

USEC**YOUR GROUP LONG TERM CARE INSURANCE PLAN**

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

The Certificate of Insurance is a part of the entire contract. This Certificate is subject to the terms and conditions stated on the attached pages, all of which are part of the Policy. The Policy is intended to be a qualified Long Term Care Insurance Contract under Section 7702B(b) of the Internal Revenue Code of 1986.

Policy Number: 111907

Caution: If you completed an Application for Long Term Care Insurance which included evidence of insurability, the issuance of this Long Term Care Insurance Certificate was based upon your responses to the questions on your application. A copy of your Application for Long Term Care Insurance was retained by you when you applied. If your answers are incorrect or untrue, Unum may have the right to deny benefits or rescind your coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact Unum at this address: Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122.

- You are entitled to examine a copy of the Policy during regular office hours at the Policyholder's place of business.
- You have a 30-day right to examine this Certificate.

If, after examining this Certificate, you are not satisfied for any reason, you may withdraw your enrollment in this plan by returning this Certificate within 30 days of its delivery to you. The Certificate, together with a written request for such withdrawal, must be sent to the Policyholder's Plan Administrator.

Upon receipt, your insurance will be deemed void from its effective date and any premium contribution(s) paid will be returned.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Unum.

Unum is not representing Medicare, the federal government or any state government.

NOTICE TO BUYER: This Certificate may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to review carefully all coverage limitations.

Throughout this Certificate: "You" or "your" means an "insured" or "covered" Active Employee and "insured" or "covered" Family Member.

"Unum" or "we" means Unum Life Insurance Company of America, and

"Policyholder" means USEC and its covered divisions, subsidiaries, and affiliate companies.

SUMMARY OF BENEFITS

	Available June 1, 2002
	Active Employees and Family Members <u>At your expense</u>
Monthly Benefit Maximum	
Long Term Care (LTC) Facility	\$2,000 to \$4,000 in \$1,000 increments
Assisted Living Facility	60% of the LTC Facility amount
Total Home Care	50% of the LTC Facility amount
Uncapped Compound Inflation Protection	5% compounded annually
Lifetime Maximum Amount	36x the LTC Facility amount
	<i>or</i>
	72x the LTC Facility amount
Elimination Period	90 consecutive days

Evidence of Insurability Limits

Evidence of insurability satisfactory to Unum is required for Monthly Benefit Maximum Amount(s) greater than \$4,000.

If Unum approves your evidence of insurability (i.e., Application for Long Term Care Insurance), the “PRE-EXISTING CONDITIONS EXCLUSION” will be waived for your entire amount(s) of insurance. If Unum disapproves your evidence of insurability, you will be insured for the amount selected up to the amount that does not exceed the evidence of insurability limit(s). The “PRE-EXISTING CONDITIONS EXCLUSION” will apply.

Changes in Coverage

For an Active Employee and the spouse of an Active Employee

You can apply at any time to change coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Changes in coverage will take effect at 12:01 a.m. on the later of:

- The first of the month after Unum approves your application, if approval is between the first and the fifteenth of the month
- or*
- The first of the second month after Unum approves your application, if approval is between the sixteenth and the end of the month.

The premium rate to be paid for any change in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the change in coverage.

For All Other Insured Persons

You can apply at any time to change coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Changes in coverage will take effect at 12:01 a.m. on the first of the month after Unum approves your application.

The premium rate to be paid for any change in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the change in coverage.

When Changes in Coverage will be Delayed

Changes in your coverage will not begin if you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence on the date that the coverage would normally begin. Coverage will begin at 12:01 a.m. on the first day of the month after you return to work as an Active Employee.

Discretionary Authority

In making any benefits determination under the Policy, Unum will have the discretionary authority both to determine your eligibility for benefits and to construe the terms of the Policy.

TERMS YOU SHOULD KNOW

When you see these words, here's what Unum means:

“Active Employee” means an eligible employee working for the Policyholder:

- On a full-time basis for earnings that are paid regularly
- For a minimum of 20 hours per week

and

- At the Policyholder's usual place of business or at a location to which their job requires them to travel.

“Activities of Daily Living” (ADLs) are:

- BATHING – washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower with or without equipment or adaptive devices.
- DRESSING – putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- TOILETING – getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- TRANSFERRING – moving into or out of a bed, chair, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other supportive devices including mechanical or motorized devices.
- CONTINENCE – the ability to maintain control of bowel or bladder function; or, when unable to maintain control of bowel or bladder functions, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- EATING – feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

“Adult Day Care” means a community-based program offering health, social and related support services to impaired adults. Adult Day Care can be provided by:

- A Home Health Care Provider

or

- An Adult Day Care Facility.

“Adult Day Care Facility” means a facility that operates under applicable state licensing laws and any other laws that apply, or meets the following tests:

- Operates a minimum of 5 days a week

- Remains open for at least 6 hours a day
- Is not an overnight facility
- Maintains a written record of care on each patient
- Includes a plan of care and record of services provided
- Has a staff that includes a full-time director and at least one registered nurse who are there during operating hours for at least 4 hours per day
- Has established procedures for obtaining appropriate aid in the event of a medical emergency

and

- Provides a range of physical and social services to adults.

“Assisted Living Facility” means:

- An institution that is licensed by the appropriate licensing agency (if licensing is required) to primarily engage in providing ongoing care and services to a minimum of 3 inpatients in one location and operates under state licensing laws and any other laws that apply

or

- Any other institution that meets all of the following tests:
 - Provides 24 hour a day care, custodial services and personal care assistance to support needs resulting from a Disability;
 - Has an employee on duty at all times who is awake, trained and ready to provide care;
 - Provides three (3) meals a day, including special dietary requirements;
 - Operates under applicable state licensing laws and any other laws that apply;
 - Has formal arrangements for the services of a Physician or nurse to furnish medical care in the event of an emergency;
 - Is authorized to administer medication to patients on the order of a Physician; and
 - Is not, other than incidentally, a home for the mentally retarded, the mentally ill, the blind or the deaf, a hotel or a home for alcoholics or drug abusers.

NOTE: These requirements are typically met by Assisted Living Facilities that are either freestanding facilities or part of a life care community. In general, they are not met by individual residences, boarding homes or independent living units or a similar institution approved by Unum.

“Custodial Care” means the type of care that can be provided by persons without medical skills or extensive training to assist you in performing the Activities of Daily Living.

“Disability” and “Disabled” means:

- You are unable to perform, without Substantial Assistance from another individual, or at least two Activities of Daily Living

or

- You require Substantial Supervision by another individual to protect you from threats to health and safety due to Severe Cognitive Impairment.

“Elimination Period” means the number of consecutive days during which you must be Disabled and under the regular care of a Physician before benefits become payable.

If your plan does not include Total Home Care, the entire Elimination Period must be completed while residing in a Long Term Care Facility and/or an Assisted Living Facility.

“Family Members” means:

- The legally married spouse of an Active Employee
- The natural, adoptive or step-parents/grandparents of an Active Employee and their spouse
- The natural, adoptive or step-siblings of an Active Employee and their spouse
- The natural, adoptive or step-children of an Active Employee and their spouse.

Family Members who are eligible for coverage as an Active Employee are only eligible for coverage as an employee.

To be eligible for coverage, Family Members must be between the ages of 18 and 80.

“Grace Period” means the 45 days immediately following any premium due date during which premium payment must be made.

“Home Health Care Provider” means:

- An organization which is licensed or certified by the appropriate licensing agency of the state where professional Home Care Services will be provided
- It is certified as a home health care organization as defined under Medicare
- It is any other organization that meets all of the following tests:
 - Primarily provides skilled nursing care and other therapeutic services
 - Has standards, policies and rules established by a professional group which is associated with the organization
 - Includes at least one Physician and one registered nurse
 - Maintains a written record of care on each patient

and

- Includes a plan of care and record of services provided, or

- A similar organization approved by Unum.

“Hospice Care” means a formal program of care for terminally ill patients whose life expectancy is less than six (6) months, provided on an inpatient basis and directed by a Physician in a Hospice Care Facility that is licensed, certified or registered in accordance with state law.

“Intermediate Care” means basic care including physical, emotional, social and other restorative services under periodic medical supervision. This care requires the skill of the registered nurse in administration, including observation and recording of reactions and symptoms, and supervision of nursing care.

“Licensed Health Care Practitioner” means any Physician, and any registered professional nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

“Lifetime Maximum Amount” means the maximum Unum will pay you for all long term care benefits. You have your own Lifetime Maximum Amount.

“Long Term Care Facility” means:

- An institution, or a distinctly separate part of a hospital, that is licensed or certified as a nursing home (if licensing or certification is required) or operates under the law as a nursing home to provide skilled, intermediate or custodial care and operates under state licensing laws and any other laws that apply

or

- Any other institution that meets all of the following tests:
 - Is operated as a health care facility under applicable state licensing laws and any other laws;
 - Primarily provides nursing care under the orders of a Physician;
 - Provides patient care under the supervision of a registered nurse or a licensed practical nurse;
 - Regularly provides room and board and continuous 24 hour a day nursing care of sick and injured persons;
 - Maintains a daily medical record of each patient who must be under the care of a Physician;
 - Is authorized to administer medical to patients on the order of a Physician; and
 - Is not, other than incidentally:
 - A home for the mentally retarded, the mentally ill, the blind or the deaf, alcoholics or drug abusers, or

- A hotel, a domiciliary care home or a residence, or
- A similar institution approved by Unum.

“**Physician**” means a person who is operating within the scope of his/her license, and is either:

- Licensed to practice medicine and surgery and prescribe and administer drugs

or

- Legally qualified as a medical practitioner and required to be recognized, under this plan for insurance purposes, according to the insurance laws of the governing jurisdiction.

Unum will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person’s medical license. Unum will not recognize the following as Physicians for claims that you make to Unum for long term care insurance:

- You

or

- Your spouse, daughter, son, parent, sister, brother, grandparent or grandchild.

“**Pre-existing Condition**” means any condition that exists for which you:

- Received medical treatment, consultation, care, or services, including diagnostic measures for the condition

or

- Took drugs or medicines that were prescribed for the condition, during the six month period right before your coverage began.

“**Respite Care**” means care provided to you for a short period of time to allow your informal caregiver a break from their caregiving responsibilities.

“**Severe Cognitive Impairment**” means a severe deterioration or loss in intellectual capacity, as reliably measured by clinical evidence and standardized tests in:

- Short or long term memory
- Orientation to people, place or time

and

- Deductive or abstract reasoning.

Such deterioration or loss requires Substantial Supervision by another individual for the purpose of protecting you from harming yourself or others. The loss can result from a Disability, Alzheimer’s disease, or similar forms of dementia.

“Skilled Care” means care furnished on a Physician’s orders which requires the skills of professional personnel such as a registered or licensed practical nurse and is provided either directly by or under the supervision of these personnel.

“Substantial Assistance” means stand-by assistance by another person without which you would not be able to safely and completely perform the ADL.

“Substantial Supervision” means the presence of another individual for the purpose of protecting you from harming yourself or others.

“Total Home Care” means:

- Visits to your residence by a Home Health Care Provider to provide skilled nursing care; physical, respirator, occupational, dietary or speech therapy; and homemaker services

- Adult Day Care

- Hospice Care

or

- Care provided by an informal caregiver, such as a friend or relative.

The treatment and services you receive must be provided pursuant to a written plan of care developed by a Licensed Health Care Practitioner.

BENEFIT INFORMATION

When You are Eligible for a Monthly Benefit

You are eligible for a Monthly Benefit after:

- You become Disabled
- You are receiving services in a Long Term Care Facility or Assisted Living Facility; (or Professional Home Care Services if your plan includes a Professional Home Care Service Benefit); (or Total Home Care if your plan includes a Total Home Care Benefit)
- You have satisfied your Elimination Period

and

- A Physician has certified that you are unable to perform (without Substantial Assistance from another individual) two or more ADLs for a period of at least 90 days

or

- That you require Substantial Supervision by another individual to protect you and others from threats to health or safety due to Severe Cognitive Impairment. You will be required to submit a Physician certification every 12 months.

A Monthly Benefit will become payable once all of these requirements are met.

The treatment and services you receive for your Disability must be provided pursuant to a written plan of care developed by a Licensed Health Care Practitioner.

NOTE: If you have a **loss** of ADLs or Severe Cognitive **Impairment** before your effective date of coverage, that **loss** or **impairment** will never be covered.

Amount of Monthly Benefit

The amount of your monthly benefit will be based on the coverage options you chose from the SUMMARY OF BENEFITS and the place of residence used for long term care. See your SCHEDULE OF LONG TERM CARE BENEFITS form to determine the amount Unum will pay you each month.

A monthly benefit payable for less than one month will be paid at the rate of 1/30th of the monthly benefit amount for each day you are eligible for a monthly benefit.

When Monthly Benefits are Paid

Unum will send you a lump sum payment to cover the period between the day you become eligible for monthly benefit payments and the day you were approved for these payments. Unum will then send you a payment each month for days you were eligible to receive benefits during the prior month.

When Monthly Benefit Payments End

Unum will continue monthly benefit payments until the earliest of the following dates:

- The date you are no longer Disabled
- The expiration of your Physician certification
- The date you are no longer eligible for a monthly benefit under the plan of coverage you chose
- The date your total benefit payments equal the Lifetime Maximum Amount

or

- The date you die.

Waiver of Premium

Once benefits become payable, there will be no more cost for your coverage as long as you are Disabled. If benefits are no longer payable, you **must** resume premium payments to continue your coverage. Premiums are **not waived** while you are receiving a payment for Respite Care.

Recurrent Disability

You will not have to complete a new Elimination Period if you become Disabled again after the date Unum stopped making monthly benefit payments to you for your previous Disability.

Respite Care Benefits

If you are eligible for a home care benefit but are not yet receiving monthly payments because you:

- Have not yet completed the Elimination Period

or

- Have completed the Elimination Period but have chosen to postpone receipt of benefits in order to preserve your Lifetime Maximum Amount

Unum will pay a benefit equal to 1/30th of your home care benefit for each day that you receive Respite Care up to a maximum of 15 days per calendar year.

Payments made to you for Respite Care will reduce your Lifetime Maximum Amount.

Respite Care may be provided to you by:

- A formal caregiver, such as a Home Health Care Provider, an Adult Day Care Facility, a registered nurse, a licensed practical nurse, etc.

or

- An informal caregiver such as your friends or relatives.

Bed Reservation Benefit

If you are receiving a Long Term Care Facility or Assisted Living Facility monthly benefit and your stay in the Facility is interrupted because you are hospitalized, Unum will continue to pay the monthly benefit if a charge is made to reserve your accommodations in the Facility.

If your stay is interrupted because you are hospitalized while you are completing your Elimination Period, such days will be used to help satisfy this period.

Bed Reservation days will be limited to 15 days per calendar year.

Inflation Protection**Uncapped Compound Growth Inflation Protection Option**

If you have chosen this option, your Monthly Benefit will increase each year on January 1st by 5% of the Monthly Benefit in effect on that date. As long as our coverage remains in effect, inflation increases will occur automatically for your Monthly Benefit Amount and Lifetime Maximum Amount as shown in the SUMMARY OF BENEFITS, regardless of your health or whether or not you are Disabled. Your premium will not increase due to automatic increases in these amounts.

An example of a 5% uncapped compound growth inflation protection increase is:

An LTC Facility Monthly Benefit amount of \$1,000 will be increased:

1. by 5% to \$1,050 on January 1st of the next calendar year;
2. by 5% of \$1,050 to \$1,102.50 on the next January 1st; and
3. by 5% of the previous benefit amount on each following January 1st.

LIMITATIONS AND EXCLUSIONS

Unum will not make long term care payments to you for:

- A Disability caused by war (whether declared or not) or any act of war
- A Disability caused by attempted suicide (while sane or insane) or self-destruction
- A Disability caused by a commission of a crime for which you have been convicted under state or federal law or attempting to commit a crime under state or federal law
- Disabilities or confinements during which you are outside the United States, its territories or possessions for longer than 30 days
- A Disability caused by alcoholism or alcohol abuse
- A Disability caused by voluntary use of any controlled substance unless the controlled substance is prescribed for you by a Physician. (“Controlled substance” is defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments.)
- A period in which you are confined in a hospital, other than if you are confined in a nursing facility that is a distinctly separate part of a hospital, (this exclusion does not apply to those periods covered under the Bed Reservation Benefit)

or

- A Disability caused by psychological or psychiatric or mental conditions, regardless of cause, which include:

- Depression
- Generalized anxiety disorders
- Personality disorders
- Schizophrenia
- Manic depressive disorders

or

- Adjustment disorders

and other conditions that are usually treated by a mental health provider, or other qualified provider using psychotherapy, psychotropic drugs or similar methods of treatment.

However, Unum will make payments to you for conditions that are not psychological, psychiatric or mental in nature, including Alzheimer’s disease or similar forms of irreversible dementia.

Pre-Existing Conditions Exclusion

A pre-existing condition is any condition that exists for which you:

- Received medical treatment, consultation, care, or services, including diagnostic measures for the condition

or

- Took drugs or medicines that were prescribed for the condition during the six month period right before your coverage began.

Unum will not make any payments to you for a Disability that:

- Is caused by, contributed to by, or results from a pre-existing condition

and

- Begins during the first six months after your coverage begins.

NOTE: A pre-existing condition is not the same as a **loss** of ADLs or Severe Cognitive **Impairment** that existed before your effective date of coverage.

If you have a **loss** of ADLs or Cognitive **Impairment** before your effective date of coverage, that **loss** will never be covered.

If you have a **condition** that exists prior to your effective date of coverage and has not resulted in a **loss** of ADL or Severe Cognitive **Impairment**, that condition may be a pre-existing condition. If it is a pre-existing condition and you have a **loss** of 2 or more ADLs or Severe Cognitive **Impairment** caused by, contributed to by or resulting from that pre-existing condition during the first six (6) months **after your effective date of coverage**, these **losses** or **impairment** will not be covered.

REHABILITATION AND ALTERNATE CARE PLANS

While you are Disabled, Unum may suggest special services and/or equipment designed to help you regain the ability to independently perform the Activities of Daily Living. The services/equipment must be medically necessary and appropriate for your Disability and provided pursuant to a plan of care developed by a Licensed Health Care Practitioner. The services or equipment must be intended to assist you in living at home or other residential housing by eliminating your need for Substantial Assistance. The services or equipment cannot be covered by other insurance or Medicare. Examples of Alternate Care Plans may include, but are not limited to:

- A rehabilitation program
- Home modifications for wheelchair access

and

- Certain types of medical equipment, emergency medical response systems or hardware purchases.

The terms of an Alternate Care Plan and the actual expenses that Unum will pay will be subject to written mutual agreement between Unum, you and your Physician.

If, for any reason, you do not wish to participate in an Alternate Care Plan, your benefits will continue according to the provisions of the Policy.

CLAIM INFORMATION

Notice of Claim

You must give us written notice of claim within thirty (30) days of the date you become Disabled. If it is not possible for you to give us a notice within this time period, it must be given as soon as reasonably possible. If you do not have a Long Term Care Notice of Claim Form, you can get one from the Policy holder's Plan Administrator, or your Unum representative, or you can notify Unum in writing that you want to make a claim. If you do not receive the form from Unum within 15 days after writing, send Unum proof of the claim without the form.

Proof of Claim

You must send Unum proof of claim for long term care payments no later than 90 days after the date you become Disabled. If you cannot send Unum proof within the 90-day period, you must send Unum proof as soon as it is reasonably possible to do so, but in no event more than one year after the time this proof is required.

The proof of your claim must include:

- The date your Disability occurred
- The cause of your Disability
- The extent of your Disability
- Certification by a Physician that you are unable to perform (without Substantial Assistance from another individual) two or more ADLs for at least 90 days, or that you require Substantial Supervision by another individual to protect yourself and others from threats to health and safety due to Severe Cognitive Impairment
- Your written plan of care developed by a Licensed Health Care Practitioner
- Such other proof as Unum may deem necessary.

You must give Unum proof of continued Disability at intervals requested by us. Such proof must be given within 30 days of our request. If it is not possible for you to give us proof of continued Disability within this 30-day period, it must be given as soon as possible. However, proof of continued Disability must be given no later than one year after the time proof is otherwise requested.

Unum may also require a claims assessment as part of the proof of claim. A claims assessment means a review done by Unum or its designated representative to help in evaluating the Disability. It may include a face-to-face interview with you at a location selected by Unum or its designated representative.

How to File a Claim

You must fill out a Long Term Care claim form and send it to Unum. If you do not have enough information to complete the form, you may send in the Notice of Claim postcard that is attached to the claim form. The claim form must be submitted when all information is available.

After you have filed a claim, Unum may also require you to be examined by a Physician or other medical practitioner of Unum's choice. Unum will pay for the examination. Unum can require an examination as often as it is reasonable to do so. Unum may require you or your authorized representative to give authorization to obtain medical and non-medical information as part of the proof of claim.

Legal Action

You or your authorized representative may not start legal action on your claim before 60 days after proof of loss has been given to Unum or more than 3 years from the time proof of loss was required.

Right of Recovery

Unum has the right to recover any overpayments made because of any error Unum makes in processing your claim.

TERMINATION OF COVERAGE

Your coverage will end on the earliest of these dates:

- The date your total benefit payment equals your Lifetime Maximum Amount
- The date the Policy ends
- The date you are no longer an Active Employee with the Policyholder
- The date you no longer work for the Policyholder
- The end of the period for which premiums were last paid to Unum for your coverage

or

- The date you die.

If you are absent from work at the Policyholder for any reason, you will continue to be covered for group coverage if the Policyholder continues to pay premiums to Unum.

Extension of Benefits

Termination of coverage will not affect any benefits payable if Disability began while your long term care insurance was in force, and continues without interruption after termination. Such extension of benefits will be limited to the duration of the payment of the Lifetime Maximum Amount.

Continuation of Coverage

You may elect to continue the same coverage you had under the group policy on a direct billing basis, if your group coverage ends. **You may not elect to continue coverage if you are not insured under the group policy. You may not elect to continue coverage if your group coverage was not in effect for at least three (3) months.**

After you receive notice of continuation rights informing you of:

- The date your group coverage ends

or

- The date the group policy terminates,

election for continued coverage must be made within 31 days.

Your continued coverage will be on a direct billing basis if your premium is payroll deducted. Your continued coverage:

- Will be maintained under the existing group policy if your coverage terminated because you are no longer eligible for coverage

or

- Will be continued under a continuation group policy, if the existing group policy terminates.

If you are already direct billed, your coverage will automatically continue:

- Under the existing group policy if you are longer eligible for coverage

or

- Under a group continuation policy if the existing group policy terminates.

Your continued coverage will remain in force, as long as you continue timely payment of premium when due. You must pay your premium directly to Unum for continued coverage.

The premium rate schedule for continued coverage may change in the future, depending on:

- The overall use of the benefits by all insured persons

or

- Changes in the benefit levels or other risk factors.

Any such change will be made on a class basis according to Unum's underwriting risk studies.

Once you have continued your coverage, you can apply at any time to change your continued coverage. To change your coverage, you must contact Unum's home office. You will need to complete the necessary forms, which may include evidence of insurability.

GENERAL INFORMATION

Statements

Unum considers any statements you make for insurance in any signed application(s) for initial coverage and/or any subsequent changes in coverage to be complete and true to the best of your knowledge and belief. All statements made in any application are considered representations and not warranties (absolute guarantees). If any of these statements are not complete and/or not true at the time they are made, Unum can:

- Reduce or deny any claim

or

- Terminate insurance from the original effective date.

Unum must use only the statements made in the signed application(s) as a basis for doing this.

Except for fraud, Unum can take these actions only in the first two (2) years your initial coverage or change in coverage is in force. There is no time limit for Unum to take these actions if any statements are fraudulent.

Incontestability

For a Certificate that has been in force for less than six (6) months, Unum may rescind coverage or deny an otherwise valid long-term care insurance claim upon a showing of misrepresentation that is material to the acceptance for coverage.

For a Certificate that has been in force for at least six (6) months but less than two (2) years, Unum may rescind coverage or deny an otherwise valid long term care insurance claim upon showing of misrepresentation that is both material to the acceptance for coverage and which pertains to the condition for which benefits are sought.

After a Certificate has been in force for two (2) years, it is not contestable upon the grounds of misrepresentation alone, such Certificate may be contested only upon a showing that the insured knowingly and intentionally misrepresented relevant facts relating to his/her health.

Agency

For all purposes of the Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed Unum's agent.

Premiums

The premiums due must be paid within the Grace Period. If the premium is not paid within this time, your coverage will terminate at the end of the Grade Period. The premium rate will not increase because you grow older or because of your use of the benefits. However, the premium rate schedule may change in the future depending on the overall use of the benefits by all insured persons or changes in the benefit levels, plan design or other risk factors. Any such change will be made on a class basis according to Unum's underwriting risk studies under this type of insurance.

Reinstatement

If your coverage terminates because a premium is not paid by the end of the Grace Period, you may request to reinstate your coverage at any time until six (6) months from the coverage termination date.

In order to reinstate your coverage, the following requirements must be met:

- You must complete a reinstatement application
- Unum must approve that reinstatement application

and

- You must pay all unpaid premium.

If Unum approves your reinstatement application, reinstatement will take effect on the date your coverage was terminated for non-payment of premium.

The reinstatement coverage WILL NOT cover any Disability that is excluded by name or description in the Policy.

Reinstatement of Terminated Coverage Due to Disability

If you become Disabled and your coverage terminates because the premium is not paid by the end of the Grace Period, you may request to reinstate your coverage at any time until five (5) months from coverage termination date.

In order to reinstate your coverage, the following requirements must be met:

- You must provide proof that your Disability occurred prior to the coverage termination date

and

- You must pay all unpaid premium.

If you meet these requirements, Unum will reinstate your coverage on the coverage termination date. The reinstatement coverage WILL NOT cover any Disability which is excluded by name or description in the Policy.

Policy Renewability

The Policy is renewable at the option of the Policyholder and Unum. This means that your coverage under the plan may be changed or ended at the option of the Policyholder or Unum. If your coverage is ended by the Policyholder or Unum, you will have a guaranteed right to elect continuation of coverage.