



Life/Accidental Death Beneficiary Card

Unum Life Insurance Company of America, Portland, ME 04122

Policy Holder Name: Circharo Acquisition		Policy Division Number: # 574588	
Insured's Name:	Birth date:	Social Security Number	
Beneficiary:	% of Benefit:	Social Security Number:	Relationship:
Beneficiary:	% of Benefit:	Social Security Number:	Relationship:
Beneficiary:	% of Benefit:	Social Security Number:	Relationship:
Contingent Beneficiary (Used only if the above beneficiary dies before you do)			

Insured's Signature

Date

*Benefits cannot be sent directly to a minor. Please consult your policy for additional information.

Summary of Benefit

Eligibility

All active full-time employees working at least 30 hours each week.

Coverage Amount Lifestyle:

Your Employer-Paid Term Life and AD&D coverage is \$50,000

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- | | |
|--|--------------------------------------|
| 1. Life | 4. One hand and the sight of one eye |
| 2. Both hands or both feet or sight of both eyes | 5. One foot and the sight of one eye |
| 3. One hand and one foot | 6. Speech and hearing |

Other losses may be covered as well. Please see your Plan Administrator.

Coverage amount(s) will reduce according to the following schedule:

<i>Age:</i>	<i>Insurance Amount Reduces to:</i>
65	65% of original amount
70	50% of original amount

Coverage may not be increased after a reduction.