been treated, arrested in connection with alcohol, or been told to have counseling for the use of alcohol or drugs? If yes, provide the frequency of use and date last used, list condition(s), medication(s), date(s) of treatment, treatment received and recovery, physician's/hospital name, address and phone number, date of occurrence and driver's license number and issuing state of any arrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever pled guilty to, pled no contest to or been convicted of a felony or misdemeanor? If yes, list person's name, reason for arrest(s) and/or are you currently on probation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 2 years, have you pled guilty to, pled no contest to, or been convicted of 3 or more speeding or other moving violations? If yes, list person's name, type of violation(s) and date(s), driver's license number and state of issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past 10 years, have you received medical advice or sought treatment for epilepsy, nervous, emotional or mental disorder, paralysis, skin, bone, muscle, back, knee, neck or joint disorder, muscular or neurological disorders, Fibromyalgia, or Chronic Fatigue Syndrome. If yes, list condition(s), medication(s), date(s) of treatment, treatment received and recovery, physician's/hospital name, address and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past 7 years, have you received medical advice or sought treatment for diabetes, asthma, lung or respiratory disorder, thyroid or other endocrine disease, heart or circulatory disorder, stroke (including TIA), chest pain, high blood pressure, cancer, gastro-intestinal, genitourinary, kidney or liver disease? If yes, list condition(s), medication(s), date(s) of treatment, treatment received and recovery, physician's/hospital name, address and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past 7 years, have you consistently taken any over the counter medications, natural supplements other than vitamins, or received any therapeutic treatments? If yes, list all over the counter medications including any natural supplements, dosage, condition and date of onset. Please also list therapies and associated conditions and dates treatment received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past 7 years, have any medications been prescribed or have you consulted a medical professional for anything other than the conditions above, or are you currently experiencing any symptoms for which you haven't consulted a medical professional? If yes, provide details including symptoms, dates of occurrence, medications, treatment and medical professional's name, address and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any condition that prevents or limits activities or are you now pregnant? If yes, provide details including symptoms and describe the limitation(s). If pregnant, please provide expected delivery date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details for any "yes" answers**

Question Number	Name	Detailed Description	Date	Duration	Treatment Received and Recovery	Names and Addresses of Physicians and Hospitals

Please attach additional sheet if you need additional space

**Authorization**

I authorize any person or organization to give Unum subsidiaries or their duly authorized representatives (Unum) any of the following:

- information about any injury or illness I have or I have had, including Acquired Immune Deficiency Syndrome (AIDS), mental illness or drug or alcohol abuse. This authorization excludes disclosure of Human Immunodeficiency Virus (HIV) test results. Such test results shall not be disclosed or published. I understand that nothing in this caveat will prohibit this authorization from including the fact that an applicant has Acquired Immune Deficiency Syndrome (AIDS).
- information about my medical history including any consultations, prescriptions, treatments or benefits.
- copies of all records that may be requested concerning me or my family members, and
- non-medical information about me or my family members.

The term person or organization, which is used above, means a physician or medical practitioner, a hospital, clinic or other medical treatment facility, any insurance or reinsurance company, insurance support or reporting agency, pharmacy, government agency, or employer.

I understand that the information obtained by use of this authorization will be used by Unum to determine eligibility for insurance and eligibility for benefits. Unum will not release any of the obtained information to any other person or organization except reinsuring companies or other persons or organizations performing services in connection with my application or claim.

I understand that this authorization shall be valid for two years from the date shown on the application and that a photographic copy of this authorization shall be as valid as the original. I understand that I have the right to revoke this authorization at any time except to the extent it has been relied on prior to written notice of revocation. I also understand that, if I revoke this authorization, such revocation may be a basis for denying insurance benefits. This authorization may be revoked by sending written notice to: Unum, Attn: Group Medical Underwriting, P.O. Box 9783, Portland ME 04104-5083.

The statements I have made on this application are true to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the group policy for which Evidence of Insurability is required. I have read and understand the Authorization, and I and my authorized representative have a right to receive a copy. I understand that failure to sign this Authorization may impair Unum's ability to process my application or evaluate a claim, and that this may be a basis for denying my application or claim for benefits.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Signature (if 18 or older)

\_\_\_\_\_  
Date