



If you're sidelined, will your bank account be disabled?

Help protect your finances with Unum's individual short term disability insurance.

How much is enough for your lifestyle?

Janet has worked hard to become an ICU shift supervisor. She's got a great marriage and a brand new home. Now she wants a baby. She doesn't want to choose between making the house payment and taking maternity leave. She wants the best of both worlds.

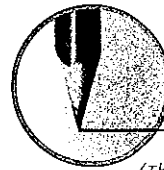


Disability benefits to help keep your account up and running

Individual short term disability insurance can pay you a percentage of your gross monthly salary if you become injured or ill due to a covered disability or covered pregnancy. You can choose monthly benefit amounts from \$300 to \$3,000. You can use it any way you choose.

How to apply

Your benefit enrollment is coming soon. To learn more about Unum's individual short term disability insurance, watch for information from your employer.



MY WORKSHEET

(This worksheet may help you decide how much coverage you need.)

Monthly expenses you should consider

Mortgage/rent	\$ _____
Transportation <i>(gas, car payments, repairs)</i>	\$ _____
Utilities <i>(electric, water, cable, Internet)</i>	\$ _____
Insurance <i>(health, life, car, home)</i>	\$ _____
Food & clothing <i>(groceries, restaurants)</i>	\$ _____
Education <i>(tuition, books, supplies)</i>	\$ _____
Loans/credit card debt	\$ _____
Child care/elder care	\$ _____
Savings contributions <i>(retirement)</i>	\$ _____
Medical costs <i>(doctor visits, medications)</i>	\$ _____
Total monthly expenses	\$ _____
Current monthly income <i>(after taxes)</i>	\$ _____
Total monthly income if disabled	\$ _____
Less total monthly expenses <i>(from above)</i>	\$ _____
Monthly surplus or shortfall	\$ _____

(For illustrative purposes only)

Please review this disclosure statement.

Disability Income Coverage. Your policy is designed to provide coverage for disabilities which result from covered accidents or covered sicknesses subject to any limitations in your policy. It does NOT provide coverage for basic hospital, basic medical-surgical or major medical expenses as defined by the New York State Insurance Department.

Benefits for total disability

Total Disability means if you become totally disabled by a covered accident or covered sickness.

Monthly benefit amount: \$ _____

Elimination period _____ days

Benefit period _____ months

If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

During the first year of disability, totally disabled means you are unable to work at your job and are not, in fact, working at any job for pay or benefits and are under the care of a doctor. After the first year of disability, if applicable, totally disabled means you are unable to work at any job for which you are qualified by reason of education, training or experience and not, in fact, working at any job for pay or benefits and are under the care of a doctor.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

If you become totally disabled, and you become totally disabled again for the same or related condition within six months after you return to work, we will treat this disability as the same disability. We will not pay benefits for more than one disability at a time. This coverage will end on the date the next premium is due after your 65th birthday.

Underwriting

Answering "yes" to either of the first two health questions on the application will lead to additional health questions.

Elimination Period means the period of time that must be satisfied before benefits are payable.

Pre-existing condition means you have a sickness or physical condition that was treated, or for which you received advice from a doctor, within 12 months before the effective date of your policy. If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

Recurrent Disability means if you become disabled and return to work for less than six months and are disabled again because of the same or related condition, that disability will be considered a continuation of the previous disability.

What is not covered by this policy

We will not pay benefits for losses which are caused by or occur as the result of: (1) your involvement in war or any act of war; (2) your operating, learning to operate, serving as a crew member of any aircraft, including those which are not motor-driven; (3) your participating in a felony, riot or insurrection; (4) your committing or trying to commit suicide or injuring yourself intentionally; (5) your addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor; (6) your having a pre-existing condition as described and limited by your policy; (7) your having a psychiatric or psychological condition, including but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered by your policy.

We will not pay benefits for losses occurring while you are traveling outside the territorial limits of the United States or its possessions, Canada or Mexico.

Renewability. Your policy is guaranteed renewable to the premium due date on or following your 65th birthday. Your premium can be changed only if we change it on all inforce policies of this kind in New York.

This disclosure statement is a very brief summary of your policy. This policy sets forth the rights and obligations of both you and the insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

The expected benefit ratio for this policy is 60%. This is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form LPSD-NY or see your Unum representative.

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

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For employee information

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