



Group Plans

Your Group Life Plan

Gateway Church
Embassy City Church
Living Way Ministries
The Table Church
Gateway Church Houston

CERTIFICATE OF COVERAGE

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your certificate of coverage as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum's claims paying office. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of the certificate of coverage (issued to you) are different from the Summary of Benefits (issued to the Employer), the Summary of Benefits will govern. The Summary of Benefits may be changed in whole or in part. Only an officer or registrar of Unum can approve a change. The approval must be in writing and endorsed on or attached to the Summary of Benefits. Any other person, including an agent, may not change the Summary of Benefits or waive any part of it.

The Summary of Benefits is delivered in and is governed by the laws of the governing jurisdiction.

For purposes of effective dates and ending dates under the group Summary of Benefits, all days begin at 12:01 a.m. and end at 12:00 midnight at the Employer's address.

Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

The insurance Summary of Benefits under which this certificate is issued is not a policy of Workers' Compensation Insurance. You should consult your Employer to determine whether your Employer is a subscriber to the Workers' Compensation system.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Unum Life Insurance Company of America's toll-free telephone number for information or to make a complaint at:

1-800-321-3889

You may contact the Texas Department of Insurance to obtain information on companies, rights, coverages, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007

Web: www.tdi.texas.gov

E-mail: Consumer.Protection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para presentar una queja:

Usted puede llamar al numero de telefono gratuito de Unum Life Insurance Company of America para obtener informacion o para presentar una queja al:

1-800-321-3889

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener informacion sobre companies, coberturas, derechos o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007

Sitio Web: www.tdi.texas.gov

E-mail: Consumer.Protection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro con una reclamacion, usted debe comunicarse con la Compania primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU CERTIFICADO DE BENEFICIOS:

Este aviso es solamente para propositos informativos y no se convierte en parte o en condicion del documento adjunto.

(10/17)

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BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

GUIDESTONE FINANCIAL RESOURCES OF THE SOUTHERN BAPTIST CONVENTION'S ORIGINAL PLAN EFFECTIVE DATE:

January 1, 2001

EMPLOYER'S

PLAN EFFECTIVE DATE:

January 1, 2007

PLAN YEAR:

January 1, 2007 to January 1, 2008 and each following January 1 to January 1

IDENTIFICATION

NUMBER:

552580 701 (Group Plans)

ELIGIBLE CLASS(ES):

Class 1

Tier one employees of Gateway Church, Embassy City Church, Living Way Ministries, The Table Church, and Gateway Church Houston

Class 2

Tier two employees of Gateway Church, Embassy City Church, Living Way Ministries, The Table Church, and Gateway Church Houston

Class 3

Surviving Dependents previously covered as dependents of a participating employee and Dependents of totally disabled employees

Class 4

Totally disabled employees of Gateway Church, Embassy City Church, Living Way Ministries, The Table Church, or Gateway Church Houston, age 70 or over as of January 1 of the applicable plan year, who became disabled on or after January 1, 1999, who elect to continue their life insurance, provided that their former Employer is still participating in the plan

For totally disabled Class 4 employees, certain terms and conditions in this life insurance plan are affected as follows:

- references to "active employment" will not apply
- references to "minimum hours requirement" will not apply
- premium must be paid

For Class 1 and Class 2, certain terms and conditions apply if you are working outside of the United States:

- Subject to the terms and conditions in this life insurance plan, Unum will continue life insurance coverage for all active full-time employees working outside the United States who are earning wages from an Employer who had elected to participate in the Group Life plan made available by or through GuideStone Financial Resources of the Southern Baptist Convention prior to January 1, 2008.
- Subject to the terms and conditions in this life insurance plan, Unum will continue life insurance coverage for all active full-time employees working outside the United States who are earning wages from an Employer who had elected to participate in the Group Life plan made available

by or through GuideStone Financial Resources of the Southern Baptist Convention on or after January 1, 2008, excluding employees working in Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, and Yemen. Coverage will not be extended in these locations.

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible class on or before January 1, 2007: None

For employees entering an eligible class after January 1, 2007: First of the month following the date you enter an eligible class

REHIRE:

If your employment ends and you are rehired within 1 year, your previous work while in an eligible class will apply toward the waiting period. All other Summary of Benefits' provisions apply.

WHO PAYS FOR THE COVERAGE:

For You:

Basic Benefit:

Your Employer pays the cost of your coverage.

Additional Benefit:

You pay the cost of your coverage.

For Your Dependents:

You pay the cost of your dependent coverage.

LIFE INSURANCE BENEFIT:

AMOUNT OF LIFE INSURANCE FOR YOU

BASIC BENEFIT

Class 1

1 x annual earnings to a maximum of \$250,000

Class 2

1 x annual earnings to a maximum of \$100,000

All amounts are rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof.

ADDITIONAL BENEFITS:

The amount of life insurance for you will be determined by you, your Employer or both from the options described below:

- (1) A flat amount in increments of \$5,000, starting from \$10,000 up to \$50,000;
- (2) \$100,000; or
- (3) An amount based on a multiple of annual earnings from 1x to 8x, rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof.

AMOUNT OF LIFE INSURANCE AVAILABLE FOR EMPLOYEES WORKING OUTSIDE THE UNITED STATES

If you are working outside of the United States, your total amount of Basic and Additional life insurance will be limited to the lesser of:

- the amount of life insurance you have been approved for in accordance with the classes above; or
- \$600,000.

AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

On January 1st, on or following your 65th birthday, your total amount of life insurance will reduce to the greater of:

- 65% of your amount of life insurance in force, rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof; or
- \$20,000.

If your total amount of life insurance is less than \$20,000, your amount will not reduce.

EVIDENCE OF INSURABILITY IS REQUIRED FOR THE AMOUNT OF YOUR INSURANCE OVER:

- any Additional Benefit amounts exceeding \$50,000.

OVERALL MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOU (BASIC AND ADDITIONAL BENEFITS COMBINED):

\$750,000

AMOUNT OF LIFE INSURANCE FOR YOUR DEPENDENTS

Spouse:

BASIC BENEFIT

\$10,000

ADDITIONAL BENEFIT

Amounts in \$5,000 benefit units as applied for by you and approved by Unum.

EVIDENCE OF INSURABILITY IS REQUIRED FOR THE AMOUNT OF YOUR SPOUSE'S INSURANCE OVER:

- any amount applied for over your Dependent Spouse's Basic life insurance amount.

MAXIMUM BENEFIT OF LIFE INSURANCE FOR YOUR SPOUSE:

\$250,000

THE AMOUNT OF LIFE INSURANCE FOR A DEPENDENT SPOUSE WILL NOT BE MORE THAN 50% OF YOUR AMOUNT OF LIFE INSURANCE. IN NO EVENT WILL YOUR DEPENDENT AMOUNT REDUCE TO LESS THAN \$5,000.

Children:

Live birth through the end of the month
in which the child reaches age 26: \$10,000

Surviving Dependents previously covered as dependents of a participating employee:

Spouse

Your spouse's amount of life insurance is the amount of life insurance your spouse had inforce just prior to your date of death. Your spouse can elect less coverage in multiples of \$5,000. Once your spouse makes this election, your spouse's amount may not be increased. On the January 1st following your spouse's 65th birthday, your spouse's amount of life insurance will reduce to the lesser of:

- the amount of life insurance your spouse has inforce; or
- \$ 10,000.

Child

Your child's amount of life insurance is the amount of life insurance your child had inforce just prior to your date of death.

Dependents of totally disabled employees:

Spouse

Your spouse's amount of life insurance is the amount of life insurance your spouse had inforce on the date of your disability. On the January 1st following your 65th birthday, your spouse's amount of life insurance will reduce to 50% of your reduced amount of life insurance. In no event will your spouse's amount of life insurance reduce to less than \$5,000.

Child

Your child's amount of life insurance is the amount of life insurance your child had inforce on the date of your disability.

OTHER FEATURES:

Accelerated Benefit

Conversion

Portability

NOTE: Portability under this plan is available to an insured spouse in the event of divorce from an insured employee, subject to all terms and conditions otherwise applicable to ported spouse coverage.

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?

We encourage you or your authorized representative to notify us as soon as possible, so that a claim decision can be made in a timely manner.

If a claim is based on death, written notice and proof of claim must be sent no later than 90 days after the date of death.

If it is not possible to give proof within this time limit, it must be given no later than 1 year after the proof is required as specified above. These time limits will not apply during any period you or your authorized representative lacks the legal capacity to give us proof of claim.

The claim form is available from your Employer, or you or your authorized representative can request a claim form from us. If you or your authorized representative does not receive the form from Unum within 15 days of the request, send Unum written proof of claim without waiting for the form.

WHAT INFORMATION IS NEEDED AS PROOF OF YOUR CLAIM?

Proof of claim, provided at your or your authorized representative's expense, must show the cause of death. Also a certified copy of the death certificate must be given to us.

In some cases, you will be required to give Unum authorization to obtain additional medical and non-medical information as part of your proof of claim. Unum will deny your claim if the appropriate information is not submitted.

WHEN CAN UNUM REQUEST AN AUTOPSY?

In the case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

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

At the time you become insured, you should name a beneficiary on your enrollment form for your death benefits under your life insurance. You may change your beneficiary at any time by filing a form approved by Unum with GuideStone Financial Resources of the Southern Baptist Convention through your Employer. The new beneficiary designation will be effective as of the date you sign that form. However, if we have taken any action or made any payment before your Employer receives that form, that change will not go into effect.

It is important that you name a beneficiary and keep your designation current. If more than one beneficiary is named and you do not designate their order or share of payments, the beneficiaries will share equally. The share of a beneficiary who dies before you, or the share of a beneficiary who is disqualified, will pass to any surviving beneficiaries in the order you designated.

If you do not name a beneficiary, or if all named beneficiaries do not survive you, or if your named beneficiary is disqualified, your death benefit will be paid to your estate.

Instead of making a death payment to your estate, Unum has the right to make payment to the first surviving family members of the family members in the order listed below:

- spouse;
- child or children;
- mother or father; or
- sisters or brothers.

If we are to make payments to a beneficiary who lacks the legal capacity to give us a release, Unum may pay up to \$2,000 to the person or institution that appears to have assumed the custody and main support of the beneficiary. Also, at Unum's option, we may pay up to \$1,000 to the person or persons who, in our opinion, have incurred expenses for your last sickness and death. These payments made in good faith satisfy Unum's legal duty to the extent of any such payments and reduces the remaining benefit payable by Unum.

If your spouse or your child dies while covered by dependent life insurance under this plan, benefits will be payable to you.

In addition, if you do not survive your spouse, and dependent life coverage is continued, then your surviving spouse should name a beneficiary according to the requirements specified above for you.

HOW WILL UNUM MAKE PAYMENTS?

If your or your dependent's life claim is at least \$10,000, and you or your beneficiary meet GuideStone's eligibility requirements for investment accounts, you or your beneficiary may elect to have Unum make payment by making the funds available to an **investment account** through GuideStone Funds in the name of the beneficiary. Unum only guarantees that the funds will be paid to the investment account but does not manage or guarantee the investment performance of the account. The funds in the investment account may be accessed by writing a check in a single sum or checks in smaller sums.

If:

- the life claim is less than \$10,000, or
- you or your beneficiary do not meet GuideStone's eligibility requirements for investment accounts, or
- you or your beneficiary elect not to have Unum make payment through an investment account,

Unum will pay in one lump sum to you or your beneficiary.

If you do not survive your spouse, and dependent life coverage is continued, then your surviving spouse's death claim will be paid to your surviving spouse's beneficiary.

WHAT HAPPENS IF UNUM OVERPAYS YOUR CLAIM?

Unum has the right to recover any overpayments due to:

- fraud; and
- any error Unum makes in processing a claim.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

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

The rights provided to you by the plan for life insurance are owned by you, unless:

- you have previously assigned these rights to someone else (known as an "assignee"); or
- you assign your rights under the plan(s) to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the plan(s') provisions before receiving and registering an assignment.

GENERAL PROVISIONS

WHAT IS THE CERTIFICATE OF COVERAGE?

This certificate of coverage is a written statement prepared by Unum and may include attachments. It tells you:

- the coverage for which you may be entitled;
- to whom Unum will make a payment; and
- the limitations, exclusions and requirements that apply within a plan.

WHEN ARE YOU ELIGIBLE FOR COVERAGE?

If you are working for your Employer in an eligible class, the date you are eligible for coverage is the later of:

- the Employer's plan effective date; or
- the day after you complete your **waiting period**, if any.

WHEN DOES YOUR COVERAGE BEGIN?

When your Employer pays 100% of the cost of your coverage under a plan, you will be covered at 12:01 a.m. on the later of:

- the date you are eligible for coverage; or
- the date Unum approves your evidence of insurability form, if **evidence of insurability** is required.

When you and your Employer share the cost of your coverage under a plan or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. on the latest of:

- the date you are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for insurance, if you apply within 31 days after your eligibility date; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

Evidence of insurability is required if you:

- apply for any amount of life insurance over the amount shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page; or
- are a late applicant, which means you apply for coverage more than 31 days after the date you are eligible for coverage; or
- voluntarily cancelled your coverage and are reapplying.

An evidence of insurability form can be obtained from your Employer.

WHEN CAN YOU APPLY FOR LIFE INSURANCE COVERAGE IF YOU APPLY MORE THAN 31 DAYS AFTER YOUR ELIGIBILITY DATE? (LATE ENTRANTS)

You can apply for life insurance coverage at anytime during the plan year. Evidence of insurability is required for any amount of insurance.

Coverage will begin at 12:01 a.m. on the date Unum approves your evidence of insurability form.

WHEN CAN YOU CHANGE YOUR ADDITIONAL COVERAGE? (This does not apply to Late Entrants)

You can change your coverage by applying for different additional benefits at anytime during the plan year.

Evidence of insurability is required if you increase your coverage by any level.

If you are not approved for the increase in your coverage, you will automatically remain at the same amount you had prior to applying for the increase.

A change in coverage that is made at anytime during the plan year will begin at 12:01 a.m. on the date Unum approves your evidence of insurability form.

An evidence of insurability form can be obtained from your Employer.

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

If you are absent from work due to **injury, sickness** or temporary leave of absence, your coverage will begin on the date you return to **active employment**.

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

If you are not working due to injury or sickness, are not totally disabled, and if premium is paid, you may continue to be covered for up to nine (9) months.

ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU BECOME "TOTALLY DISABLED"?

If you become **totally disabled** prior to age 60, and have been unable to work for nine (9) months, you may qualify for continuation of coverage provided by GuideStone Financial Resources of the Southern Baptist Convention. Life insurance coverage for you and your dependents would be continued during the period of total disability without cost to you. This coverage, provided by GuideStone Financial Resources of the Southern Baptist Convention, for which contributions are not required, would end on the January 1 following the date you reach age 70, unless you were approved for a premium waiver benefit for your GuideStone coverage prior to January 1, 1999. If your premium waiver benefit ceases and you want your coverage to continue, you must resume making monthly payments within 31 days of notification of intent to terminate coverage.

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

If you are on a **leave of absence**, and if premium is paid, you will be covered through the end of the twelfth month that immediately follows the month in which your leave of absence begins.

WHEN WILL CHANGES TO YOUR COVERAGE TAKE EFFECT?

Once your coverage begins, any increased or additional coverage due to a plan change will take effect on the date the change occurs or on the date Unum approves your evidence of insurability form, if evidence of insurability is required.

Once your coverage begins, any increased or additional coverage due to a change in your annual earnings will take effect on the date GuideStone Financial Resources receives notice of your annual earnings change or on the date Unum approves your evidence of insurability form, if evidence of insurability is required.

If you are not in active employment, any increased or additional coverage will begin on the date you return to active employment.

Any decrease in coverage will take effect immediately but will not affect a **payable claim** that occurs prior to the decrease.

IS EVIDENCE OF INSURABILITY REQUIRED IF YOU RECEIVE AN INCREASE IN YOUR ANNUAL EARNINGS?

Basic Benefit

Evidence of insurability is not required for any increase in your basic life insurance amount due to an increase in your annual earnings.

Additional Benefit

If you previously were declined coverage, evidence of insurability is required for any increases until Unum approves your evidence of insurability form. Evidence of insurability is also required for any increased amount of life insurance in excess of the lesser of 15% or \$50,000 or if you have not submitted evidence of insurability within the last two years.

If you are not in active employment, this change in coverage due to a change in your annual earnings will begin on the date you return to active employment.

WHEN DOES YOUR COVERAGE END?

Your coverage under the Summary of Benefits or a plan ends on the earliest of:

- the date the Summary of Benefits or a plan is cancelled;
- the date you no longer are in an eligible class;
- the date your eligible class is no longer covered;
- the last day of the period for which you or your Employer made any required contributions; or
- the last day you are in active employment unless continued due to a leave of absence or due to an injury or sickness, as described in this certificate of coverage; or
- the date your Employer no longer is a participating Employer of GuideStone Financial Resources of the Southern Baptist Convention.

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

WHEN ARE YOU ELIGIBLE TO ELECT DEPENDENT COVERAGE?

If you elect coverage for yourself or are insured under the plan, you are eligible to elect dependent coverage for your spouse only, your dependent children only or both.

WHEN ARE YOUR DEPENDENTS ELIGIBLE FOR COVERAGE?

The date your dependents are eligible for coverage is the later of:

- the date your insurance begins; or
- the date you first acquire a dependent.

Note: Your eligible dependent child(ren) who are born while you are covered under this plan are covered for 31 days from the moment of live birth. If you do not have dependent child(ren) coverage at the time of the birth, you must notify Unum within 31 days of the newly eligible dependent child's birth and elect dependent child(ren) coverage in order for the child(ren)'s coverage to continue. If you have dependent child(ren) coverage at the time of the newly eligible dependent child's birth, it is not necessary for you to notify Unum.

WHAT DEPENDENTS ARE ELIGIBLE FOR COVERAGE?

The following dependents are eligible for coverage under the plan:

- Your spouse. Spouse is defined as a person of the opposite sex to whom you are married at the relevant time by a religious or civil ceremony effective under the laws of the state in which the marriage was contracted. You may not cover your spouse as a dependent if your spouse is enrolled for coverage as an employee through the same Employer.
- Your children from live birth through the end of the month in which they reach age 26.
- Your dependent children age 26 or over are eligible, provided they are unable to earn a living because of a physical or mental disability and you are the main source of support and maintenance.

Unum must receive proof within 31 days of the later of:

- the end of the month in which the child attains age 26; or
- the date the child becomes physically or mentally disabled while still meeting the dependent eligibility requirements, and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

Children include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship and a child for whom you are a legal guardian. A child will be considered adopted on the date of placement in your home.

No child may be covered by more than one employee in the plan through the same Employer.

No child can be covered as both an employee and a dependent through the same Employer.

WHEN DOES YOUR DEPENDENT COVERAGE BEGIN?

When your Employer pays 100% of the cost of your dependent coverage under a plan, your dependent will be covered at 12:01 a.m. on the later of:

- the date they are eligible for coverage; or
- the date Unum approves your dependent's evidence of insurability form, if **evidence of insurability** is required.

When you and your Employer share the cost of your dependent coverage under a plan or when you pay 100% of the cost yourself, your dependents will be covered at 12:01 a.m. on the latest of:

- the date your dependents are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for dependent insurance, if you apply within 60 days after your dependents' eligibility date; or
- the date Unum approves your dependent's evidence of insurability form, if evidence of insurability is required.

Evidence of insurability is required for any amount of dependent life insurance over the amount shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page.

An evidence of insurability form for your dependents can be obtained from your Employer.

WHEN CAN YOU APPLY FOR DEPENDENT COVERAGE IF YOU APPLY MORE THAN 60 DAYS AFTER YOUR DEPENDENTS' ELIGIBILITY DATE? (LATE ENTRANTS)

You can apply for the Basic Benefit for your dependent spouse and/or dependent child coverage during an annual enrollment period. Evidence of insurability is not required. Dependent coverage applied for during an annual enrollment period will begin at 12:01 a.m. on the first day of the next plan year.

You can also apply for dependent coverage at anytime during the plan year. Evidence of insurability is required for any amount of dependent life insurance. Dependent coverage applied for at anytime during the plan year will begin at 12:01 a.m. on the date Unum approves your dependent's evidence of insurability form.

WHEN CAN YOU CHANGE YOUR DEPENDENT COVERAGE?

You can change your dependent spouse coverage at anytime during the plan year. Evidence of insurability is required if you increase your dependent spouse coverage by any level.

If your dependent spouse is not approved for the increase, your dependent will automatically remain at the same amount they had prior to applying for the increase.

A change in coverage that is made at anytime during the plan year will begin at 12:01 a.m. on the date Unum approves your dependent spouse's evidence of insurability form.

An evidence of insurability form for your dependent spouse can be obtained from your Employer.

WHAT IF YOUR SPOUSE IS TOTALLY DISABLED ON THE DATE YOUR SPOUSE'S COVERAGE WOULD NORMALLY BEGIN?

If your eligible spouse is **totally disabled**, your spouse's coverage will begin on the date your eligible spouse no longer is totally disabled.

WHEN WILL CHANGES TO YOUR DEPENDENT'S COVERAGE TAKE EFFECT?

Once your dependent's coverage begins, any increased or additional dependent coverage due to a plan change will take effect on the date the plan change occurs or on the date Unum approves your dependent's evidence of insurability form, if evidence of insurability is required, provided your dependent is not totally disabled. You must be in active employment or on a leave of absence.

If you are not in active employment, any increased or additional dependent coverage due to a plan change will begin on the date you return to active employment.

If your dependent is totally disabled, any increased or additional dependent coverage will begin on the date your dependent is no longer totally disabled.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

WHEN DOES YOUR DEPENDENT'S COVERAGE END?

Your dependent's coverage under the Summary of Benefits or a plan ends on the earliest of:

- the date the Summary of Benefits or a plan is cancelled;
- the date you no longer are in an eligible class;
- the date your eligible class is no longer covered;
- the date of your death, unless your surviving dependents elect to continue coverage as described below;
- the last day of the period for which you or your Employer made any required contributions;
- the last day you are in active employment unless continued due to a leave of absence or due to an injury or sickness, as described in this certificate of coverage; or
- the date your Employer no longer is a participating Employer of GuideStone Financial Resources of the Southern Baptist Convention.

Coverage for any one dependent will end on the earliest of:

- the date your coverage under a plan ends;
- the date your dependent ceases to be an eligible dependent;
- for a spouse, the date of divorce or annulment;

- for a dependent child, the date your dependent child is eligible for coverage as a participant/employee under any Group Life Insurance plan.

Unum will provide coverage for a payable claim which occurs while your dependents are covered under the Summary of Benefits or plan.

WILL COVERAGE CONTINUE FOR A CHILD WHOSE COVERAGE WOULD HAVE OTHERWISE ENDED DUE TO AGE LIMITS WHO BECAME DISABLED WHILE COVERED UNDER THE PLAN?

Coverage will be continued for a child whose coverage would have otherwise ended due to age limits who became physically or mentally disabled while covered under the plan provided:

- the disability was acquired before the child's coverage would have ended;
- the child is incapable of self-support and remains so incapable;
- you are the main source of support and maintenance.

Unum must receive proof within 31 days of the end of the month in which the child attains age 26 and as required during the first two years. After the first two years, Unum will ask for proof when needed, but not more than once a year.

IF I DIE, CAN MY DEPENDENTS CONTINUE THEIR COVERAGE?

If you die and your dependents were covered for dependent life insurance, your surviving dependents can continue their life insurance coverage according to the terms and provisions of this Summary of Benefits.

WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?

You or your authorized representative can start legal action regarding a claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim is required, unless otherwise provided under federal law.

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

Unum considers any material statements you or your Employer make in signed application for coverage or an evidence of insurability form a representation and not a warranty. If any of the material statements you or your Employer make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made in an application signed by the Employer, or an application or evidence of insurability form signed by you, a copy of which has been given to you or your beneficiary, if any.

Except in the case of fraud, Unum can take action only in the first 2 years coverage is in force.

If the Employer gives us information about you that is incorrect, we will:

- use the facts to decide whether you have coverage under the plan and in what amounts; and
- make a fair adjustment of the premium.

HOW WILL UNUM HANDLE INSURANCE FRAUD?

Unum wants to ensure you and your Employer do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim, that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

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

The Summary of Benefits does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

DOES YOUR EMPLOYER ACT AS UNUM'S AGENT?

For the purposes of the Summary of Benefits, under no circumstances will your Employer be deemed the agent of Unum.

LIFE INSURANCE

BENEFIT INFORMATION

WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT?

Your beneficiary(ies) will receive payment when Unum approves your death claim.

WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF DEATH?

Unum will require a certified copy of the death certificate, enrollment documents and a Notice and Proof of Claim form.

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

Unum will determine the payment according to the amount of insurance shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page.

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

Unum will determine the payment according to the amount of insurance shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page.

WHAT ARE YOUR ANNUAL EARNINGS?

"Annual Earnings" means your gross annual income from services with your Employer which was last reported to GuideStone Financial Resources of the Southern Baptist Convention prior to the date of loss. It may include your total income just before taxes and before any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 403(b) annuity, Section 125 plan, flexible spending account, or qualified transportation plan. It may include income actually received from bonuses, overtime pay, housing allowance or any other extra compensation, or income received from sources as last reported to GuideStone Financial Resources of the Southern Baptist Convention.

WHAT WILL WE USE FOR ANNUAL EARNINGS IF YOU BECOME DISABLED DURING A LEAVE OF ABSENCE?

If you become disabled while you are on a leave of absence, we will use your annual earnings from your Employer, as last reported to GuideStone Financial Resources of the Southern Baptist Convention, in effect just prior to the date your absence began.

WHAT INSURANCE IS AVAILABLE WHEN COVERAGE ENDS? (Conversion Privilege)

When coverage ends under the plan, you and your dependents can convert your coverages to individual life policies, without evidence of insurability. The maximum amounts that you can convert are the amounts you and your dependents are insured for under the plan. You may convert a lower amount of life insurance.

You and your dependents must apply for individual life insurance under this life conversion privilege and pay the first premium within 31 days after the date:

- your employment terminates; or
- you or your dependents no longer are eligible to participate in the coverage of the plan.

Converted insurance may be of any type of the level premium whole life plans then in use by Unum. The person may elect one year of Preliminary Term insurance under the level premium whole life policy. The individual policy will not contain disability or other extra benefits.

WHAT LIMITED CONVERSION IS AVAILABLE IF THE SUMMARY OF BENEFITS OR THE PLAN IS CANCELLED? (Conversion Privilege)

You and your dependents may convert a limited amount of life insurance if you have been insured under your Employer's group plan with Unum for at least five (5) years and the Summary of Benefits or the plan:

- is cancelled with Unum; or
- changes so that you no longer are eligible.

The individual life policy maximum for each of you will be the lesser of:

- \$10,000; or
- your or your dependent's coverage amounts under the plan less any amounts that become available under any other group life plan offered by your Employer within 31 days after the date the Summary of Benefits or the plan is cancelled.

PREMIUMS

Premiums for the converted insurance will be based on:

- the person's then attained age on the effective date of the individual life policy;
- the type and amount of insurance to be converted;
- Unum's customary rates in use at that time; and
- the class of risk to which the person belongs.

If the premium payment has been made, the individual life policy will be effective at the end of the 31 day conversion application period.

DEATH DURING THE THIRTY-ONE DAY CONVERSION APPLICATION PERIOD

If you or your dependents die within the 31 day conversion application period, Unum will pay the beneficiary(ies) the amount of insurance that could have been converted. This coverage is available whether or not you have applied for an individual life policy under the conversion privilege.

APPLYING FOR CONVERSION

Ask your Employer for a conversion application form which includes cost information.

When you complete the application, send it with the first premium amount to:

Unum - Portability/Conversion Unit

2211 Congress Street
Portland, Maine 04122-1350
1-800-343-5406

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

If you or your dependent becomes terminally ill while you or your dependent is insured by the plan, Unum will pay you a portion of your or your dependent's life insurance benefit one time. The payment will be based on 50% of your or your dependent's life insurance amount. However, the one-time benefit paid will not be greater than \$250,000.

Your or your dependent's right to exercise this option and to receive payment is subject to the following:

- you or your dependent requests this election, in writing, on a form acceptable to Unum;
- you or your dependent must be terminally ill at the time of payment of the Accelerated Benefit;
- your or your dependent's physician must certify, in writing, that you or your dependent is terminally ill and your or your dependent's life expectancy has been reduced to less than 12 months; and
- the physician's certification must be satisfactory to Unum.

The Accelerated Benefit is available on a voluntary basis. Therefore, you or your dependent is not eligible for benefits if:

- you or your dependent is required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
- you or your dependent is required by a government agency to use this benefit in order to apply for, get, or otherwise keep a government benefit or entitlement.

Premium payments must continue to be paid on the full amount of life insurance.

Also, premium payments must continue to be paid on the full amount of your dependent's life insurance.

If you have assigned your rights under the plan to an assignee or made an irrevocable beneficiary designation, Unum must receive consent, in writing, that the assignee or irrevocable beneficiary has agreed to the Accelerated Benefit payment on your behalf in a form acceptable to Unum before benefits are payable.

An election to receive an Accelerated Benefit will have the following effect on other benefits:

- the death benefit payable will be reduced by any amount of Accelerated Benefit that has been paid; and
- any amount of life insurance that may be available under the conversion privilege will be reduced by the amount of the Accelerated Benefit paid. The remaining life insurance amount will be paid according to the terms of the Summary of Benefits subject to any reduction and termination provisions.

Benefits paid may be taxable. Unum is not responsible for any tax or other effects of any benefit paid. As with all tax matters, you or your dependent should consult your personal tax advisor to assess the impact of this benefit.

LIFE INSURANCE

OTHER BENEFIT FEATURES

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

If your employment ends with or you retire from your Employer or you are working less than the minimum number of hours as described under Eligible Classes in this plan, you may elect portable coverage for yourself and your dependents.

PORTABLE INSURANCE COVERAGE AND AMOUNTS AVAILABLE

The portable insurance coverage will be the current coverage and amounts that you and your dependents are insured for under your Employer's group plan.

However, the amount of portable coverage for you will not be more than:

- the highest amount of life insurance available for employees under this plan; or
- 5x your annual earnings; or
- \$750,000 from all Unum group life plans combined,

whichever is less.

The amount of portable coverage for your spouse will not be more than:

- the highest amount of life insurance available for spouses under this plan; or
- 100% of your amount of portable coverage; or
- \$750,000 from all Unum group life plans combined,

whichever is less.

The amount of portable coverage for a child will not be more than:

- the highest amount of life insurance available for children under this plan; or
- 100% of your amount of portable coverage; or
- \$20,000,

whichever is less.

The minimum amount of coverage that can be ported is \$5,000 for you and \$1,000 for each of your dependents. If the current amounts under the plan are less than \$5,000 for you and \$1,000 for your dependents you and your dependents may port the lesser amounts.

Your or your dependent's amount of life insurance will reduce or cease at any time it would reduce or cease for your eligible class if you had continued in active employment with your Employer, based on the plan terms at the time you port coverage.

APPLYING FOR PORTABLE COVERAGE

You must apply for portable coverage for yourself and your dependents and pay the first premium within 31 days after the date:

- your coverage ends or you retire from your Employer; or
- you begin working less than the minimum number of hours as described under Eligible Classes in this plan.

You are not eligible to apply for portable coverage for yourself if:

- you have an **injury** or **sickness**, under the terms of this plan, which has a material effect on life expectancy;
- the policy is cancelled (the Policy is the group policy issued to the Trustees of the Select Group Insurance Trust in which GuideStone Financial Resources of the Southern Baptist Convention participates); or
- you failed to pay the required premium under the terms of this plan.

You are not eligible to apply for portable coverage for a dependent if:

- you do not elect portable coverage for yourself;
- you have an injury or sickness, under the terms of this plan, which has a material effect on life expectancy ;
- your dependent has an injury or sickness, under the terms of this plan, which has a material effect on life expectancy;
- the policy is cancelled (the Policy is the group policy issued to the Trustees of the Select Group Insurance Trust in which GuideStone Financial Resources of the Southern Baptist Convention participates); or
- you failed to pay the required premium under the terms of this plan.

If we determine that because of an injury or sickness, which has a material effect on life expectancy, you or your dependents were not eligible for portability at the time you or your dependents elected portable coverage, the benefit will be adjusted to the amount of whole life coverage the premium would have purchased under the Conversion Privilege.

APPLYING FOR INCREASES OR DECREASES IN PORTABLE COVERAGE

You or your dependents may increase or decrease the amount of life insurance coverage. The minimum and maximum benefit amounts are shown above. However, the amount of life insurance coverage cannot be decreased below \$5,000 for you and \$1,000 for your dependents. All increases are subject to evidence of insurability. Portable coverage will reduce at the ages and amounts shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page.

ADDING PORTABLE COVERAGE FOR DEPENDENTS

If you choose not to enroll your dependents when your dependents were first eligible for portable coverage, you may enroll your dependents at any time for the amounts allowed under the group plan. Evidence of insurability is required.

You may enroll newly acquired dependents at any time for the amounts allowed under the group plan. Evidence of insurability is required.

WHEN PORTABLE COVERAGE ENDS

Portable coverage for you will end for the following reasons:

- the date you fail to pay any required premium; or
- the date the policy is cancelled (the Policy is the group policy issued to the Trustees of the Select Group Insurance Trust in which GuideStone Financial Resources of the Southern Baptist Convention participates).

Portable coverage for a spouse will end for the following reasons:

- the date you fail to pay any required premium;
- the date your surviving spouse fails to pay any required premium; or
- the date the policy is cancelled (the Policy is the group policy issued to the Trustees of the Select Group Insurance Trust in which GuideStone Financial Resources of the Southern Baptist Convention participates).

Portable coverage for a child will end for the following reasons:

- the date you fail to pay any required premium;
- the date your surviving spouse fails to pay any required premium;
- the date the policy is cancelled (the Policy is the group policy issued to the Trustees of the Select Group Insurance Trust in which GuideStone Financial Resources of the Southern Baptist Convention participates);
- the date your child no longer qualifies as a dependent; or
- the date the surviving spouse dies.

If portable coverage ends due to failure to pay required premium, portable coverage cannot be reinstated.

PREMIUM RATE CHANGES FOR PORTABLE COVERAGE

Unum may change premium rates for portable coverage at any time for reasons which affect the risk assumed, including those reasons shown below:

- changes occur in the coverage levels;
- changes occur in the overall use of benefits by all insureds;
- changes occur in other risk factors; or
- a new law or a change in any existing law is enacted which applies to portable coverage.

The change in premium rates will be made on a class basis according to Unum's underwriting risk studies. Unum will notify the insured in writing at least 31 days before a premium rate is changed.

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

If you or your dependent is not eligible to apply for portable coverage or portable coverage ends, then you or your dependent may qualify for conversion coverage. Refer to Conversion Privilege under this plan.

Ask your Employer for a conversion application form which includes cost information.

When you complete the application, send it with the first premium amount to:

Unum - Portability/Conversion Unit

2211 Congress Street
Portland, Maine 04122-1350
1-800-343-5406

GLOSSARY

ACTIVE EMPLOYMENT means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under Eligible Class(es) in each plan.

Your work site must be:

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer, including your home; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.

Temporary and seasonal workers are excluded from coverage.

ACTIVITIES OF DAILY LIVING means:

- Bathing - the ability to wash oneself either in the tub or shower or by sponge bath with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet; to maintain a reasonable level of personal hygiene, and to care for clothing.
- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
 - voluntarily control bowel and bladder function; or
 - if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

A person is considered unable to perform an activity of daily living if the task cannot be performed safely without another person's stand-by assistance or verbal cueing.

ANNUAL EARNINGS means your gross annual income from services with your Employer which was last reported to GuideStone Financial Resources of the Southern Baptist Convention prior to the date of loss. It may include your total income just before taxes and before any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 403(b) annuity, Section 125 plan, flexible spending account, or qualified transportation plan. It may include income actually received from bonuses, overtime pay, housing allowance or any other extra compensation, or income received from sources as last reported to GuideStone Financial Resources of the Southern Baptist Convention.

COGNITIVELY IMPAIRED means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

EMPLOYEE means a person who regularly provides personal services at the Employee's usual and customary place of employment with the Employer or at any other place that the Employer's business requires the Employee to go. The person

must be duly recorded as an Employee on the payroll records of the Employer and is compensated for such services by salary or wages.

EMPLOYER means a church or ministry organization that is eligible to utilize products and services made available by or through GuideStone Financial Resources of the Southern Baptist Convention or its successor.

EVIDENCE OF INSURABILITY (also referred to as Evidence of Good Health) means a statement of your or your dependent's medical history which Unum will use to determine if you or your dependent is approved for coverage. Evidence of insurability will be at Unum's expense.

GRACE PERIOD means the period of time following the premium due date during which premium payment may be made.

GROUP PLANS means the portion of the term life plan which is available by or through GuideStone Financial Resources of the Southern Baptist Convention.

GUIDESTONE FINANCIAL RESOURCES OF THE SOUTHERN BAPTIST CONVENTION means the Applicant named in the Application for Participation in the Select Group Insurance Trust, on the first page of this Summary of Benefits and in all amendments.

INJURY means a bodily injury that is the direct result of an accident and not related to any other cause.

INSURED means any person covered under a plan.

INVESTMENT ACCOUNT means a retail investment account of an eligible person (such as your eligible beneficiary) holding one or more mutual funds within GuideStone Funds.

LEAVE OF ABSENCE means you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time or any period of disability is not considered a leave of absence.

LIFE THREATENING CONDITION is a critical health condition that possibly could result in your or your dependent's loss of life.

PARTICIPANT means a person who meets the eligibility requirements of an eligible class listed in this Summary of Benefits and is participating in the group life insurance plan of GuideStone Financial Resources of the Southern Baptist Convention.

PAYABLE CLAIM means a claim for which Unum is liable under the terms of the Summary of Benefits.

PLAN means a line of coverage under the Summary of Benefits.

SICKNESS means:

- **for purposes of Portability**, an illness, disease or symptoms for which a person, in the exercise of ordinary prudence, would have consulted a health care provider.

- **for all other purposes**, an illness or disease.

TOTALLY DISABLED for your dependent means that, as a result of an injury, a sickness or a disorder, your dependent:

- is confined in a hospital or similar institution;
- is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness;
- is cognitively impaired; or
- has a life threatening condition.

TOTALLY DISABLED for you, means that, you are prevented from performing the usual tasks of any occupation for which you are reasonably suited by training and education in such a way as to procure and retain employment.

TRUST means the policyholder trust named on the first page of the Summary of Benefits and all amendments to the policy.

WAITING PERIOD means the continuous period of time (shown in each plan) that you must be in active employment in an eligible class before you are eligible for coverage under a plan.

WE, US and **OUR** means Unum Life Insurance Company of America.

YOU means an employee or a participant who is eligible for Unum coverage.

**THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE
REQUIRED BY THE STATE OF WASHINGTON. PLEASE READ CAREFULLY.**

If you have a complaint about your insurance you may contact Unum at 1-800-321-3889, or the department of insurance in your state of residence. Links to the websites of each state department of insurance can be found at www.naic.org.

Si usted tiene alguna queja acerca de su seguro puede comunicarse con Unum al 1-800-321-3889, o al departamento de seguros de su estado de residencia. Puede encontrar enlaces a los sitios web de los departamentos de seguros de cada estado en www.naic.org.

If you are a resident of one of the states noted below, and the provisions referenced below appear in your Certificate in a form less favorable to you as an insured, they are amended as follows:

If you had group life coverage in place with your employer through another carrier when your employer changed carriers to Unum, your prior coverage may be continued under the Unum plan to the extent the laws of your resident state require such right to continue and within the design limits of the Unum plan.

For residents of Washington

The definition for **ACTIVE EMPLOYMENT** in the **GLOSSARY** section is amended to include the following:

A period of up to 6 months during which you are not working due to a strike, lockout or other labor dispute is considered active employment. Your employer may require you to pay premium during this period of time.

The ***WILL UNUM ACCELERATE YOUR OR YOUR DEPENDENT'S DEATH BENEFIT FOR THE PLAN IF YOU OR YOUR DEPENDENT BECOMES TERMINALLY ILL?*** (**Accelerated Benefit**) in the **Life Insurance Benefit Information** section is amended by changing the life expectancy requirement to 24 months or less, or such longer period as stated in the policy.

The ***WHAT LOSSES ARE NOT COVERED UNDER YOUR PLAN?*** provision in the **Life Insurance Benefit Information** section is amended to remove any exclusion for death caused by suicide.

Additional Claim and Appeal Information

APPLICABILITY OF ERISA

If the Summary of Benefits provides benefits under a Plan which is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply. Whether a Plan is governed by ERISA is determined by a court, however, your Employer may have information related to ERISA applicability. If ERISA applies, the following items constitute the Plan: the additional information contained in this document, the Summary of Benefits, including your certificate of coverage, and any additional summary plan description information provided by the Plan Administrator. Benefit determinations are controlled exclusively by the Summary of Benefits, your certificate of coverage, and the information in this document.

HOW TO FILE A CLAIM

If you wish to file a claim for benefits, you should follow the claim procedures described in your insurance certificate. To complete your claim filing, Unum must receive the claim information it requests from you (or your authorized representative), your attending physician and your Employer. If you or your authorized representative has any questions about what to do, you or your authorized representative should contact Unum directly.

CLAIMS PROCEDURES

In the event that your claim is denied, either in full or in part, Unum will notify you in writing within 90 days after your claim was filed. Under special circumstances, Unum is allowed an additional period of not more than 90 days (180 days in total) within which to notify you of its decision. If such an extension is required, you will receive a written notice from Unum indicating the reason for the delay and the date you may expect a final decision. Unum's notice of denial shall include:

- the specific reason or reasons for denial with reference to those Plan provisions on which the denial is based;
- a description of any additional material or information necessary to complete the claim and why that material or information is necessary; and
- a description of the Plan's procedures and applicable time limits for appealing the determination, including a statement of your right to bring a lawsuit under Section 502(a) of ERISA following an adverse determination from Unum on appeal.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

APPEAL PROCEDURES

If you or your authorized representative appeal a denied claim, it must be submitted within 90 days after you receive Unum's notice of denial. You have the right to:

- submit a request for review, in writing, to Unum;
- upon request and free of charge, reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and

- submit written comments, documents, records and other information relating to the claim to Unum.

Unum will make a full and fair review of the claim and all new information submitted whether or not presented or available at the initial determination, and may require additional documents as it deems necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension and the date by which the Plan expects to make a decision. If an extension is required due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the necessary information and the date by which you need to provide it to us. The 60-day extension of the appeal review period will begin after you have provided that information.

The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those Summary of Benefits' provisions upon which the final decision is based. It will also include a statement describing your access to documents and describing your right to bring a lawsuit under Section 502(a) of ERISA if you disagree with the determination.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

OTHER RIGHTS

Unum, for itself and as claims fiduciary for the Plan, is entitled to legal and equitable relief to enforce its right to recover any benefit overpayments caused by your receipt of deductible sources of income from a third party. This right of recovery is enforceable even if the amount you receive from the third party is less than the actual loss suffered by you but will not exceed the benefits paid you under the Summary of Benefits. You agree that Unum and the Plan have an equitable lien over such sources of income until any benefit overpayments have been recovered in full.

DISCRETIONARY ACTS

The Plan, acting through the Plan Administrator, delegates to Unum and its affiliate Unum Group discretionary authority to make benefit determinations under the Plan. Unum and Unum Group may act directly or through their employees and agents or further delegate their authority through contracts, letters or other documentation or procedures to other affiliates, persons or entities. Benefit determinations include determining eligibility for benefits and the amount of any benefits, resolving factual disputes, and interpreting and enforcing the provisions of the Plan. All benefit determinations must be reasonable and based on the terms of the Plan and the facts and circumstances of each claim.

Once you are deemed to have exhausted your appeal rights under the Plan, you have the right to seek court review under Section 502(a) of ERISA of any benefit

determinations with which you disagree. The court will determine the standard of review it will apply in evaluating those decisions.

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER
THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION
(For Insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 - The policyholder has a policy with a company domiciled in Texas;
 - The policyholder's state of residence has a similar guaranty association; and
 - The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health
Insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, TX 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
800-252-3439 or
www.tdi.texas.gov