



**Group Life and AD&D Insurance**  
**For Capgemini**  
**Group Number 226298**

**Coverage Highlights**  
*(see accompanying brochure for additional detailed information)*

**Standard Features**

<b>Life Benefit Amount</b>	<p>Employee:          You are eligible to apply for up to <b>5</b> times your annual earnings, in increments of \$10,000. Your benefit will be rounded up to the next \$10,000, not to exceed <b>\$750,000</b>.</p> <p>Eligible Spouse:          Your spouse is eligible for up to <b>100%</b> of your life benefit amount, in increments of \$5,000, not to exceed <b>\$50,000</b>.</p> <p>Eligible Children:          Your children are eligible for up to <b>100%</b> of your life benefit amount, in increments of \$2,500, not to exceed <b>\$10,000</b>.</p>																								
<b>AD&amp;D Benefit Amount</b>	<p>Your AD&amp;D benefit is 5 times your annual earnings, in increments of \$10,000. Your benefit will be rounded up to the next \$10,000, not to exceed \$500,000</p> <p>AD&amp;D Benefit Schedule:          If Unum approves the claim, Unum will determine the payment according to the Covered Losses and Benefits List below. The benefit Unum will pay is listed opposite the corresponding covered loss.</p> <p>The benefit will be paid only if an <b>accidental bodily injury</b> results in one or more of the covered losses listed below within 365 days from the date of the accident.</p> <p>Also, the accident must occur while <b>you</b> are insured under the plan.</p> <p>The most Unum will pay for any combination of Covered Losses from any one accident is the full amount.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Covered Losses .....</th> <th style="text-align: left;">Benefit Amounts</th> </tr> </thead> <tbody> <tr> <td>Life .....</td> <td>The Full Amount</td> </tr> <tr> <td>Both Hands, Both Feet or Sight of Both Eyes .....</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand and One Foot.....</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand and Sight of One Eye .....</td> <td>The Full Amount</td> </tr> <tr> <td>One Foot and Sight of One Eye .....</td> <td>The Full Amount</td> </tr> <tr> <td>Speech and Hearing .....</td> <td>The Full Amount</td> </tr> <tr> <td>One Hand or One Foot .....</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Sight of One Eye .....</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Speech or Hearing.....</td> <td>One Half The Full Amount</td> </tr> <tr> <td>Thumb and Index Finger of Same Hand .....</td> <td>One Quarter The Full Amount</td> </tr> <tr> <td>Coma Benefit.....</td> <td>1% of AD&amp;D benefit up to 100 months</td> </tr> </tbody> </table>	Covered Losses .....	Benefit Amounts	Life .....	The Full Amount	Both Hands, Both Feet or Sight of Both Eyes .....	The Full Amount	One Hand and One Foot.....	The Full Amount	One Hand and Sight of One Eye .....	The Full Amount	One Foot and Sight of One Eye .....	The Full Amount	Speech and Hearing .....	The Full Amount	One Hand or One Foot .....	One Half The Full Amount	Sight of One Eye .....	One Half The Full Amount	Speech or Hearing.....	One Half The Full Amount	Thumb and Index Finger of Same Hand .....	One Quarter The Full Amount	Coma Benefit.....	1% of AD&D benefit up to 100 months
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<b>Reduction of Benefits</b>	<p>Coverage amount(s) for employee and spouse will reduce according to the following schedule:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Employee Age: .....</th> <th style="text-align: left;">Insurance amount reduces to:</th> </tr> </thead> <tbody> <tr> <td><b>65</b> .....</td> <td>65% of original amount</td> </tr> <tr> <td><b>70</b> .....</td> <td>35% of original amount</td> </tr> </tbody> </table>	Employee Age: .....	Insurance amount reduces to:	<b>65</b> .....	65% of original amount	<b>70</b> .....	35% of original amount																		
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	<p><b>75</b>..... 25% of original amount  <b>80</b>..... 15% of original amount</p> <p>Coverage may not be increased after a reduction.</p>																																																													
<b>Underwritten Coverage</b>	<p>If you are applying for more than <b>\$200,000</b> or your spouse is applying for more than <b>\$25,000</b>, you and/or your spouse must complete Tier I <b>and</b> Tier II Medical Profile questions.</p> <p>If you apply more than 31 days after your eligibility date you must complete both Tier I <b>and</b> Tier II Medical Profile questions.</p>																																																													
<b>Rates</b>	<p>Rates shown are monthly rates.</p> <p><b>Insurance Age:</b> Your rate is based your actual age as of the effective date of the group policy or effective date of coverage. Your rate will increase as you age and move to the next age band.</p> <p><b>Life Coverage Rates</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Age Band</th> <th style="width: 25%;">Employee per \$1,000</th> <th style="width: 25%;">Spouse per \$1,000</th> <th style="width: 25%;">Child per \$2,500</th> </tr> </thead> <tbody> <tr><td>&lt;24</td><td>\$ .10</td><td>\$ .08</td><td>\$ .25</td></tr> <tr><td>25-29</td><td>\$ .10</td><td>\$ .08</td><td></td></tr> <tr><td>30-34</td><td>\$ .10</td><td>\$ .08</td><td></td></tr> <tr><td>35-39</td><td>\$ .14</td><td>\$ .11</td><td></td></tr> <tr><td>40-44</td><td>\$ .22</td><td>\$ .18</td><td></td></tr> <tr><td>45-49</td><td>\$ .34</td><td>\$ .30</td><td></td></tr> <tr><td>50-54</td><td>\$ .54</td><td>\$ .50</td><td></td></tr> <tr><td>55-59</td><td>\$ .82</td><td>\$ .78</td><td></td></tr> <tr><td>60-64</td><td>\$ 1.08</td><td>\$ 1.22</td><td></td></tr> <tr><td>65-69</td><td>\$ 1.08</td><td>\$ 2.108</td><td></td></tr> <tr><td>70-74</td><td>\$ 1.08</td><td>\$ 2.108</td><td></td></tr> <tr><td>75+</td><td>\$ 1.08</td><td>\$ 2.108</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.</p> <p><b>AD&amp;D Coverage Rates</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">AD&amp;D Cost Per:</th> <th style="width: 20%;">Monthly Rate</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$1,000</td> <td>\$.04</td> </tr> </tbody> </table> <p><b>Note to Applicants:</b> The benefits to be provided under this policy are part of a plan sponsored by your Employer. That plan may provide a number of different benefits or coverages in addition to this one. While you may be required to contribute towards the coverages provided through the plan, your Employer is responsible for paying any difference between the total cost of the plan's benefits and the contributions paid by you and other employees. The total amount you and your Employer are required to contribute may be lower as a result of discounts offered by Unum based on the plan's purchase of multiple Unum coverages which have helped your Employer to provide you with a broader variety of benefit choices.</p>				Age Band	Employee per \$1,000	Spouse per \$1,000	Child per \$2,500	<24	\$ .10	\$ .08	\$ .25	25-29	\$ .10	\$ .08		30-34	\$ .10	\$ .08		35-39	\$ .14	\$ .11		40-44	\$ .22	\$ .18		45-49	\$ .34	\$ .30		50-54	\$ .54	\$ .50		55-59	\$ .82	\$ .78		60-64	\$ 1.08	\$ 1.22		65-69	\$ 1.08	\$ 2.108		70-74	\$ 1.08	\$ 2.108		75+	\$ 1.08	\$ 2.108			AD&D Cost Per:	Monthly Rate	Employee:	\$1,000	\$.04
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	Employee	\$ _____	÷ \$10,000	x \$ _____	=\$ _____
	Spouse	\$ _____	÷ \$ 5,000	x \$ _____	=\$ _____
	Children	\$ _____	÷ \$ 2,500	x \$ _____	=\$ _____
	Total				= \$ _____
To determine the cost per paycheck, multiply the total monthly cost by 12 and then divide by the number of pay periods per year.					
<b>AD&amp;D Calculation Worksheet</b>	To calculate your cost, complete the following by selecting your coverage amount and rate.				
		<b>Coverage Amount</b>	<b>Increment</b>	<b>Rate</b>	<b>Monthly Cost</b>
	Employee	\$ _____	÷ \$1,000	x \$ _____	=\$ _____
	Total				= \$ _____
	To determine the cost per paycheck, multiply the total monthly cost by 12 and then divide by the number of pay periods per year.				

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.

*Underwritten by:*

**Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)**  
**First Unum Life Insurance Company 99 Park Avenue, 6th Floor, New York, NY 10016, [www.unum.com](http://www.unum.com)**

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