



**LONG TERM DISABILITY
INCOME PROTECTION INSURANCE
ENROLLMENT FORM**

**HyVee, Inc.
Policy #113681**



phone: 641-774-2151
toll free: 800-622-0057
fax: 641-774-2022
www.hveb.com
e-mail: info@hveb.com

Underwritten by:
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

PLEASE COMPLETE THIS FORM AND FAX IT TO 641-774-2022 IF YOU WOULD LIKE TO ENROLL IN LONG TERM DISABILITY COVERAGE

Applicant Name: _____ Social Security #: _____

Store Identification: _____ Date of Birth: _____

Date of Hire: _____ Home Phone No.: (____) _____-____

Average Weekly Hours Worked: _____ Monthly Earnings: _____

Hourly Rate: _____

You must be a full-time or regular employee working at least 30 hours per week to be eligible for this coverage. You have 60 days from the date you become eligible for benefits to enroll in the coverage. Your coverage will be effective the date you sign the application.

If you do not to apply within 60 days of your eligibility date, you may enroll during a family status change or annual reenrollment. Your effective date for a family status change is the date you sign the application as long as you do so within 31 days of a qualifying event. Your effective date during an annual re-enrollment is 8/1 of that plan year.

If you are interested in enrolling before visiting with a Hy-Vee Elective Benefits Representative, please complete, date, and sign the form and FAX it to Hy-Vee Elective Benefits at 641-774-2022 or mail to:

Hy-Vee Elective Benefits
P.O. Box 737
Chariton, IA 50049

Calculating the Premium:

To calculate your weekly premium, locate your weekly salary on the rate sheet provided and cross reference that with your age.

I would like to participate in the following voluntary Group Long Term Disability Plan providing 50% of my monthly earnings to a maximum of \$5,500 up to age 65 with a 90 day elimination period. I authorize Hy-Vee, Inc. to deduct from my salary or wages the necessary premium for this coverage to be remitted to Unum. My signature verifies the accuracy of information contained on this form. I also hereby authorize Hy-Vee, Inc. to provide information regarding my earnings to Hy-Vee Elective Benefits for the purpose of determine my monthly benefit amount and premium.

Pre or Post-tax Election:

You have the option to pre-tax your premium but you must complete a pre-tax election form to do so. If you don't complete a pre-tax election form and submit it with this application, your premium will be taken on a post-tax basis.

Taxability:

If you take your premium deductions out pre-tax, understand your benefits would be taxable. If you take your premium deductions out post-tax, your benefits would be non-taxable.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Enrollment Kit, including all statements regarding exclusions.

Employee Signature: _____ Date: ____/____/____



phone: 800-622-0057
fax: 641-774-2022
www.hveb.com

Hy-Vee Inc.
Long Term Disability Plan Highlights
Policy # 113681

Your Plan

Eligibility

You are eligible for LTD coverage if you are a full-time or regular employee in the United States working a minimum of 30 hours per week.

Benefit Amount

Monthly LTD Benefit:

- 50% of your monthly earnings
- To a maximum of \$5,500

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.

Definition of Disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

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.

LTD benefits would begin after 90 consecutive days of disability, if you are disabled, as described in the definition above.

During your elimination period you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.

Benefit Duration

<u>Age at Disability</u>		<u>Benefit Duration</u>
	Less than 60	To age 65, but not less than 5 years
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months

Taxation

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. Whether you pay 100% of the premium or you and your Employer share in the cost, if premium for the plan year is paid with post-tax dollars, your benefits will not be taxed. If premium for the plan year is paid with pre-tax dollars, your benefits will be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, then a portion of your benefits will be taxed.

Additional Benefits***Rehabilitation and Return to Work Assistance***

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

Dependent Care Expense Benefit

If you are disabled and participating in Unum's Rehabilitation and Return to Work Assistance program, Unum will pay a Dependent Care Expense Benefit when you are disabled and you:

- are incurring expenses to provide care for a child under the age of 15;
- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

Waiver of Premium

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

**Work/Life Balance
Employee Assistance
Program**

Unum's work/life balance employee assistance program is a comprehensive resource designed to provide fast and convenient answers and advice on a wide variety of topics ranging from severe to everyday problems. Available to you and your family members, Unum's work/life balance employee assistance program provides 24 hour access to professional advice - even face to face sessions when needed. Every inquiry is answered by an experienced, masters-level consultant, who can help in a variety of ways including: telephone consultations, personalized searches and referrals, educational materials, Tips-on-Tape™, and online resources. Some of the topics addressed are parenting and childcare, older adults, legal and financial issues, emotional well-being and education.

Universal Access Card

The Universal Access card puts you in touch with some of Unum's support services that enhance your coverage and help you deal with concerns both in and out of the workplace.

**Worldwide Emergency
Travel Assistance
Services**

A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)

Survivor Benefit

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

Limitations/Exclusions/ Termination of Coverage

**Pre-existing Condition
Exclusion**

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; and
- the disability begins in the first 24 months after your effective date of coverage; unless you have been treatment-free from the pre-existing condition for 12 consecutive months after your effective date.

**Instances When Benefits Would
Not Be Paid**

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- conviction of a crime;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not pay a benefit for any period of disability during which you are incarcerated.

Mental and Nervous

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you 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.

Next Steps**How to Apply**

To apply for coverage, complete your enrollment form and FAX it to Hy-Vee Elective Benefits at 641-774-2022.

Effective Date of Coverage

If you apply for coverage within 60 days of your eligibility date, you will be effective the date you sign the application.

Delayed Effective Date of Coverage

Insurance 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 HyVee Elective benefits at 800-622-0057.

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.

All worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Underwritten by:

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

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Hy-Vee, Inc.

	Monthly Rates*															
Weekly Salary		250	260	270	280	290	300	310	320	330	340	350	360	370	380	390
Monthly Benefit		542	563	585	607	628	650	672	693	715	737	758	780	802	823	845
Age last birthday		Weekly Premium														
less than age 25	1.07	1.34	1.39	1.44	1.5	1.55	1.61	1.66	1.71	1.77	1.82	1.87	1.93	1.98	2.03	2.09
25 to 29	1.13	1.41	1.47	1.53	1.58	1.64	1.7	1.75	1.81	1.86	1.92	1.98	2.03	2.09	2.15	2.2
30 to 34	1.31	1.64	1.7	1.77	1.83	1.9	1.97	2.03	2.1	2.16	2.23	2.29	2.36	2.42	2.49	2.55
35 to 39	1.63	2.04	2.12	2.2	2.28	2.36	2.45	2.53	2.61	2.69	2.77	2.85	2.93	3.02	3.1	3.18
40 to 44	2.32	2.9	3.02	3.13	3.25	3.36	3.48	3.6	3.71	3.83	3.94	4.06	4.18	4.29	4.41	4.52
45 to 49	3.25	4.06	4.23	4.39	4.55	4.71	4.88	5.04	5.2	5.36	5.53	5.69	5.85	6.01	6.18	6.34
50 to 54	4.35	5.44	5.66	5.87	6.09	6.31	6.53	6.74	6.96	7.18	7.4	7.61	7.83	8.05	8.27	8.48
55 to 59	5.94	7.43	7.72	8.02	8.32	8.61	8.91	9.21	9.5	9.8	10.1	10.4	10.69	10.99	11.29	11.58
60 to 64	6.47	8.09	8.41	8.73	9.06	9.38	9.71	10.03	10.35	10.68	11	11.32	11.65	11.97	12.29	12.62
65 to 69	7.25	9.06	9.43	9.79	10.15	10.51	10.88	11.24	11.6	11.96	12.33	12.69	13.05	13.41	13.78	14.14
70+	11.79	14.74	15.33	15.92	16.51	17.1	17.69	18.27	18.86	19.45	20.04	20.63	21.22	21.81	22.4	22.99
Weekly Salary		400	410	420	430	440	450	460	470	480	490	500	510	520	530	540
Monthly Benefit		867	888	910	932	953	975	997	1,018	1,040	1,062	1,083	1,105	1,127	1,148	1,170
Age last birthday		Weekly Premium														
less than age 25	1.07	2.14	2.19	2.25	2.3	2.35	2.41	2.46	2.51	2.57	2.62	2.68	2.73	2.78	2.84	2.89
25 to 29	1.13	2.26	2.3	2.37	2.42	2.48	2.53	2.59	2.65	2.7	2.75	2.82	2.87	2.93	2.98	3.04
30 to 34	1.31	2.62	2.67	2.75	2.81	2.87	2.93	3.01	3.07	3.13	3.2	3.27	3.33	3.39	3.46	3.53
35 to 39	1.63	3.26	3.34	3.42	3.5	3.58	3.66	3.74	3.83	3.91	3.99	4.08	4.16	4.24	4.32	4.4
40 to 44	2.32	4.64	4.76	4.88	5	5.11	5.23	5.34	5.45	5.57	5.69	5.81	5.92	6.04	6.16	6.27
45 to 49	3.25	6.5	6.66	6.82	6.98	7.15	7.31	7.47	7.63	7.79	7.96	8.13	8.29	8.45	8.61	8.78
50 to 54	4.35	8.7	8.91	9.13	9.34	9.57	9.78	9.99	10.22	10.43	10.65	10.87	11.09	11.3	11.52	11.74
55 to 59	5.94	11.88	12.18	12.47	12.77	13.07	13.37	13.66	13.96	14.26	14.56	14.85	15.15	15.44	15.74	16.04
60 to 64	6.47	12.94	13.27	13.59	13.91	14.24	14.56	14.89	15.21	15.53	15.86	16.18	16.5	16.82	17.15	17.47
65 to 69	7.25	14.5	14.86	15.23	15.59	15.95	16.31	16.68	17.04	17.4	17.76	18.13	18.49	18.85	19.21	19.58
70+	11.79	23.58	24.17	24.76	25.35	25.94	26.53	27.12	27.71	28.3	28.89	29.48	30.06	30.65	31.24	31.83
Weekly Salary		550	560	570	580	590	600	610	620	630	640	650	660	670	680	690
Monthly Benefit		1192	1213	1235	1257	1278	1300	1322	1343	1365	1387	1408	1430	1452	1473	1495
Age last birthday		Weekly Premium														
less than age 25	1.07	2.94	3	3.05	3.11	3.16	3.21	3.27	3.32	3.38	3.43	3.48	3.54	3.59	3.65	3.7
25 to 29	1.13	3.11	3.15	3.2	3.27	3.32	3.38	3.43	3.49	3.55	3.6	3.65	3.72	3.77	3.83	3.88
30 to 34	1.31	3.6	3.65	3.72	3.79	3.85	3.92	3.98	4.05	4.11	4.18	4.24	4.31	4.37	4.44	4.5
35 to 39	1.63	4.48	4.56	4.64	4.73	4.81	4.89	4.97	5.05	5.13	5.21	5.29	5.37	5.45	5.54	5.62
40 to 44	2.32	6.38	6.5	6.62	6.73	6.85	6.97	7.08	7.2	7.32	7.43	7.55	7.66	7.78	7.89	8.01
45 to 49	3.25	8.94	9.1	9.26	9.42	9.59	9.75	9.91	10.07	10.23	10.4	10.56	10.72	10.88	11.04	11.21
50 to 54	4.35	11.97	12.17	12.39	12.61	12.83	13.04	13.26	13.47	13.69	13.91	14.13	14.35	14.56	14.78	14.99
55 to 59	5.94	16.34	16.63	16.93	17.47	17.53	17.82	18.12	18.41	18.71	19.01	19.31	19.6	19.9	20.2	20.49
60 to 64	6.47	17.8	18.12	18.44	18.77	19.09	19.41	19.74	20.06	20.39	20.71	21.03	21.36	21.68	22.01	22.33
65 to 69	7.25	19.94	20.29	20.66	21.03	21.38	21.75	22.12	22.47	22.84	23.21	23.56	23.93	24.29	24.64	25.01
70+	11.79	32.43	33	33.6	34.2	34.77	35.37	35.97	36.54	37.14	37.74	38.31	38.91	39.51	40.08	40.68

*monthly rates are per \$100 of covered benefit

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

ACCIDENTS ARE, BY DEFINITION, UNEXPECTED.

Accidents are sudden and untimely, leaving family members without time to put finances in order. In addition to helping to provide protection against financial hardships that can occur when death is the result of an accident, AD&D insurance can also help during a recovery and rehabilitation period if you suffer an accidental dismemberment

Your employer has included this valuable AD&D benefit with your group LTD Insurance. Unum is the leader in income and lifestyle protection.¹ This coverage includes a wide range of features and services including:

- 24-hour, worldwide, on or off the job coverage
- Flexible coverage

BENEFIT SCHEDULE:

If an Insured suffers any one of the losses shown below as a result of accidental injury, we will pay the sum shown for the loss. The loss must occur within one year after the accident. The maximum we will pay for any combination of losses from one accident is the AD&D benefit.

For Loss of Life	The AD&D Benefit
For Loss of — 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
Either Hand or Foot.....	½ the AD&D Benefit
Speech or Hearing	½ the AD&D Benefit
Sight of One Eye.....	½ the AD&D Benefit
Thumb and Index finger of Same Hand	¼ the AD&D Benefit

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.

WHO IS ELIGIBLE FOR COVERAGE?

All active full-time employees domiciled in the United States working a minimum of 30 hours each week are eligible to purchase coverage.

HOW MUCH COVERAGE IS AVAILABLE?

Plan 1 – Employee only

Covered employees now have coverage in the amount of \$100,000. Amounts in excess of \$250,000 may not exceed ten times your annual salary, if applicable.

Coverage amounts for employees age 70 or older will be reduced as follows:

<u>Attainment of Age</u>	<u>Coverage Amount Reduced to:</u>
70	65% of benefit
75	45% of benefit
80	30% of benefit
85	15% of benefit

HOW MUCH DOES COVERAGE COST?

This rate is included with your LTD rate.

HOW TO ENROLL

Once you enroll with the group LTD Plan with Unum, you are automatically enrolled.

Return the form to your Plan Administrator.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

ADDITIONAL FEATURES

In addition to the basic AD&D plan, your coverage includes these features:

Education Benefit – In addition to other benefits payable under the policy, an extra benefit of 5% to a maximum of \$5,000 will be paid on behalf of any dependent child in order to help provide support for the child's education beyond 12th grade. Dependent children who qualify for this benefit will receive payments annually to a maximum of 4 years.

Seat Belt and Air Bag - If death is the result of a car accident in which the insured was wearing a seat belt, an additional 10% of the AD&D benefit to a maximum of \$10,000 will be paid. If the car was equipped with an air bag an additional benefit of \$5,000 will be paid.

Conversion – Insureds under age 70 who are retiring or terminating employment may convert to an individual AD&D policy.

Exposure and Disappearance Benefit – Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you. If your body has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant, then it shall be presumed, subject to all other provisions and conditions of the policy that you suffered loss of life covered under the policy.

Felonious Assault Benefit - This benefit covers the insured employee for unprovoked felonious assault and all criminal acts of violence, while the insured is engaging in the business of the policyholder, regardless of whether they are on or off the policyholder's premises. An additional 10% of the AD&D benefit will be paid to a maximum of \$10,000.

TERMINATION

Coverage ends on the next premium due date after the earliest of the following dates. The date:

- The policy is cancelled
- You are no longer in an eligible group
- You are no longer in active employment
- Premium is not paid
- Of your death
- Upon cancellation of LTD Plan with Unum

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BENEFIT EXCLUSIONS

The plan will not pay benefits if the loss is caused by:

- Intentionally self-inflicted injuries while sane, or self-inflicted injury while sane or insane;
- Suicide (Missouri-while sane), or any attempt at suicide;
- War or any act of war, declared or undeclared.
- 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;
- Active participation in a riot;
- Voluntary use of any controlled substance by the Insured;
- Attempt to commit or commission of a crime under state or federal law;
- Operating, learning to operate, or service 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 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/her family); except-transport type aircraft operated by the Military Airlift Command of the U.S. or similar air transport service of any other country.
- Insured's voluntary ingestion of percentage of alcohol in the blood which raises a presumption that the insured was [driving any vehicle used for transportation while] under the influence of alcohol, as governed by the state laws in which the accident occurred.



Employer Name: Policy Number:
HY-VEE INC. GSR 37835

¹Unum represents multiple insuring subsidiaries of Unum Corporation, including the #1 group and individual income protection carriers in the U.S. according to the LIMRA 2001 Issues & In-force Surveys, 2002 and the JHA U.S. 2001 Group Disability Market Survey, 2002.

Please keep this brochure as a summary of your coverage.

The policy or its provisions may vary or be unavailable in some states. Please refer to your certificate for your complete plan description. If the terms of this summary or your certificate differ from the policy, the policy will govern.

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