Utica University
Policy # 498691

Please read carefully the following description of your Unum Term Life insurance plan.

Your Plan
Eligibility

All active employees working at least 20 hours each week and their eligible spouses and children (up to age 19, or 25 if they are full-time students).

*Note: Disabled children over the maximum child age may be eligible for benefits, please see your plan administer for more details.

Coverage Amounts

Your Term Life coverage options are:

Employee: Amounts in $10,000 units as applied for by you and approved by the Insurance Company.

Maximums: Insured before 70th birthday: the lesser of 5 times annual earnings or $500,000.
           Insured on or after 70th birthday: the lesser of 1 times annual earnings or $30,000.

Spouse: Amounts in $5,000 units as applied for by you and approved by the Insurance Company.

Maximums: Insured before 70th birthday: the lesser of 100% of the amount in force on you or $500,000.
           Insured on or after 70th birthday: the lesser of 100% of the amount in force on you or $30,000.

Child: Amounts of $2,000 units as applied for by you and approved by the insurance company

Maximums: Live birth to 6 months - $100
           6 months to 25th birthday: $4,000

Coverage amount(s) will reduce at age 70 according to the following schedule:

Insurance Amount Reduces to:

Employee: Any amount in force prior to age 70 reduces to the lesser of 1x annual earnings or $30,000 at age 70

Spouse: Any amount in force prior to age 70 reduces to the lesser of 100% of the amount in force on you or $30,000 at age 70

Coverage may not be increased after a reduction.
If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of coverage up to $30,000 for yourself and any amount of coverage up to $15,000 for your spouse. Any coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage at any time during the year. However, you will be required to furnish evidence of insurability for the entire amount of coverage.

If you and your eligible dependents enroll within 31 days of your eligibility date, and later, wish to increase your coverage, you may increase your coverage, with evidence of insurability, at any time during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Please see your Plan Administrator for your eligibility date.

Rates shown are your Monthly deduction:

A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Employee per $10,000</th>
<th>Spouse per $5,000</th>
<th>Child per $2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tobacco</td>
<td>Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 24</td>
<td>$.62</td>
<td>$.96</td>
<td>$.54</td>
</tr>
<tr>
<td>25-29</td>
<td>$.62</td>
<td>$.96</td>
<td>$.54</td>
</tr>
<tr>
<td>30-34</td>
<td>$.72</td>
<td>$1.22</td>
<td>$.65</td>
</tr>
<tr>
<td>35-39</td>
<td>$1.08</td>
<td>$1.84</td>
<td>$1.01</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.50</td>
<td>$3.08</td>
<td>$1.72</td>
</tr>
<tr>
<td>45-49</td>
<td>$2.59</td>
<td>$5.28</td>
<td>$2.86</td>
</tr>
<tr>
<td>50-54</td>
<td>$4.66</td>
<td>$9.42</td>
<td>$4.58</td>
</tr>
<tr>
<td>55-59</td>
<td>$8.03</td>
<td>$12.51</td>
<td>$6.36</td>
</tr>
<tr>
<td>60-64</td>
<td>$11.52</td>
<td>$16.26</td>
<td>$9.04</td>
</tr>
<tr>
<td>65-69</td>
<td>$19.13</td>
<td>$32.24</td>
<td>$13.50</td>
</tr>
<tr>
<td>70-74</td>
<td>$29.55</td>
<td>$44.11</td>
<td>$22.49</td>
</tr>
<tr>
<td>75+</td>
<td>$29.55</td>
<td>$44.11</td>
<td>$22.49</td>
</tr>
</tbody>
</table>

NOTE: Your rate will increase as you age and move to the next age band.

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Increment</th>
<th>Rate</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$________</td>
<td>$10,000 x</td>
<td>$______</td>
</tr>
<tr>
<td>Spouse</td>
<td>$________</td>
<td>$5,000 x</td>
<td>$______</td>
</tr>
<tr>
<td>Children</td>
<td>$________</td>
<td>$2,000 x</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total Monthly Cost = $______
Additional Benefits

**Life Planning Financial & Legal Resources**
This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to you. This service is also extended to you upon the death or terminal illness of your covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

**Accelerated Benefit**
If you become terminally ill and are not expected to live more than twelve months, you may request up to 50% of your life insurance amount up to $50,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

**Unum Security Account**
Benefits of $10,000 or more are paid through the Unum Security Account. This interest bearing account will be established in the beneficiary's name. He or she can then withdraw money at any time for $250 or more, up to the full amount, as needed.

**Limitations/Exclusions/Termination of Coverage**

**Suicide Exclusion**
Life benefits will not be paid for deaths caused by suicide in the first 24 months after your effective date of coverage.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.
Termination of Coverage

Your coverage and your dependents’ coverage under the Summary of Benefits ends on the earliest of:

- the date the policy is terminated;
- the date the employee is no longer in an eligible class;
- the date the employer’s coverage under the policy terminates;
- the date the employee’s class is no longer included for insurance;
- the end of the period for which the last required employee contribution for the employee’s insurance has been paid; or
- the date the employee’s employment terminates. The employee’s employment will be considered terminated if he ceases active employment.

The employer must not discriminate unfairly among employees in similar situations.

Dependent coverage will end on the earliest of:

- the date the employee’s insurance is terminated;
- the date the policy is terminated;
- the date the employer’s coverage under the policy is terminated;
- the date the employee is no longer in a class eligible for dependent insurance;
- the date the employee no longer has any dependents;
- the end of the period for which the last required employee contribution for the employee’s dependent insurance has been paid;
- the date the employee is no longer insured for dependent insurance; or
- the date the dependent loses status as a dependent.
Next Steps

How to Apply for Coverage

You may apply for coverage at any time for yourself and your dependents, but if you apply for coverage after your enrollment deadline, you and your dependents will need to complete a medical questionnaire which you can get from your Plan Administrator. You and your dependents may also be required to take certain medical tests at Unum’s expense.

Employees and dependents currently enrolled: See “How to Make Changes to Current Coverage” below.

How to Make Changes To Current Coverage

Each year you will be given the opportunity to purchase additional Life coverage for yourself and your dependents. You may purchase additional Life coverage up to the Guarantee Issue amounts for yourself and your dependents at the annual enrollment without evidence of insurability if you are already enrolled in the plan. Please see your Plan Administrator for date of annual enrollment. Additional Life coverage over the Guarantee Issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum’s Medical Underwriters. If you are already enrolled in the plan, you may also increase your coverage with evidence of insurability at any time during the year. The suicide exclusion will apply to any increase in coverage.

Delayed Effective Date of Coverage

Employee: 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.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

“Totally disabled” 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; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment or has a life threatening condition.

Questions

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number A.1, et al.

Work-life balance employee assistance program services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.