Group Whole Life Insurance



How does it work?

You can keep Group Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. Coverage is guaranteed as long as you pay premiums. That means you get protection during your working years and into retirement.

Why should I buy coverage now?

- Once you purchase coverage, your premium remains the same as long as premiums are paid.
- The cost is conveniently deducted from your paycheck.
- Your coverage, as well as coverage for your spouse and child (if applicable), is portable, meaning you can take it with you if you leave your company. Your premiums would remain the same but you would be billed directly.
- Group Whole Life Insurance also builds cash value at a guaranteed interest rate*. You can borrow from that cash value, or you can use it to buy a smaller, paid-up policy - with no more premiums due.

Enrollment and Health questions

After the initial scheduled enrollment, new hires and newly eligible employees may enroll for coverage when they are first eligible. Late entrants may enroll during a scheduled enrollment event.

Health questions are not required for coverage amounts up to the non-medical maximum amount during an enrollment event.

Who can get coverage?

Employee (issue ages 15-75)

You can purchase between $10,000 and $150,000 in increments of $10,000 during this enrollment. You can purchase up to $150,000 without medical underwriting to qualify for coverage.

Spouse (issue ages 15-75):

You can purchase between $10,000 and $50,000 in increments of $10,000 for your spouse during this enrollment. You can purchase up to $50,000 without medical underwriting to qualify for coverage. You may have to purchase coverage for yourself before purchasing coverage for your spouse.

Children's Term Rider

The rider covers all eligible children, as well as future children (newborns, adopted children) for one fixed premium amount. Eligible children must be between live birth and 26 years old, your or your spouse's child, your lawfully adopted child, foster child or any other child residing with you that is dependent on you for primary financial support.**

You can purchase $20,000 for your children during this enrollment. There will be no option to purchase additional coverage after this enrollment period. You must purchase coverage for yourself to purchase coverage for your children.

Employee must be insured in order to elect coverage for their spouse or children. The amount of Group Whole Life Insurance for a spouse and the amount of coverage under Children's Term Rider will not be more than 100% of the employee Group Whole Life amount.

**Children can be covered past age 26 if they are incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26. Grandchildren are not eligible for coverage under the Children's Term Rider. The term life coverage provided under this rider ends when a child turns age 26.

What's included?

Accelerated Death Benefit for Terminal Illness

You can request an advance payout of your death benefit if you're diagnosed with a terminal illness and expected to live 12 months or less. You can receive up to 100% of the death benefit to a maximum of $150,000 and it can help cover your costs while you're still alive. Benefits received under this provision are taxable and any payout would reduce the benefit that's paid when you die. When benefits are accelerated under this rider, premiums will be waived for up to 12 months. As with all tax matters, individuals should consult a tax advisor to assess the impact of this benefit.

Accelerated Death Benefit for Long Term Care Rider

Your employer has chosen to include this benefit. Refer to attached EN-1407001 for more information.

Age	Coverage Amount	Non-Tobacco Cost (bi-weekly)	Tobacco Cost (bi-weekly)
25	$10,000	$3.62	$5.92
35	$10,000	$5.04	$7.64
45	$10,000	$7.86	$11.46
55	$10,000	$13.36	$18.92
25	$25,000	$9.05	$14.81
35	$25,000	$12.60	$19.11
45	$25,000	$19.66	$28.64
55	$25,000	$33.41	$47.31
25	$50,000	$18.09	$29.61
35	$50,000	$25.20	$38.22
45	$50,000	$39.32	$57.28
55	$50,000	$66.81	$94.62

Issued Age	Non-Tobacco Guaranteed Cash value at age 65 per $10,000 of Face Amount	Tobacco Guaranteed Cash value at age 65 per $10,000 of Face Amount
25	$3,475.30	$4,317.10
35	$3,122.90	$3,881.60
45	$2,552.90	$3,153.50
55	$1,522.20	$1,837.60

DISCLOSURES

When you buy life insurance, you name the people who will receive the benefits when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.

For more information about the retained asset account, please contact Unum.

*For coverage effective prior to 1/1/2026, the policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. For coverage effective 1/1/2026 or later, the policy accumulates cash value based on the non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table. Cash value will be reduced by any outstanding loans or payments under any Accelerated Death Benefit. Outstanding loans will be deducted from the death benefit. Failure to repay loans could cause the policy to lapse.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Your work site must be your Employer's usual place of business in the United States, an alternative work site in the United States at the direction of your Employer, or a location in the United States to which your job requires you to travel. Normal vacation, holidays or temporary business closures are considered Active Employment provided they are in Active Employment on the last scheduled workday preceding such time off.

Delay of coverage

If an employee is not in active employment (on the date coverage would otherwise become effective) due to an injury, sickness, temporary layoff or leave of absence, coverage will be delayed until that person returns to active employment. It does not apply to someone who is absent from work on the plan effective date due to being on a scheduled vacation or due to a minor injury or illness that does not lead to a disability. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Delayed Effective Date: Your spouse's Coverage Effective Date will be delayed if your spouse: is an inpatient in a Hospital, Hospice, or other health care facility; or is confined at home under the care of a Physician. If your spouse's Coverage Effective Date is delayed due to the conditions above, your spouse's coverage will begin on: the date your spouse is no longer an inpatient in a Hospital, Hospice, or other healthcare facility; or the date your spouse is no longer confined at home under the care of a Physician.

Exclusions

This certificate does not cover any losses where death is caused by, contributed to by, or occurs as a result of suicide occurring within 24 months after an Insured's initial Coverage Effective Date or the date any increases or additional life insurance coverage becomes effective for an Insured. This exclusion will apply to any life coverage for which you pay all or part of the premium. This exclusion will also apply to any life coverage that has been approved by us that is subject to the Evidence of Insurability Requirements.

THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurer.

Medicaid:

- Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this coverage if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance and some of your joint assets.
- Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local and state Medicaid agency.

POTENTIAL RATE INCREASE DISCLOSURE FORM

The premium rate applicable to your coverage, including the Accelerated Death Benefit for Long Term Care Rider, will be shown on your confirmation of coverage. The Accelerated Death Benefit for Long Term Care Rider is Guaranteed Renewable. The rates for this rider may increase in the future. Your rates cannot be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours. Any increase in the premium rates may require approval of the State Insurance Department. In the event of a premium increase, you will be notified of the revised premium rate. The notice will include the new premium and when you will start paying it. It also will describe your choices. Provident Life and Accident Insurance Company has not increased premiums on any in-force LTC riders issued to date.

End of Coverage

An Insured's coverage under this certificate ends on the earliest of:

- the date you are no longer in an Eligible Group;
- the date the Insured dies;
- the date the Insured is no longer eligible for coverage;
- for a Spouse, the date of divorce or annulment;
- the last day of the period any required premium contributions are made;
- the Insured's Maturity Date;
- the date the Insured's coverage is surrendered for its Guaranteed Cash Value;
- the date the Insured's Guaranteed Cash Value is less than or equal to the Debt;
- the date the Insured's Death Benefit has been exhausted or equals $0.00;
- the date the Insured's Death Benefit has been exhausted under any Accelerated Death Benefit option in this certificate or any rider; or
- the date the Employer's group policy is cancelled.

If an Insured's coverage ends for any of the reasons outlined above, the Insured may elect to continue coverage, as long as premium is paid as required, under the Portability provision of this certificate.

We will provide coverage for a Payable Claim that occurs while the Insured is covered under this certificate.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form PLA-GWLP22-1 and Certificate PLA-GWLC22-1, PLA-GWLADBTLC22-1 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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Group Whole Life Insurance

Unum's Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider can help you preserve your savings.

Protecting long-term plans

Jan's savings are modest, but she's worked hard for every penny. She wants to travel to Italy, pay for her daughter's wedding, and leave something behind for those she loves. But she's seen how quickly the cost of long-term care can deplete a lifetime of savings. She wants to make sure an accident or illness won't threaten her nest egg.

Benefits for the long haul

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long-term treatment in a nursing home or assisted living facility. And the same care that saves your life can impact your savings.

By purchasing Group Whole Life insurance with an Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider, you can help preserve your savings. Most importantly, this coverage allows you to use the benefit whether you receive care at home, or in a long-term care facility, an assisted living facility, an adult day care.

How the Accelerated Death Benefit for Long Term Care with Restoration of Benefits works?

Here is an example of how this rider can help you finance a period of long-term care. This illustration is based on an insured individual who has a $50,000 Life Insurance coverage amount.*

Highlights	
Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider — Employer-selected	
This benefit pays a 4% monthly benefit for LTC facility, assisted living facility, adult day care or home health care benefit. Payments reduce the death benefit** until exhausted (up to 25 months).	$2,000 per month
Restoration Benefits	
This benefit restores 100% of the certificate's coverage amount, death benefit** and cash value.	$50,000 death benefit

This is only an example. Eligibility for, entitlement to, and amount of actual benefits will be determined according to the terms of your certificate.

Get the coverage you need

Here are the advantages of our Accelerated Death Benefit for Long Term Care Rider

- Available at initial offering to employees and spouses.
- For long-term care facility, assisted living facility, home health careor adult day care, provides a monthly benefit of 4% of the death benefit,** less any policy debt.
- Benefits are payable once you have been receiving long-term care for 90 days, subject to the conditions of the rider.
- If you are receiving benefits, you don't have to pay the certificate's monthly premiums.
- The benefit period maximum is 100% of the death benefit,** less any policy debt.
- The cost is based on your age at issue and whether you use tobacco.
- Benefits paid under this rider may be taxable. This is intended to be a federally tax-qualified long-term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986. As with all tax matters, a tax advisor should be consulted to assess the impact of any benefits received.***



How to Apply

To learn more, watch for information from your employer.

Restoration of Benefits

- Restores 100% of the certificate's coverage amount, death benefit** and cash value.
- Certificate values reduced under the Accelerated Death Benefit for Long Term Care Rider will be restored one time.

See your certificate for additional details.

* Assumes there are no outstanding policy loans.

** Death benefit is the death benefit at the end of the elimination period.

*** Under current tax laws.

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 which may affect any benefits payable. For complete details of coverage and availability, please refer to the Accelerated Death Benefit for Long Term Care rider and to policy and certificate forms PLA-GWLP22-1, PLA-GWLC22-1 and PLA-GWLADBLTC22-1 or contact your representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

Better benefits at work.™

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ACCELERATED DEATH BENEFIT FOR LONG TERM CARE WITH RESTORATION OF BENEFITS RIDER

Provident Life and Accident Insurance Company

1 Fountain Square, Chattanooga, TN 37402

(877) 225-2712

services.unum.com

OUTLINE OF COVERAGE

(Applicable to Rider form, PLA-GWLLTC22-1)

NOTICE TO BUYER: The rider may not cover all of the costs associated with Qualified Long-Term Care Services incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations.

Benefits as specified under the group whole life insurance policy to which the rider is attached will be reduced upon receipt of Accelerated Death Benefit for Long Term Care.

CAUTION: The issuance of the rider is based on your responses to the questions on your enrollment form and/or evidence of insurability form. If your answers are incorrect or untrue, then we have the right to deny benefits or to rescind your coverage under the rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect or untrue, please contact us at this address: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402.

1. The rider is attached to an group whole life policy of insurance which was issued in the governing jurisdiction of Tennessee.

2. PURPOSE OF OUTLINE OF COVERAGE: This outline of coverage provides you with a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider and the certificate it is attached to contain governing contractual provisions. This means that the certificate and the rider set forth in detail the rights and obligations of both you and us. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR GROUP WHOLE LIFE INSURANCE CERTIFICATE AND ALL RIDERS CAREFULLY.

3. FEDERAL TAX CONSEQUENCES: The rider is intended to be a federally tax-qualified long-term care insurance contract under section 7702b (b) of the Internal Revenue Code of 1986, as amended.

4. TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

Portability: If coverage provided under the group policy ends pursuant to the End of Coverage provision in the certificate, you may elect to continue your coverage, including any riders attached, in accordance with the Portability provision in the certificate.

Waiver of Premium: We will waive premiums for the coverage under your certificate and any riders attached while Accelerated Death Benefits for Long-Term Care are being paid. This waiver is in lieu of any other premium waiver benefit provided by a certificate or a rider attached to a certificate.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

We reserve the right to change premiums for this rider. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in your or your Spouse's age or health. We will provide Written notice to the Policyholder of any change in premiums at least 45 days in advance.

6. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED.

The policy does not contain a provision providing for a refund of premiums upon your or your Spouse's death or surrender of your or your Spouse's certificate.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from us. Neither Provident Life & Accident Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. ACCELERATED DEATH BENEFIT FOR LONG TERM CARE WITH RESTORATION OF BENEFITS COVERAGE

Coverage in this category is designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The rider provides coverage in the form of a fixed dollar indemnity benefit, by accelerating the Death Benefit available under the certificate, for covered long-term care expenses, subject to rider limitations and requirements.

After we receive Written proof acceptable to us that you or your Spouse has qualified for Long-Term Care benefits, we will pay the benefits according to the terms and conditions of the rider.

9. BENEFITS PROVIDED BY THE RIDER

For you or your Spouse to receive benefits under the Accelerated Death Benefit for Long Term Care with Restoration of Benefits Rider Rider, you or your Spouse must be a Chronically Ill individual who is receiving Qualified Long-Term Care Services provided in a Long-Term Care Facility, Assisted Living Facility, by/through a Home Health Care Agency, or in an Adult Day Care Facility.

Benefits begin after you or your Spouse has received Qualified Long-Term Care Services for the same chronic illness for a total of 90 days. The first 90 days is the Elimination Period in which no benefits are payable for services during this time. If you or your Spouse has not received Qualified Long-Term Care Services for more than six months since the last Accelerated Death Benefit for Long Term Care payment, you or your Spouse must satisfy a new Elimination Period to begin receiving benefits.

Types of Benefits

Adult Day Care Benefit: This benefit will pay an amount equal to [4%] of your or your Spouse's Death Benefit at the time the Elimination Period ends. Payments will start the first day after the Elimination Period ends.

Assisted Living Facility Benefit: This benefit will pay an amount equal to [4%] of your or your Spouse's Death Benefit at the time the Elimination Period ends. Payments will start the first day after the Elimination Period ends.

Home Health Care Benefit: This benefit will pay an amount equal to [4%] of your or your Spouse's Death Benefit at the time the Elimination Period ends. Payments will start the first day after the Elimination Period ends.

Long-Term Care Facility Benefit: This benefit will pay an amount equal to [4%] of your or your Spouse's Death Benefit at the time the Elimination Period ends. Payments will start the first day after the Elimination Period ends.

Eligibility for the Payment of Benefits: In order to determine your eligibility for the payment of benefits under the rider, we require the following information:

- the date your or your Spouse's Chronic Illness began;
- the cause and extent of your or your Spouse's Chronic Illness, including restrictions and limitations:
- preventing you or your Spouse from performing at least two Activities of Daily Living; or
- causing Severe Cognitive Impairment;
- a copy of your or your Spouse's Plan of Care;
- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in your or your Spouse's care;
- the name and address of any Hospital where treatment was received, if applicable, including all attending Physicians; and
- proof of Qualified Long-Term Care Services provided.

Definitions: These are some of the important definitions that will help you understand the benefits in this Outline of Coverage. Please review the rider for further information.

Activities of Daily Living: A person is considered unable to perform an Activity of Daily Living if the activity cannot be performed safely without Substantial Assistance.

Activities of Daily Living include the following:

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

Chronically Ill: You or your Spouse has been certified by a Licensed Health Care Practitioner within the preceding 12 month period as:

- being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or

- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

Qualified Long-Term Care Services: Services that meet the requirements of 7702B (c) (1) of the Internal Revenue Code of 1986, as amended as follows: necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation and rehabilitative services, and Maintenance or Personal Care Services which are required by a Chronically Ill individual, and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Severe Cognitive Impairment: Severe deterioration or loss in:

- short or long-term memory;
- orientation as to person, place, or time; or
- deductive or abstract reasoning or judgment as it relates to safety awareness.

Substantial Assistance: Physical, stand-by or verbal cueing assistance from another person, or adaptive devices which are required for you or your Spouse to perform Activities of Daily Living.

Substantial Supervision: Constant direction and management (which may include cueing by verbal prompting, gestures or other demonstrations) by another person for the purpose of protecting you or your Spouse from threats to your or your Spouse's health or safety.

Effects of an Accelerated Death Benefit for Long Term Care Amount Payment on the Policy: Each monthly benefit payment will reduce the following items as applicable:

- your or your Spouse's Death Benefit;
- the Cash Value of your or your Spouse's Death Benefit;
- Debt as defined under the certificate;
- amount available for loans; and
- amount available for advance of any part of the Death Benefit under any provision in this certificate or any rider other than this rider.

Each monthly benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the monthly benefit payment divided by the Death Benefit at that time. A prorated reduction will be made for a partial month of payment.

10. LIMITATIONS AND EXCLUSIONS

Pre-existing Condition Limitations: We will not pay benefits for a Chronic Illness that occurs in the first 6 months following your or your Spouse's Coverage Effective Date if the Chronic Illness is caused by, contributed to by, or occurs as a result of any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

You or your Spouse has a Pre-existing Condition if, within the 6 months just prior to your or your Spouse's Coverage Effective Date, your or your Spouse's Chronic Illness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

Exclusions: We will not pay benefits under this rider for Qualified Long Term Care Services that are:

- provided as a result of mental or nervous disorder (except for Alzheimer's or organic brain disease);
- provided as a result of alcoholism or drug addiction;
- provided as a result of illness, treatment or medical conditions arising out of:
- war or act of war (whether declared or undeclared);
- participation in a felony, riot or insurrection;
- service in the armed forces or units auxiliary thereto;
- suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or
- aviation (if a non-fare paying passenger);
- provided in a government facility (unless otherwise required by law);
- available under Medicare or other governmental programs (except Medicaid);
- available under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
- provided by a member of your or your Spouse's immediate family;
- provided for which no charge is normally made in the absence of insurance; or
- received outside the United States or its territories.

THE RIDER MAY NOT COVER ALL OF THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits of the plan may be adjusted. The level of benefits under the rider is directly related to the Death Benefit under the certificate, excluding any term riders. The level of benefit may be increased by increasing the Death Benefit of the certificate to which the rider is attached by applying for additional Coverage Amounts, but only before benefits begin. Any increase in the certificate Death Benefit is subject to the terms of the certificate. The cost for any additional coverage added will be calculated on the same basis as the level of benefits prior to the additional coverage.

The level of benefits will not increase over time. There is no inflation protection available with the rider.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

The rider provides coverage for you or your Spouse clinically diagnosed as having Alzheimer's disease and related degenerative and dementing illnesses.

13. PREMIUM

Premium rates are based on the Coverage Amount selected for you or your Spouse, age of you or your Spouse at issue, and tobacco status.

14. ADDITIONAL FEATURES

Restoration of Benefits: The Restoration of Benefits provision will restore 100% of your or your Spouse's Death Benefit and Guaranteed Cash Value on a monthly basis as Accelerated Death Benefit for Long Term Care Amounts are paid under the rider.

CONTACT THE STATE AGENCY LISTED IN THE NAIC'S A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE.

CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE ACCELERATED DEATH BENEFIT FOR LONG TERM CARE WITH RESTORATION OF BENEFITS

Provident Life and Accident Insurance Company

1 Fountain Square, Chattanooga, TN 37402

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS, NURSING HOME OR LONG-TERM CARE INSURANCE

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

Do you intend to lapse or otherwise terminate existing accident and sickness, nursing home or long-term care insurance and replace it with group whole life with an accelerated death benefit for long term care rider to be issued by Unum Life Insurance Company of America? If so, you should review this new coverage carefully, comparing it with all accident and sickness, nursing home or long-term care insurance coverage you now have, and terminate your present insurance only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

Your new certificate provides thirty (30) days within which you may decide, without cost, whether you desire to keep the insurance. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new certificate.

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new insurance. This could result in denial or delay in payment of benefits under the new insurance, whereas a similar claim might have bene payable under your present insurance.

2. State law provides that your replacement coverage may not contain new pre-existing conditions or waiting periods. Your insurer will waive any time periods applicable to pre-existing conditions or waiting periods in the new coverage for similar benefits to the extent such time was spent (depleted) under the original coverage.

3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present insurance. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

4. If, after due consideration, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been inforce. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

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