

MISSISSIPPI STATE UNIVERSITY
GROUP INSURANCE ELECTION FORM
POLICY #574505

Name:		Social Security #:	
Billing Division:		Annual Salary:	
Effective Date:		Date of Birth:	
		Date of Hire:	

IMPORTANT! *This form must be returned to your employer prior to the end of the enrollment period.*

Re-enrollment period: If your form is not signed, dated and returned *before* the effective date of the plan year for which elections are being made, you will remain in the option(s) you had previously, or a plan most similar, although your cost may change. Any *Employee Paid* coverage left blank will result in a coverage amount equal to \$0.

Long Term Disability (You pay the cost of your coverage):

1)	60% integrated benefit with 90 day elimination period: 60% of monthly earnings to a maximum benefit of \$10,000 per month.
2)	25% non-integrated benefit with 90 day elimination period: 25% of monthly earnings to a maximum benefit of \$10,000 per month.
3)	60% integrated benefit with 180 day elimination period: 60% of monthly earnings to a maximum benefit of \$10,000 per month.
4)	Employees who elect 25% non-integrated benefit with 180 day elimination period: 25% of monthly earnings to a maximum benefit of \$10,000 per month.

I elect Option _____ I elect to pay for my coverage on a pre-tax _____ or post-tax basis*

*See next page to calculate your cost

Annual Enrollment/Change in Status: You can increase your coverage subject to the pre-existing condition provision.

See your Plan Administrator or refer to your enrollment materials for details about pre-existing condition limitations and/or exclusions.

Delayed Effective Date: Initial insurance, and any increased or additional insurance will be delayed if an employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective.

Request for Signature: I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing payroll deduction from my earnings. I understand that if I decline any of the above coverages, I cannot elect coverage until the next annual enrollment period.

Employee Signature

Date

UNUM DISABILITY RATES Effective January 1, 2022

PREMIUMS ARE BASED ON AGE AND EARNINGS AND ADJUSTED ANNUALLY EFFECTIVE WITH THE MARCH PREMIUM, WHICH IS DEDUCTED FROM THE FEBRUARY PAYCHECKS.

**Employee Age Band	OPTION 1 RATE 60% *INTEGRATED 90 DAY ELIMINATION	OPTION 2 RATE 25% *NON-INTEGRATED 90 DAY ELIMINATION	OPTION 3 RATE 60% *INTEGRATED 180 DAY ELIMINATION	OPTION 4 RATE 25% *NON-INTEGRATED 180 DAY ELIMINATION
< 25	0.24	0.20	0.21	0.16
25 – 29	0.26	0.21	0.22	0.17
30 – 34	0.30	0.24	0.25	0.19
35 – 39	0.39	0.31	0.33	0.25
40 – 44	0.56	0.43	0.45	0.34
45 – 49	0.79	0.61	0.63	0.49
50 – 54	1.09	0.82	0.90	0.66
55 – 59	1.47	1.12	1.16	0.90
60 – 64	1.58	1.21	1.23	0.98
65 – 69	1.77	1.35	1.38	1.09
70 +	2.86	2.21	1.98	1.78

ESTIMATED RATE CALCULATOR:

$$\frac{\text{Annual Salary}}{100} \times \text{Rate} = \$ \frac{\text{Annual Cost}}{\text{Pay Periods}} = \text{Cost per Paycheck}$$

**Employee Age Band range is the age you will be WITHIN the year, regardless of when your birthday falls within the year.

FINAL COST MAY VARY FROM THE RATE CALCULATOR ABOVE. FINAL COST IS CALCULATED BASED ON PRIOR YEAR EARNINGS, IF APPLICABLE.

MONTHLY BENEFIT:

**OPTION 1: EMPLOYEES WHO ELECT 60% *INTEGRATED BENEFIT WITH A 90 DAY ELIMINATION PERIOD
60% OF MONTHLY EARNINGS TO A MAXIMUM BENEFIT OF \$10,000 PER MONTH**

**OPTION 2: EMPLOYEES WHO ELECT 25% *NON-INTEGRATED BENEFIT WITH A 90 DAY ELIMINATION PERIOD
25% OF MONTHLY EARNINGS TO A MAXIMUM BENEFIT OF \$10,000 PER MONTH**

**OPTION 3: EMPLOYEES WHO ELECT 60% *INTEGRATED BENEFIT WITH A 180 DAY ELIMINATION PERIOD
60% OF MONTHLY EARNINGS TO A MAXIMUM BENEFIT OF \$10,000 PER MONTH**

**OPTION 4: EMPLOYEES WHO ELECT 25% *NON-INTEGRATED BENEFIT WITH A 180 DAY ELIMINATION PERIOD
25% OF MONTHLY EARNINGS TO A MAXIMUM BENEFIT OF \$10,000 PER MONTH**

*INTEGRATED BENEFIT – UNUM SUBTRACTS ANY DEDUCTIBLE SOURCES OF INCOME FROM YOUR GROSS DISABILITY PAYMENT

*NON-INTEGRATED BENEFIT – UNUM DOES NOT SUBTRACT ANY DEDUCTIBLE SOURCES OF INCOME FROM YOUR GROSS DISABILITY PAYMENT



Unum's Commitment to Privacy

Unum understands your privacy is important. We value our relationship with you and are committed to protecting the confidentiality of nonpublic personal information (NPI). This notice explains why we collect NPI, what we do with NPI and how we protect your privacy.

Collecting Information

We collect NPI about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations, and service providers.

Sharing Information

We share the types of NPI described above primarily with people who perform insurance, business, and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

Safeguarding Information

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

Access to Information

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

Correction of Information

If you believe NPI we have about you is incorrect, please write to us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

Coverage Decisions

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

Contacting Us

For additional information about Unum's commitment to privacy, please visit www.Unum.com/privacy or www.coloniallife.com or write to: Privacy Officer, Unum, 2211 Congress Street, C467, Portland, Maine 04122. We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company and The Paul Revere Variable Annuity Insurance Company.