Killeen Independent School District  
Policy # 572701

Please read carefully the following description of your Short Term Disability Income Protection insurance plan, underwritten by Unum Life Insurance Company of America.

Your Plan

Eligibility
You are eligible for coverage if you are an active employee working a minimum of 17.5 hours per week.

Guarantee Issue
You may apply for coverage without answering any medical questions or providing evidence of insurability if you apply for coverage within 31 days after your eligibility date. If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Weekly Benefit Amount
If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of $1,000 per week.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability; legal judgments and settlements; certain retirement plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability
You are disabled when Unum determines that due to your sickness or injury:

- you are unable to perform the material and substantial duties of your regular occupation; and

- you are not working in any occupation.

We will pay you a disability benefit after you have received benefits under the plan for at least 4 consecutive weeks if:

- you begin performing at least one of the material and substantial duties of your regular occupation or another occupation; and

- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.
Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury or sickness that occurs while you are covered under the plan, your Elimination Period is 30 days.

Benefit Duration

If you meet the definition of disability you may receive a benefit for 9 weeks.

Limitations/Exclusions/Termination of Coverage

Instances When Benefits Would Not Be Paid

Benefits would not be paid for loss resulting from:

- war, declared or undeclared, or any act of war;
- active participation in a riot;
- intentionally self-inflicted injuries;
- loss of a professional license, occupational license or certification;
- commission of a crime for which you have been convicted;
- any period of disability during which you are incarcerated;
- an occupational injury or sickness, (this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law).

Termination of Coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled;
- The date your eligible group is no longer covered; or
- The latest of:
  - The date you no longer are in an eligible group;
  - The last day of the period for which you made any required contributions; or
  - The end of the month in which you no longer are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Delayed Effective Date of Coverage

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.

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 C.FP-1, et al.

Underwritten by: Unum Life Insurance Company of America 2211 Congress Street, Portland, Maine 04122, www.unum.com

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