

# UNUM LIFE INSURANCE COMPANY OF AMERICA

A Stock Insurance Company  
2211 Congress Street, Portland, Maine 04122

## CERTIFICATE OF COVERAGE

**Policyholder** ..... University Corp for Atmospheric Research-Weather Information  
Technologies, Inc.  
**Policy Number** ..... GSR 15161  
**Division, Subsidiary or Affiliate Company(ies)**.....  
**Your Coverage Effective Date** ..... 03/01/1999  
**Renewal Date** ..... 03/01/2000  
**Eligible Group(s):**

<b>Class</b>	<b>Description of Eligible Persons</b>
I	All active full time Employees under age 74
IA	All active full time Employees (age 75-79)
IB	All active full-time Employees (age 80 and over) working twenty (20) or more hours per week
II	Spouses of Insured Employees
III	Dependent children of Insured Employees

UNUM LIFE INSURANCE COMPANY OF AMERICA (referred to as We, Our, Us or UNUM) welcomes You as a client.

This is Your certificate of coverage as long as You are eligible for coverage and You become insured. You will want to read it carefully and keep it in a safe place. If the terms and provisions of this certificate of coverage (issued to You) are different from the policy (issued to the Policyholder) the policy will govern. Your coverage may be changed in whole or in part. Only an officer of UNUM can approve a change. The approval must be in writing and endorsed on or attached to the policy. Any other person, including an agent, may not change the policy or Your coverage or waive any part of it. This certificate of coverage is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under this policy, UNUM has discretionary authority to determine Your eligibility for benefits and to interpret the terms and provisions of this policy. For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

## AD&D BENEFIT SCHEDULE

### Minimum Hours Requirement

You must be working at least 20.0 hours per week.

### Waiting Period

For persons in an eligible group on or before 03/01/1999: none.

For persons entering an eligible group after 03/01/1999: the day following the date Your enrollment card is received.

Rehire - If employment ends and You are rehired within 12 months, Your previous work while in an eligible group will apply toward the waiting period.

Waive Waiting Period - If You have been continuously employed by Your employer for a period of time equal to Your waiting period, We will waive Your waiting period when You enter an eligible group.

Credit Prior Service - UNUM will apply any prior period of work with Your employer toward the waiting period to determine the Your eligibility date.

### Your Amount of AD&D Benefit

Class I: As selected; to a maximum amount of \$500,000 and a minimum amount of \$20,000. Amounts in \$10,000 increments as applied for by You and approved by Unum.

Class IA: As selected; \$20,000

Class IB: As selected; \$20,000

### Amount of AD&D Benefit for Your dependents

Class II: The benefit for Your spouse, domestic partner is an amount equal to 50% of Your AD&D Benefit if there are no eligible children. An amount equal to 40% of Your AD&D Benefit if there are eligible children.

Class III: The benefit for each eligible child of an Insured is an amount equal to 10% of Your AD&D Benefit if there is spouse, domestic partner coverage, to a maximum of \$25,000. An amount equal to 20% of Your AD&D Benefit if there is no spouse, domestic partner coverage, to a maximum of \$25,000.

**No benefit will be payable under this certificate unless the Injury occurs while the certificate is in force.**

## DEFINED TERMS IN THIS CERTIFICATE

All defined terms are shown for the first time in bold throughout this certificate.

**Active Employment** means You are working for Your employer for earnings that are paid regularly and that You are performing the material and substantial duties of Your regular occupation. You must be working at least the minimum number of hours as described in this coverage. Your work site must be: 1. Your employer's usual place of business; 2. an alternative work site at the direction of Your employer; or 3. a location to which Your job requires You to travel.

Normal vacation is considered Active Employment. Temporary and seasonal workers are excluded from coverage.

**AD&D Benefit** means the total benefit amount for which a person is insured under this coverage, subject to the maximum benefit.

**Aircraft** means any vehicle or device that is used for aerial navigation in the earth's atmosphere.

**Annual Earnings** means Your gross annual income from the employer in effect just prior to the date of Loss. It does not include income received from commissions, bonuses, overtime pay or any other extra compensation, or include income received from services other than the Insured's employer.

**Disabled** means that You are not working in any occupation and due to Your Injury or Sickness are unable to perform the duties of any Gainful Occupation for which You are reasonably fitted by training, education or experience.

**Doctor** means: 1. a person performing tasks that are within the limits of his or her medical license; and 2. a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or 3. a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or 4. a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction. UNUM will not recognize You or Your spouse, domestic partner, children, parents, or siblings as a Doctor for a claim that You send to Us.

**Injury** means a bodily injury that is solely caused by external, violent and accidental means and is independent of any other cause.

**Layoff or Leave of Absence** means that You are absent from Active Employment for a period of time that has been agreed to in advance in writing by Your employer. Your normal vacation time or any period of disability is not considered a Layoff or Leave of Absence.

**Loss** means the following:

Loss of a hand means that all four fingers are cut off at or above the knuckles joining each to the hand.

Loss of a foot means that all of the foot is cut off at or above the ankle joint.

Loss of sight means one of the eyes is totally blind and that no sight can be restored in that eye.

Loss of thumb and index finger means that all of the thumb and index finger are cut off at or above the joint closest to the wrist.

Loss of speech means the total and irrecoverable loss of speech.

Loss of hearing means the total and irrecoverable loss of hearing in both ears.

**Material and Substantial Duties** means duties that: 1. normally are required for the performance of Your regular occupation; and 2. cannot be reasonably omitted or modified.

**Payable Claim** means a claim for which UNUM is liable under the terms of the policy.

**Policyholder** means the organization named in the policy and this certificate. It includes any division, subsidiary or affiliate company also named in the policy and this certificate.

**Qualified child or children** is any of Your unmarried dependent children under age 25 who, on the date of Your death as a result of an Injury, was either: 1. enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or 2. at the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level within 365 days following the date of Your death. Children include Your own natural offspring and lawfully adopted children. They also include stepchildren, foster children and other children who are dependent on You for main support and living with You in a regular parent-child relationship, or children who You are required to provide benefits for by divorce decree. A child will be considered adopted on the date of placement in Your home.

**Regular Occupation** means the occupation You are routinely performing when Your disability begins. We will look at Your occupation as it is normally performed, in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

**Sickness** means a sickness or disease which causes a disability which starts while the insurance is in force.

**Waiting Period** means the continuous period of time that You must be in Active Employment in an eligible group before You are eligible for coverage under the policy.

**You, Your** means the person named on the enrollment form.

## WHO IS ELIGIBLE FOR COVERAGE

A person is eligible for coverage if You are working for or are a member of the Policyholder in an eligible group, on the later of the Policy Effective Date; or the day after completing the **Waiting Period**.

You are a member of an organized Reserve Corps or the National Guard Unit, You will be covered for this insurance if You meet the eligibility requirements stated in this certificate, and:

- are attending any active duty training of less than 60 days or attending a service school; or
- are taking part in any authorized inactive duty training; or
- are taking part as a unit member in a parade or exhibition authorized by official orders; or
- are traveling to or from any active duty training or training school

You are also eligible to elect Family Plan coverage for Your dependents at the time You select Your own coverage.

Dependents include Your:

lawful spouse, including a legally separated spouse. A spouse cannot be covered as a dependent if he or she is enrolled for this coverage as an Insured.

unmarried, dependent children from live birth but less than age 19. Stillborn children are not eligible for coverage.

Unmarried dependent children age 19 or over but under age 25 also are eligible if they are full-time students at an accredited post-secondary institution of higher learning for full-time students beyond the 12th grade level; or if they are incapable of self support due to being physically or mentally challenged. Proof of incapacity and dependency must be given to Us within 31 days after the child reaches 19. We may require periodic proof of the uninterrupted continuance of incapacity and dependency. After the first 2 years, We will not require such proof more often than once a year.

Children include Your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on You for main support and living with You in a regular parent-child relationship. Your unmarried children who do not live with You, but are being provided benefits by You as required by a divorce decree are also covered. A child will be considered as Your adopted child or foster child on the date of placement in Your home. No dependent children may be covered by more than one person covered under the group policy. No dependent children can be covered as both a dependent and as another person under the group policy.

domestic partner: A domestic partner: must be at least 18 years of age and competent to contract; and must not be related by blood, closer than would bar marriage; and must have exclusively co-habitated with You for at least one year prior to the date of enrollment; and may not be legally married or separated; and must be the same gender as You; and must as of the date of the application have in effect: a declaration of domestic partnership with You or two of the four legal arrangements described below with You: 1. a joint mortgage or lease; 2. a joint banking account; 3. joint title to or ownership of a motor vehicle or be a joint lessee with You on a car lease; or 4. a joint credit card account with a financial institution.

You may not cover Your domestic partner as a dependent if the domestic partner is enrolled for coverage as an employee.

## WHEN COVERAGE BEGINS

Your coverage will begin at 12:01 a.m. on the coverage effective date shown in this certificate.

If You are absent from work due to Injury, Sickness, Layoff or Leave of Absence, Your coverage will begin on the date You return to Active Employment.

If You are not working due to Injury or Sickness, and if premium is paid, You may continue to be covered for the benefits under the policy for 12 months.

If You are on a Layoff, and if premium is paid, You will be covered through the end of the month that immediately follows the month in which Your temporary Layoff begins.

If You are on a Leave of Absence, and if premium is paid, You will be covered through the end of the month that immediately follows the month in which Your Leave of Absence begins.

We will continue Your coverage in accordance with the employer's Human Resource policy on family and medical leaves of absence if premium payments continue and the employer approved Your leave in writing.

Coverage will be continued until the end of the latest of: 1. the leave period required by the Federal Family and Medical Leave Act of 1993, and any amendments; or 2. the leave period required by applicable state law; or 3. the leave period provided to You for an Injury or sickness.

If the employer's Human Resource policy doesn't provide for continuation of Your coverage under the policy during a family and medical Leave of Absence, then Your coverage will be reinstated when You return to Active Employment. We will not apply a new Waiting Period.

When the Policyholder pays 100% of the cost of Your dependent coverage under the group policy, dependents will be covered at 12:01 a.m. on the date they are eligible for coverage.

When You and the Policyholder share the cost of dependent coverage under the group policy or when You pay 100% of the cost, the dependents will be covered at 12:01 a.m. on the later of:

1. the date the dependents are eligible for coverage, if You apply for insurance before that date; or
2. the date You apply for dependent insurance, if applied for within 31 days after the dependent's eligibility date.

## A DESCRIPTION OF THE COVERAGE

### Accidental Death and Dismemberment Benefit

If We approve the claim, We will pay You or Your beneficiary a benefit for a covered Loss which is the result of an Injury. The benefit will be paid only if: 1. Your death or Your dependent's death occurs within 365 days from the date of the accident; or 2. Your Injury or Your dependent's injury results in one or more covered Losses listed below within 365 days from the date of the accident.

The accident and the Injury must occur while You and Your dependent's are insured under the policy.

### Covered Loss and Benefit Amount List

For Loss of Life.....	The AD&D Benefit
<b>For Loss of:</b>	
Both Hands or Both Feet or Sight of Both Eyes.....	The AD&D Benefit
One Hand and One Foot.....	The AD&D Benefit
One Hand or Foot and Sight of One Eye.....	The AD&D Benefit
Speech and Hearing.....	The AD&D Benefit
One Hand or One Foot.....	One-Half the AD&D Benefit
Speech or Hearing.....	One-Half the AD&D Benefit
Sight of One Eye.....	One-Half the AD&D Benefit
Thumb and Index Finger of Same Hand.....	One-Quarter the AD&D Benefit
The most We will pay for any combination of Losses from any one accident is the <b>AD&amp;D Benefit</b> .	

### Enhancements of the AD&D Benefit

#### Coverage for Exposure and Disappearance

We will provide coverage if You sustain an Injury and are unavoidably exposed to the elements and as a result of the exposure suffers a Loss. We will presume You suffered Loss of life due to an accident if: 1. You are riding in a common carrier that is involved in an accident covered under this policy; and 2. as a result of the accident, the common carrier is wrecked, sinks, is stranded, or disappears; and 3. Your body is not found within one year of the accident.

#### Common Disaster Benefit

If We approve the claim, when We receive proof that both You and Your spouse, domestic partner have died as the result of Injuries sustained in the same accident, We will pay a benefit for common disaster in accordance with the beneficiary designation provision, or to the designated guardian for Your dependent children. Both deaths must occur within 90 days of the accident which caused the Injuries. We will increase Your spouse, domestic partner's AD&D Benefit to equal the amount of Your AD&D Benefit.

**\*The overall Combined Maximum payable is \$750,000.**

#### Enhancement Benefit for Children

If We approve a claim, when We receive proof that Your dependent child sustains a covered Loss, other than Loss of life, We will increase Your dependent child's AD&D Benefit for the Loss. The benefit will be increased to an amount equal to two times the AD&D Benefit shown for each Loss on the Covered Loss and Benefit Amount List in the AD&D Benefit section of this coverage. A dependent child is eligible to receive this benefit if: 1. he or she is covered under this policy on the date of the accident which causes the Loss; and 2. the covered Loss results from an Injury within 365 days from the date of the accident.

#### Education Benefit

If You choose the Family Plan Coverage and We approve the claim, We will pay Your authorized representative on behalf of each of Your **Qualified Children** an Education Benefit if You or Your spouse or domestic partner die as a result of Injury; and within 365 days after the date of the accident causing the Injury. The accident causing the Injury must occur while You are insured under the policy. We must receive proof that the child is a Qualified Child and the Qualified Child must continue to be enrolled as a full time student in an accredited post-secondary institution of higher learning for full-time students beyond the 12th grade level. We will pay 5% of Your AD&D Benefit per academic year up to a maximum benefit period of 4 years or a maximum benefit amount of \$ 5,000 per year. The Education Benefit ends for each Qualified Child on the earliest of: 1. the date the Qualified Child fails to furnish the proof that We require; 2. the date the Qualified Child no longer qualifies as a Dependent Child for any reason except Your death; or 3. the end of the maximum benefit period. If, at Your death, You or Your spouse or domestic partner have no dependent children eligible for this benefit, We will pay \$3,000 to Your beneficiary.

### **Spouse or Domestic Partner Training Benefit**

If We approve the claim when We receive proof that You have died as the result of an Injury, We will pay the actual cost incurred by Your dependent spouse or domestic partner for a professional or trade school training program within 30 months from the date of the accident which caused the Injury. We will pay up to a maximum benefit amount of \$ 5,000 . The dependent spouse or domestic partner is eligible to receive this benefit if he or she is: 1.enrolled in a professional or trade school training program for the purpose of obtaining an independent source of support and maintenance; and 2.is covered under the policy on the date of Your accident.

### **HOW TO CONVERT**

If the policy is cancelled with UNUM or changes so that You are no longer eligible, You may convert only the Accidental Death & Dismemberment Coverage described in the Description of Coverage. Enhancements of the Accidental Death & Dismemberment Benefit are not convertible. The converted amount will be determined by UNUM . You are eligible to convert if currently insured under this policy for at least one year and You are not Disabled under the terms of the policy. Premiums for the current insurance will be based on: 1. Your attained age on the effective date of the individual policy; 2. the type and amount of insurance to be converted; 3. UNUM 's customary rates in use at that time; and 4. the class of risk to which You belong. The converted policy will take effect on the later of: 1. the date that Your insurance under the Policyholder's policy terminates; or 2. the date of Your application for the converted policy; or 3. the date Your premium for the converted policy is paid. To apply for conversion, You must ask the Policyholder for a conversion application form which includes cost information. Upon completion of the application, it must be sent with the first premium amount to:

UNUM LIFE INSURANCE COMPANY OF AMERICA  
Special Risk Customer Service Department  
2211 Congress Street  
Portland, Maine 04122

### **WHAT IS EXCLUDED FROM COVERAGE**

We will not pay any claim for a loss that is caused by, contributed to by, or resulting from: intentionally self-inflicted injury while sane, or self inflicted injury while sane or insane; suicide (in Missouri, while sane), or any attempt at suicide; nuclear war, or war between the following countries: the United States, the states of the former Soviet Union, China, France, or the United Kingdom; service or full-time active duty in the armed forces of any country or international authority; disease of the body, bodily or mental infirmity, or any bacterial infection other than bacterial infection due directly to an accidental cut or wound; operating, learning to operate, or serving as a member of a crew of an Aircraft; or while in any Aircraft operated by or under any military authority; or while in any Aircraft being used for a test or experimental purpose, or while in any Aircraft owned or leased by or on behalf of the Policyholder or any division, subsidiary or affiliate of the Policyholder, or by the Insured and members of his or her family or boarding or alighting from such Aircraft; This exclusion does not apply to: 1. transport type aircraft operated by the Military Airlift Command of the United States. 2. similar air transport service of any other country; active participation in a riot; You or Your dependent's voluntary use of any controlled substance. (This is defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments.) This exclusion will not apply if the controlled substance is prescribed for You by a Doctor and You take the controlled substance in accordance with Your Doctor's directions; an attempt to commit or commission of a crime under state or federal law; the voluntary ingestion of that percentage of alcohol in Your blood or Your Insured dependent's blood which raises a presumption that You or Your dependents were driving any vehicle used for transportation while under the influence of alcohol. The blood-alcohol level which raises this presumption is governed by the laws of the state in which the accident occurred.

### **HOW TO FILE A CLAIM**

1. **Notice of Claim.** You or Your beneficiary, or someone on Your behalf, must give Us written notice within 90 days of the Loss. The notice must name You and the policy number.
2. **Claim Forms.** We will send the claimant Proof of Loss forms within 15 days after We get the notice. If the claimant does not get the Proof of Loss forms in 15 days he or she can send Us a detailed written report of the claim and extent of the loss. We will accept this report as a Proof of Loss if sent within the time fixed below for filing Proof of Loss.
3. **Proof of Loss.** Written Proof of Loss must be sent to Us within 90 days of the Loss or as soon as reasonably possible except the Education Benefit. For the Education Benefit the Proof of Loss must be sent no later than 60 days after the date that the Loss begins or the date of the death. In no event shall proof be furnished later than 1 year after the date that notice of claim is otherwise required, unless due to the legal incapacity of the claimant.

### **PAYMENT OF CLAIM**

1. **Time of Payment.** We will pay claims for most Losses as soon as We get the Proof of Loss. Unless an optional periodic payment time is named, any Loss to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance which remains when Our liability ends will then be paid when We receive the Proof of Loss.
2. **Who We Will Pay (Beneficiary Designation).** All benefits, except Loss of life, will be paid to You. You have the right to name a beneficiary. A beneficiary has no interest in the policy other than to receive the benefits for Loss of life. You may change the beneficiary at any time unless Your interest has been assigned. Unless there has been an assignment, consent to change by a prior beneficiary is not needed. The naming of a beneficiary is not effective until entered on the records of the Policyholder. We are not responsible for the correctness of the records. If You do not name a beneficiary, or if all named beneficiaries die with or before You, We have the option of paying death benefits to Your estate or to Your surviving family members in the order listed below:
  - a. spouse or domestic partner;
  - b. child or children, equally, if living, otherwise to their descendants per stirpes;
  - c. parents, equally or to the survivor;
  - d. sisters or brothers, equally or to the survivor or survivors;
  - e. Your estate.

3. **Physical Examination and Autopsy.** For a pending death claim, We may have an autopsy performed unless forbidden by law. For other pending claims, We will require You or Your dependent to undergo:
  - a. a medical examination; and/or
  - b. a functional capacity examination; and/or
  - c. a vocational assessment and/or job skill analysis; and/or
  - d. a psychiatric examination; and/or
  - e. any related tests as are reasonably necessary to the performance of the examination by a Doctor or specialist appropriate for the condition at such time and place and with such frequency as required.

We have the right to select the examiner. We will pay for the examination, including the costs associated with Your or the dependent's travel to the examination, if the examination cannot be conducted locally.

We must be given the information which We need to determine if a benefit is payable and how much that benefit should be. We may require: 1. relevant portions of Your personal or business federal income tax returns; and/or 2. income statements; and/or 3. other statements or reports of receipts and payments; and/or 4. other related financial records. We also have the right to require a financial audit, if necessary, by a representative of Our choice.

## GENERAL POLICY PROVISIONS

1. **Payment of Premium and Grace Period.**
  - a. **When Due.** Premium is due on the Premium Due Date. The premiums must be paid by the Policyholder to UNUM in United States dollars.
  - b. **Grace Period.** The policy will continue in force for 31 days after the Premium Due Date if:
    - (1) the late payment is not the first premium payment; or
    - (2) We have not given notice to the Policyholder at least 31 days before the Premium Due Date that We will not renew the policy past the current paid-up period. Notice will be delivered or mailed to the Policyholder at the last mailing address in Our records.
2. **Termination of Policy.**
  - a. **Cancellation of the Policy.**
    - (1) The Policyholder may cancel this policy at any time by returning it, or giving written notice to Us stating the date cancellation is to take effect.
    - (2) By Us. We may cancel the policy by written notice delivered to, or mailed to, the Policyholder at the last mailing address in Our records. The notice will state the date and hour, not less than 31 days later, that cancellation is to take effect. Proof of mailing or delivery is sufficient proof of notice.
    - (3) Unearned Premiums. We will promptly refund any unearned premiums.
3. **Termination of Your or Your Dependent's Coverage.**
  - a. Your coverage will end on the earliest of the next Premium Due Date after:
    - (1) the date the policy is cancelled;
    - (2) the date You are no longer in an eligible group;
    - (3) the date the eligible group is no longer covered;
    - (4) the last day of the period for which You made any required contributions;
    - (5) the last day You are in Active Employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness as described in this certificate.
  - b. Dependents' coverage ends on the earliest of:
    - (1) the date the policy is cancelled;
    - (2) the date You are no longer in an eligible group;
    - (3) the date Your eligible group is no longer covered;
    - (4) the last day of the period for which You made any required contributions;
    - (5) the last day You are in Active Employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness as described in this policy;
    - (6) the date of Your death.


Coverage for any one dependent will end on the earliest of:

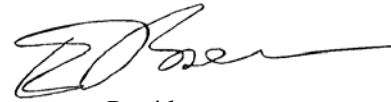
    - (1) the date Your coverage ends;
    - (2) the date the dependent ceases to be an eligible dependent;
    - (3) for a spouse, the date of divorce or annulment.
    - (4) for a domestic partner, the date the domestic partnership ends.

If Your coverage ends or a dependent's coverage ends, the termination of coverage will not affect a Payable Claim as long as it occurs while You or the dependent are covered under the policy.
4. **Legal Action.** No action on this policy may be brought until 60 days after written Proof of Loss has been given to Us. Any action must be started within 3 years (5 years in Kansas; 6 years in South Carolina) of the date the written proof is required to be submitted.
5. **Policyholder Records.** The Policyholder will keep a record of the vital facts of coverage for each insured employee. We may examine these records at reasonable times during the policy period and up to two years after the policy ends, or until all claims are closed, whichever is later. The Policyholder will report to Us within a reasonable time all changes in insured persons.
6. **Statements not Warranties.** Any statements made by the Policyholder or You will be considered a representation and not a warranty. We will not use a statement to deny or reduce a claim or cancel an Your coverage from the original effective date unless it is in writing and signed by You.
7. **Conformity with Statute.** Terms of this policy in conflict with the laws of the state where it is delivered are amended to conform to such laws.
8. **Certificates.** We will issue individual certificates of insurance to the Policyholder for delivery to the persons insured by this policy. The certificates will state the main terms of the policy. The Policyholder will maintain a complete record of the persons insured under the policy.
9. **Changes.** A change in the policy is not valid until approved by one of Our officers and noted on or attached to this policy by Us and accepted by the Policyholder. No agent has authority to change or waive any terms of this policy. We will give written notice to the Policyholder at least 31 days in advance of a change.

10. **Changes in Your Coverage.** Once Your coverage begins, any increased or additional coverage due to a change in Your **Annual Earnings** or due to a change requested by the Policyholder will take effect on the first day of the month following the date of changed coverage. You must be in Active Employment or on a covered layoff or leave of absence. If You are not in Active Employment due to Injury or sickness, any increased or additional coverage due to a change in Your Annual Earnings or due to a change requested by the Policyholder will begin on the date You return to Active Employment. Any decrease in coverage will take effect immediately but will not affect a **Payable Claim** that occurs prior to the decrease.
11. **Fraud.** UNUM will ensure that You and the Policyholder do not incur additional insurance costs as a result of the undermining effects of insurance fraud. UNUM promises to focus on all means necessary to support fraud detection, investigation, and prosecution. It is a crime if You knowingly, and with intent to injure, defraud or deceive UNUM or provide any information, including filing a claim, that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of Your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. UNUM will pursue all appropriate legal remedies in the event of insurance fraud.
12. **Assignment of Interest.** You have the right to transfer the rights under this certificate to someone else. A transfer of rights is binding when We receive and register at Our office a written notice that has been signed by You. We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the provisions of the policy before receiving and registering an assignment.
13. **The Contract:** This Policy, the Certificates of Coverage, the Insured's application, riders, endorsements, and any other attached papers represents the entire contract between the Insured and Us. Statements by agents or brokers are not part of this contract. Only an executive officer of this Company can approve a change in this Policy. No one else can change this Policy or waive any of its conditions.

Signed for the UNUM LIFE INSURANCE COMPANY OF AMERICA.

  
Secretary

  
President