



BENEFICIARY DESIGNATION FORM
GROUP LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT

Unum Life Insurance Company of America
First Unum Life Insurance Company
Unum Insurance Company

Provident Life and Accident Insurance Company
Provident Life and Casualty Insurance Company
The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information

Name (Last Name, Suffix, First Name, MI)

Social Security Number

Policy Number(s)

118668

Division Number(s)

038

Employer Name

BOCES Teachers' Association
Benefits TRUST FUND (MISUT)

Check the coverages listed below to which this beneficiary designation applies:

Basic Life Basic AD&D Supp Life
 Supp AD&D AD&D All

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

1. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

2. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

3. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

Social Security Number: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all beneficiaries)

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

* Only First Unum Life Insurance Company, Provident Life and Casualty Insurance Company and The Paul Revere Life Insurance Company are admitted in and conduct business in New York.



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SECTION 3: Contingent Beneficiary (ies)

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

1. Name: _____ Relationship: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)

2. Name: _____ Relationship: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)

3. Name: _____ Relationship: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Telephone: _____
 Social Security Number: _____
 Email address: _____
 Percentage: _____ (Total must equal 100% between all beneficiaries)

Fraud Warning: For your protection, Arizona law requires the following to appear on this claim form:
 Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning: For your protection, New York law requires the following to appear on this claim form:
 Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SECTION 4: Signature

The above statements are true and complete to the best of my knowledge and belief.

X _____
 Employee Signature Date

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Important Information About Designation of Beneficiaries

Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Basic AD&D** is Accidental Death & Dismemberment insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **Supplemental AD&D** is Accidental Death & Dismemberment insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



**Southern Westchester BOCES Teachers Association Benefit Trust
Policy # 118668-038**

Please read carefully the following description of your Unum Term Life and AD&D insurance plan.

Your Plan

Eligibility

All members working at least 17.5 hours each week in active employment in the U.S. with the employer.

New Hire Waiting Period

Your coverage is effective on your date of hire.

Plan Premiums

Paid by Southern Westchester BOCES Teachers Association Benefit Trust

Coverage Amounts

Your Term Life and AD&D coverage is \$25,000.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye

Other losses may be covered as well. Please see your Plan Administrator.

Life and Ad&d coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
70	65% of original amount
75	50% of original amount

Coverage may not be increased after a reduction.

Additional Benefits

**Life Planning Financial &
Legal Resources Service**

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill members at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master.level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Portability/Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. You may be able to convert your Term life coverage to an individual life insurance policy.

Term Life Insurance and AD&D Coverage Highlights (Continued)

Worldwide Emergency Travel Assistance Services

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

Accelerated Benefit

If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to \$750,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies).

Waiver of Premium

If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name. He or she can then write a check for the full amount or for \$250 or more, as needed.

Additional AD&D Benefits

Seat Belt/Air Bag Benefit: If you or your insured dependent(s) die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an air bag, an amount will be paid in addition to the AD&D benefit.

Limitations/Exclusions/ Termination of Coverage

AD&D Benefit Exclusions

AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
 - Suicide and intentionally self-inflicted injury;
 - War, declared or undeclared, or any act of war;
 - Active participation in a riot;
 - Participation in a felony
 - Drug addiction.
-

Term Life Insurance and AD&D Coverage Highlights (Continued)

Termination of Coverage

Your coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Delayed Effective Date of Coverage

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

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. 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. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Life Planning is provided by Ceridian Incorporated. The services are subject to availability and may be withdrawn by Unum without prior notice.

All worldwide 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.

Underwritten by:

First Unum Life Insurance Company, 99 Park Avenue, 6th Floor, New York, NY 10016, www.unum.com

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