You can’t always prevent an accident.
But you can prepare for one.
ACCIDENTS ARE, BY DEFINITION, UNEXPECTED.

Accidents are sudden and untimely, leaving family members without time to put finances in order. In addition to helping to provide protection against financial hardships that can occur when death is the result of an accident, AD&D insurance can also help during a recovery and rehabilitation period if you suffer an accidental dismemberment.

Your employer is offering you the opportunity to purchase UnumProvident’s AD&D insurance. UnumProvident is the leader in income and lifestyle protection. This coverage includes a wide range of features and services including:

- 24-hour, worldwide, on or off the job coverage
- Affordable group rates
- Flexible coverage
- Family coverage for your spouse and eligible dependent children
- Convenient payroll deduction

WHO IS ELIGIBLE FOR COVERAGE?

All active permanent full-time employees working a minimum of 30 hours each week may enroll in this plan. Under the Family spouses and eligible children of participating employees may be insured.

You may also purchase coverage for your spouse and your unmarried dependent child(ren), up to age 19, or up to age 25 if the child is a full-time student.

HOW MUCH COVERAGE IS AVAILABLE?

Plan I – Employee only

Eligible employees may purchase any amount of coverage in multiples of $10,000, subject to a minimum of $10,000 and a maximum of $500,000. Amounts in excess of $150,000 may not exceed ten times your annual salary.

Coverage amounts for employees age 70 or older are reduced. See your Plan Administrator.

Plan II – Employee and Family

Spouse – If no dependent child coverage, 55% of employee coverage amount; if dependent child coverage, 45% of employee amount.

Child – If no spouse coverage, 15% of employee coverage; if spouse coverage, 10% of employee amount.

LOSS MEANS THE FOLLOWING:

- Loss of a hand means that all four fingers are cut off at or above the knuckles joining each to the hand.
- Loss of a foot means that all of the foot is cut off at or above the ankle joint.
- Loss of sight means one of the eyes is totally blind and that no sight can be restored in that eye.
- Loss of thumb and index finger means that all of the thumb and index finger are cut off at or above the joint closest to the wrist.
- Loss of speech means the total and irrecoverable loss of speech.
- Loss of hearing means the total and irrecoverable loss of hearing in both ears.

With regard to paralysis (quadriplegia, paraplegia, hemiplegia), loss must be complete and irreversible as applied to the recovery of the use of such limbs.
ADDITIONAL FEATURES

In addition to the basic AD&D plan, your coverage includes these features:

**Paralysis Benefit** – Depending on the extent of paralysis, you will be paid from one-half to full benefit payment as a result of your accident. For a detailed explanation of benefits available due to paralysis, please refer to the loss schedule identified in this brochure.

**Education Benefit** – In addition to other benefits payable under the policy, an extra benefit of 5% to a maximum of $5,000 will be paid on behalf of any dependent child in order to help provide support for the child’s education beyond 12th grade. Dependent children who qualify for this benefit will receive payments annually to a maximum of 4 years.

**Survivor’s Benefit** - In the event of your death, your eligible insured spouse or dependent will receive a monthly benefit of 3% of your coverage amount for 6 consecutive months.

**Felonious Assault Benefit** - This benefit covers the insured employee for unprovoked felonious assault and all criminal acts of violence, while the insured is engaging in the business of the policyholder, regardless of whether they are on or off the policyholder’s premises. An additional 10% of the AD&D benefit will be paid to a maximum of $10,000.

**Seat Belt and Air Bag** – If death is the result of a car accident in which the insured was wearing a seat belt, and additional 10% of the AD&D benefit to a maximum of $10,000 will be paid. If the car was equipped with an air bag an additional benefit of $5,999 will be paid.

**Common Carrier Benefit** - If an insured employee dies in a covered common carrier accident, the Company will pay to your beneficiary or beneficiaries an additional 100% of the benefit amount you select, up to $100,000. For Principal Sums of $100,000 or more, the benefit is the Principal Sum plus an additional $100,000.

**Exposure and Disappearance Benefit** – Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you.

If your body has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant, then it shall be presumed, subject to all other provisions and conditions of the policy that you suffered loss of life covered under the policy.

HOW MUCH DOES COVERAGE COST?

The cost of benefits has been calculated for you in the following table. Your premiums will be paid through convenient payroll deduction.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Plan I Employee Only</th>
<th>Plan II Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$.35</td>
<td>$.55</td>
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<tr>
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</tr>
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</tr>
<tr>
<td>$500,000</td>
<td>$17.50</td>
<td>$27.50</td>
</tr>
</tbody>
</table>

*Amounts in excess of $150,000 may not exceed ten times your annual earnings.

IS ACCEPTANCE INTO THE PLAN GUARANTEED?

Yes. By completing and sending in your Company’s enrollment form, you will automatically be accepted into the plan without any evidence of insurability required.

HOW TO ENROLL

Once you have determined the coverage amount you wish to purchase for yourself, and your family, simply complete the enrollment form. Be sure to indicate the plan choice and amount of coverage, check the payroll deduction box, sign, and date at
Enrollment Form
UnumProvident Voluntary AD&D

(please print clearly or type)

Employer Name: Policy Number:
Florida State University GSR 15108

Employee Name: (Last Name) (First Name) (MI)

Date of Employment: Date of Birth:
___/___/_______ ___/___/_______

Social Security #: 

Coverage Amount (enter the amount of coverage you want)

Plan Choice: (check one of the plans below)
☐ Plan I - Employee Only
☐ Plan II - Employee and Family

(if you have chosen Employee and Family coverage, please complete)
Spouse Name: (Last Name) (First Name) (MI)

Primary Beneficiary: Relationship: 

Contingent Beneficiary: Relationship: 

☐ Payroll Deduction Authorization:
I authorize my employer to deduct from my earnings any premiums for the insurance I have applied for as shown above.

☐ Waiver of Coverage:
I have been given the opportunity to apply for this insurance, but I do not wish to participate at this time.

Signature: Date: 

Please retain a copy of this for your records.

Underwritten by the following subsidiary of UnumProvident Corporation:
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122
www.unumprovident.com

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BENEFIT EXCLUSIONS

The plan will not pay benefits if the loss is caused by:

- Intentionally self-inflicted injuries while sane, or self-inflicted injury while sane or insane;
- Suicide (Missouri-while sane), or any attempt at suicide;
- War or any act of War, declared or undeclared.
- Service or full-time active duty in the armed forces of any country or international authority;
- Disease of the body, bodily or mental infirmity, or any bacterial infection other than bacterial infection due directly to an accidental cut or wound;
- Active participation in a riot;
- Voluntary use of any controlled substance by the Insured or Insured dependents;
- Attempt to commit or commission of a crime under state or federal law;
- Operating, learning to operate, or service as a member of a crew of an Aircraft; or while in any Aircraft operated by or under any military authority; or while in any aircraft being used for a test or experimental purpose; or owned or leased by or on behalf of the Policyholder or any division, subsidiary or affiliate of the Policyholder or by the insured (and members of his/her family); except-transport type aircraft operated by the Military Airlift Command of the U.S. or similar air transport service of any other country.
- Insured's or Insured's dependent's voluntary ingestion of percentage of alcohol in the blood which raises a presumption that the insured or the dependent was [driving any vehicle used for transportation while] under the influence of alcohol, as governed by the state laws in which the accident occurred.

TERMINATION

Coverage ends on the next premium due date after the earliest of the following dates. The date:

- The policy is cancelled
- You are no longer in an eligible group
- You are no longer in active employment
- Premium is not paid
- You turn age 70
- Of your death

UnumProvident represents multiple insuring subsidiaries of UnumProvident Corporation, including the #1 group and individual income protection carriers in the U.S. according to the LIMRA 2001 Issues & In-force Surveys, 2002 and the JHA U.S. 2001 Group Disability Market Survey, 2002.

Please keep this brochure as a summary of your coverage. The policy or its provisions may vary or be unavailable in some states.

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