



**GROUP INSURANCE  
SUMMARY OF BENEFITS  
NON-PARTICIPATING**

**IDENTIFICATION NUMBER:**

**EFFECTIVE DATE OF  
COVERAGE:**

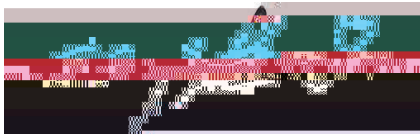
**ANNIVERSARY DATE:**

**GOVERNING JURISDICTION:**

**Unum Life Insurance Company of America  
insures the lives of**

**University of Toledo**

**under the  
Select Group Insurance Trust  
Policy No. 292000**



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# **BENEFITS AT A GLANCE**

## **LIFE INSURANCE PLAN**

**EMPLOYER'S ORIGINAL PLAN  
EFFECTIVE DATE:**

**IDENTIFICATION  
NUMBER:**

**ELIGIBLE GROUP(S):**

**MINIMUM HOURS REQUIREMENT:**

**Groups 1, 2 and 3**

**Groups 4, 5, 6, 7, 8, 9 and 10**

**WAITING PERIOD:**

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**WHO PAYS FOR THE COVERAGE:**

**For You:**

**For Your Dependents:**

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**ELIMINATION PERIOD:**

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**LIFE INSURANCE BENEFIT:**

**AMOUNT OF LIFE INSURANCE FOR YOU**

**Group 1**

**Groups 2 and 3**

**Group 4**

**Group 5**

**Group 6**

**Group 7**

**Group 8**

**Group 9**

**Group 10**

**Group 11**

**Groups 1, 2 and 3**

**Groups 4, 5, 6, 7, 8, 9 and 10**

**AMOUNT OF LIFE INSURANCE FOR YOUR DEPENDENTS**

**Dependent:**

**Groups 1, 2 and 3**  
**Spouse**  
*Option A*

**Child(ren)**

Option B

Spouse 16184.76  
14-day



**Groups 4, 5, 6, 7, 8, 9 and 10**

**WAITING PERIOD:**

**WHO PAYS FOR THE COVERAGE:**

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:**

**AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU**

**REPATRIATION BENEFIT FOR YOU**

**SEATBELT(S) AND AIR BAG BENEFIT FOR YOU**

**EDUCATION BENEFIT**

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**SPOUSE TRAINING BENEFIT**

**EXPOSURE AND DISAPPEARANCE BENEFIT FOR YOU**

**CHILD CARE BENEFIT**

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**SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.**

**OTHER FEATURES:**

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**

## **CLAIM INFORMATION**

### **LIFE INSURANCE**

***WHEN DO YOU OR YOUR AUTHORIZED REPRESENTATIVE NOTIFY UNUM OF A CLAIM?***

***HOW DO YOU FILE A CLAIM FOR A DISABILITY?***

***WHAT INFORMATION IS NEEDED AS PROOF OF YOUR CLAIM?***

**regular care      physician**

**hospital or institution**

***WHEN CAN UNUM REQUEST AN AUTOPSY?***

***HOW DO YOU DESIGNATE OR CHANGE A BENEFICIARY? (Beneficiary Designation)***

***HOW WILL UNUM MAKE PAYMENTS?***

**retained asset account**

***WHAT HAPPENS IF UNUM OVERPAYS YOUR CLAIM?***

***WHAT ARE YOUR ASSIGNABILITY RIGHTS FOR THE DEATH BENEFITS UNDER YOUR LIFE INSURANCE? (Assignability Rights)***



## **CLAIM INFORMATION**

### **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

***WHEN DO YOU OR YOUR AUTHORIZED REPRESENTATIVE NOTIFY UNUM OF A CLAIM?***





***WHAT HAPPENS IF UNUM OVERPAYS YOUR CLAIM?***

***WHAT ARE YOUR ASSIGNABILITY RIGHTS FOR THE DEATH BENEFITS UNDER YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFITS?  
(Assignability Rights)***

## **EMPLOYER PROVISIONS**

***WHAT DOES THIS SUMMARY OF BENEFITS CONSIST OF FOR THE EMPLOYER?***

***WHAT IS THE COST OF THIS INSURANCE?***

### **LIFE INSURANCE**

*required*

**plan**

### ***PREMIUM WAIVER***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**plan**

**Employer**

***WHEN ARE INCREASES OR DECREASES IN PREMIUM DUE?***

***WHAT INFORMATION DOES UNUM REQUIRE FROM THE EMPLOYER?***

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***WHO CAN CANCEL OR MODIFY THIS SUMMARY OF BENEFITS OR A PLAN UNDER THIS SUMMARY OF BENEFITS?***



***DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDE:***

*FOR LIFE INSURANCE:*

*FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:*

## CERTIFICATE SECTION

## **GENERAL PROVISIONS**

### ***WHAT IS THE CERTIFICATE OF COVERAGE?***

### ***WHEN ARE YOU ELIGIBLE FOR COVERAGE?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**waiting period**

**Group 11**

### ***WHEN DOES YOUR COVERAGE BEGIN?***

### ***WHAT IF YOU ARE ABSENT FROM WORK ON THE DATE YOUR COVERAGE WOULD NORMALLY BEGIN?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**active employment**

### ***ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU ARE NOT WORKING DUE TO INJURY OR SICKNESS?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

### ***ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU ARE TEMPORARILY NOT WORKING?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10  
layoff**

**leave of absence**

***WHEN WILL CHANGES TO YOUR COVERAGE TAKE EFFECT?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**



***WHEN ARE YOUR DEPENDENTS ELIGIBLE FOR LIFE COVERAGE?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

***WHAT DEPENDENTS ARE ELIGIBLE FOR LIFE COVERAGE?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**



***WHEN DOES YOUR DEPENDENT'S LIFE COVERAGE END?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

***WILL LIFE COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE 24 OR OVER?***

**Groups 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10**

***WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?***

***HOW CAN STATEMENTS MADE IN YOUR APPLICATION FOR THIS COVERAGE BE USED?***

***HOW WILL UNUM HANDLE INSURANCE FRAUD?***

***DOES THE SUMMARY OF BENEFITS REPLACE OR AFFECT ANY WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE?***

***DOES YOUR EMPLOYER ACT AS YOUR AGENT OR UNUM'S AGENT?***

**LIFE INSURANCE  
BENEFIT INFORMATION**

***WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT?***

***WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF DEATH?***

***HOW MUCH WILL UNUM PAY YOU IF UNUM APPROVES YOUR DEPENDENT'S DEATH CLAIM?***

**"BENEFITS AT A GLANCE"**

***HOW MUCH WILL UNUM PAY YOUR BENEFICIARY IF UNUM APPROVES YOUR DEATH CLAIM?***

**"BENEFITS AT A GLANCE"**

***WHEN WILL YOUR LIFE INSURANCE PREMIUM WAIVER BEGIN?***

***APPLYING FOR LIFE INSURANCE PREMIUM WAIVER***

***WHAT INSURANCE IS AVAILABLE WHILE YOU ARE SATISFYING THE  
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***WHAT INSURANCE IS AVAILABLE WHEN COVERAGE ENDS? (Conversion  
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***WHAT LIMITED CONVERSION IS AVAILABLE IF THE SUMMARY OF BENEFITS OR THE PLAN IS CANCELLED? (Conversion Privilege)***

***PREMIUMS***

***DEATH DURING THE THIRTY-ONE DAY CONVERSION APPLICATION PERIOD***

***APPLYING FOR CONVERSION***



**WILL UNUM ACCELERATE YOUR OR YOUR DEPENDENT'S DEATH BENEFIT FOR THE PLAN IF YOU OR YOUR DEPENDENT BECOMES TERMINALLY ILL?  
(Accelerated Benefit)**

***WHAT LOSSES ARE NOT COVERED UNDER YOUR PLAN?***

## **LIFE INSURANCE**

### **OTHER BENEFIT FEATURES**

***WHAT COVERAGE IS AVAILABLE IF YOU END EMPLOYMENT OR YOU WORK REDUCED HOURS? (Portabilit)***

***PORTABLE INSURANCE COVERAGE AND AMOUNTS AVAILABLE***

***APPLYING FOR PORTABLE COVERAGE***

**injury    sickness**

***APPLYING FOR INCREASES OR DECREASES IN PORTABLE COVERAGE***

**"BENEFITS AT A GLANCE"**

***ADDING PORTABLE COVERAGE FOR DEPENDENTS***

***WHEN PORTABLE COVERAGE ENDS***

***PREMIUM RATE CHANGES FOR PORTABLE COVERAGE***

***APPLYING FOR CONVERSION, IF PORTABLE COVERAGE ENDS OR IS NOT AVAILABLE***

# **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

## **BENEFIT INFORMATION**

***WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT IN THE EVENT OF YOUR DEATH IF YOUR DEATH IS THE DIRECT RESULT OF AN ACCIDENT?***

***WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF ACCIDENTAL DEATH?***

***WHEN WILL YOU RECEIVE PAYMENT IN THE EVENT OF CERTAIN OTHER COVERED LOSSES IF THE LOSS IS THE DIRECT RESULT OF AN ACCIDENT?***

***HOW MUCH WILL UNUM PAY YOUR BENEFICIARY IN THE EVENT OF YOUR ACCIDENTAL DEATH OR YOU FOR CERTAIN OTHER COVERED LOSSES?***

**accidental bodily injury**







**qualified child**

**"BENEFITS AT A GLANCE"**

***WHEN WILL THE EDUCATION BENEFIT END FOR EACH QUALIFIED CHILD?***

***WHAT SPOUSE TRAINING BENEFIT WILL UNUM PROVIDE FOR YOUR SPOUSE?***

**GLANCE"**

**"BENEFITS AT A**

***WHAT COVERAGE FOR EXPOSURE AND DISAPPEARANCE BENEFIT WILL UNUM PROVIDE?***

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**"BENEFITS AT A GLANCE"**

***WHEN WILL THE CHILD CARE BENEFIT END FOR EACH QUALIFIED CHILD?***

***WHAT ACCIDENTAL LOSSES ARE NOT COVERED UNDER YOUR PLAN?***

**intoxicated**

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

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**injury    sickness**

***APPLYING FOR INCREASES OR DECREASES IN PORTABLE COVERAGE***

**GLANCE"**

**"BENEFITS AT A**

***WHEN PORTABLE COVERAGE ENDS***

***PREMIUM RATE CHANGES FOR PORTABLE COVERAGE***



**HOSPITAL OR INSTITUTION**

**INJURY**

**for purposes of Portability**

**for all other purposes**

**INSURED**

**INTOXICATED**

**LAYOFF LEAVE OF ABSENCE**

**LIFE INSURANCE BENEFIT**

**LOSS OF A FOOT**

**LOSS OF A HAND**

**LOSS OF HEARING**

**LOSS OF SIGHT**

**LOSS OF SPEECH**

**LOSS OF THUMB AND INDEX FINGER**

**PARAPLEGIA**

**PAYABLE CLAIM**

**PHYSICIAN**





**SICKNESS**

**for purposes of Portability**

**for all other purposes**

**TOTALLY DISABLED**

**TRIPLEGIA**

**TRUST**

**UNIPLEGIA**

**WAITING PERIOD**

**WE US      OUR**

**YOU**

## **GROUP LIFE**

**THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE  
REQUIRED BY CERTAIN STATES. PLEASE READ CAREFULLY.**

For residents of Illinois:

**WHAT LOSSES ARE NOT COVERED UNDER YOUR PLAN?  
LIFE INSURANCE BENEFIT INFORMATION**

**WHAT ACCIDENTAL LOSSES ARE NOT COVERED UNDER YOUR PLAN?  
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
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For residents of Louisiana:

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For residents of Minnesota:

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**PROVISIONS**

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For residents of Montana:

**WHAT LIMITED CONVERSION IS AVAILABLE IF THE POLICY OR THE PLAN IS CANCELLED? (Conversion Privilege)**  
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For residents of New Hampshire:

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**LIFE INSURANCE BENEFIT INFORMATION**

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For residents of New York:

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**INSURANCE OTHER BENEFIT FEATURES**

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**For residents of North Dakota:**

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***For***

**For residents of South Carolina:**

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***WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?***  
**GENERAL PROVISIONS**



**Additional Claim and Appeal Information  
Relative to the Summary of Benefits issued by  
Unum Life Insurance Company of America ("Unum")**

**APPLICABILITY OF ERISA**



**If a claim is based on your disability**

## **APPEAL PROCEDURES**

**If an appeal is based on death, a covered loss not based on disability or for the Education Benefit**

**If an appeal is based on your disability**



**Addendum to the "Additional Summary Plan Description Information"  
included with your certificate of coverage or summary of benefits  
and effective for claims filed on or after April 1, 2018.**

## **Our Commitment to Privacy**



**NOTICE CONCERNING COVERAGE LIMITATIONS AND**

## EXCLUSIONS FROM COVERAGE

not



**For more information about the Ohio Life & Health Insurance Guaranty Association, visit our website at: [olhiga.org](http://olhiga.org).**