



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 \$150,000 to meet your growing needs — with no health questions or exams.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 24 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlement, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

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 Term Life coverage?

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

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, 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	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

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 to a maximum of 5 times your earnings.
Your Spouse:	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

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.

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How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
(Choose the age you will be when your coverage becomes effective on 01/01/2020. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2020.)
4. Enter your cost.

	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage	Per \$5,000 of coverage	\$0.660 per \$2,000 of coverage
	Cost	Cost	
15 - 24	\$0.640	\$0.130	
25 - 29	\$0.620	\$0.186	
30 - 34	\$0.780	\$0.280	
35 - 39	\$1.090	\$0.436	
40 - 44	\$1.680	\$0.660	
45 - 49	\$2.670	\$1.010	
50 - 54	\$3.970	\$1.496	
55 - 59	\$5.820	\$2.140	
60 - 64	\$7.710	\$2.870	
65 - 69	\$10.840	\$4.176	
70 - 74	\$20.520	\$7.890	
75+	\$63.420	\$24.400	

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 cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.650	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.340	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.064	= \$ _____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000	\$0.650
Spouse	per \$5,000	\$0.340
Child	per \$2,000	\$0.064

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.

Term Life Insurance

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

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Oak Harbor Freight Lines Inc.

Step 1: Complete your personal information

First name (please print) M. initial Last name 617857-001

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

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

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 or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you previously purchased coverage and are now electing an amount over \$150,000 for you or \$25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete Evidence of Insurability. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$150,000 *	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000

Want a different amount? \$ _____ \$ _____

AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.65	<input type="checkbox"/> \$5,000	\$0.34	<input type="checkbox"/> \$2,000	\$0.06
<input type="checkbox"/> \$30,000	\$1.95	<input type="checkbox"/> \$10,000	\$0.68	<input type="checkbox"/> \$4,000	\$0.13
<input type="checkbox"/> \$50,000	\$3.25	<input type="checkbox"/> \$15,000	\$1.02	<input type="checkbox"/> \$6,000	\$0.19
<input type="checkbox"/> \$100,000	\$6.50	<input type="checkbox"/> \$20,000	\$1.36	<input type="checkbox"/> \$8,000	\$0.26
<input type="checkbox"/> \$150,000	\$9.75	<input type="checkbox"/> \$25,000	\$1.70	<input type="checkbox"/> \$10,000	\$0.32

Want a different amount? \$ _____ \$ _____

