



Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$250,000 to meet your growing needs — with no health questions or exams.

Who can get Term Life coverage?

If you are actively at work at least hours 20 per week, you may apply for coverage for:

You	Denver Health is providing a benefit equal to 1x your annual earnings at no cost to you. You can purchase additional coverage at low group rates! Elect up to \$500,000 in increments on \$10,000. If you previously purchased coverage, you can increase it up to \$250,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Choose from \$10,000 to \$500,000 in \$10,000 increments. Spouse /Domestic Partner election can not exceed 100% of your own election. If you previously purchased coverage for your spouse/ Domestic Partner they can increase their coverage up to \$50,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	You can elect \$10,000 in coverage for your children. The maximum benefit for children live birth to 14 days is \$1,000. Children are covered up to age 26.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to \$500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments.
Your Spouse & Children	Dependents can also be covered for Voluntary AD&D coverage at a percentage of your election. Spouse/Domestic Partner Only: 50% of the employee's AD&D Election Child Only: 15% of the employee's AD&D election Spouse/Domestic Partner & Child: Spouse/DP receives 40% of employee election and child receives 10%

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Worksheet

Calculate your costs

1. Enter the Term Life coverage amount you want.
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your monthly cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Child	\$10,000			= \$1.62
Total cost				

Term Life monthly rate for employee

Age	Per \$10,000 of coverage Cost
< 19	\$0.53
20 - 24	\$0.64
25 - 29	\$0.49
30 - 34	\$0.56
35 - 39	\$0.80
40 - 44	\$1.28
45 - 49	\$2.14
50 - 54	\$3.61
55 - 59	\$6.22
60 - 64	\$7.82
65 - 69	\$11.82
70+	\$22.87

Spouse monthly rate

Per \$10,000 of coverage Cost
\$0.53
\$0.64
\$0.49
\$0.56
\$0.80
\$1.28
\$2.14
\$3.61
\$6.22
\$7.82
\$11.82
\$22.87

Child monthly rate

\$1.62 for \$10,000 of coverage

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your monthly cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____

AD&D monthly rates

	Coverage amount	Rate
Employee	per \$10,000	\$0.24
Employee + Family	per \$10,000	\$0.37

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.



Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:¹

- Cancer
- Back disorders
- Injuries and poison
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Consider your monthly expenses



	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total monthly expenses	\$ _____

What else is included?

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.



¹ Unum internal data, 2015. Note: Causes are listed in ranked order.

Long Term Disability Insurance

How much coverage can I get?

You*	<p>You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.</p> <p>Your employer is providing coverage for 60% of your monthly earnings to a maximum benefit of \$15,000.</p> <p>The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures in the back of this booklet for more information</p>
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! Denver Health includes the cost of the employer-paid coverage in the employees' taxable income, this provides you a tax-free benefit.

Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

Disability worksheet			
Employer Funded Enter your annual earnings and calculate your maximum monthly benefit available.			
\$ _____	÷ 12 = \$ _____	x 60%	= \$ _____
Enter your annual earnings	Your monthly earnings	(Max % of income covered earnings)	Max monthly benefit available (if the amount exceeds the plan max of \$15,000 enter \$15,000)

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability until you meet normal retirement age. At that point, benefits durations will depend on your age at your date of disability.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it 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. Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Automobile liability insurance policy
- No fault motor vehicle plan
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit 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 are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to:

- 65% of the original amount when you reach age 70
- 50% of the original amount when you reach age 75

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

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

Term Life Insurance

Complete this form to enroll. THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Denver Health and Hospitals Authority Inc

Step 1: Complete your personal information

First name (please print) M. initial Last name

Social Security Number Gender Date of birth (mm-dd-yyyy)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary \$ Occupation Hours worked per week

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you've chosen life coverage over the amount of \$250,000 for you, or \$50,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	
Coverage amount	
<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$100,000
<input type="checkbox"/>	\$150,000
<input type="checkbox"/>	\$250,000*

Spouse	
Coverage amount	
<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$50,000*
<input type="checkbox"/>	\$100,000
<input type="checkbox"/>	\$150,000
<input type="checkbox"/>	\$200,000

Child	
Coverage amount	
<input type="checkbox"/>	\$10,000

Want a different amount? \$ _____

\$ _____

AD&D insurance

Employee Only Coverage	
Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.24
<input type="checkbox"/> \$50,000	\$1.20
<input type="checkbox"/> \$100,000	\$2.40
<input type="checkbox"/> \$150,000	\$3.60
<input type="checkbox"/> \$250,000	\$6.00

Employee & Family Coverage	
Coverage amount	Monthly cost
<input type="checkbox"/> Dependent Coverage Please see your benefit summary for details on dependent AD&D coverage offering.	\$0.37 per \$10,000

Want a different amount? \$ _____

DETACH AND RETURN THIS FORM

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

Signature

___ / ___ / ____
Date

No, I do not want coverage under the **Term Life Insurance**.

No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature

___ / ___ / ____
Date

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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