



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



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

Hy-Vee, Inc.
Policy #113681

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

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

Applicant Name: _____ Date of Birth: _____

Social Security #: _____ Employee ID#: _____

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

Average Weekly Hours Worked: _____ Monthly Earnings: _____

Store Location: _____ Hourly Rate: _____

You must be a full or regular-time 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 and Monthly Benefit:

To calculate your weekly premium and monthly benefit, 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.

Missed Payroll Deductions: It is your responsibility to contact The Hy-Vee Elective Benefits Office if you have missed payroll deductions, and make arrangements to pay the missed premium. This deduction will not come out of your Short Term Disability payments.

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 pre-existing conditions and exclusions.**

Employee Signature: _____ Date: ___/___/_____

Hy-Vee, Inc.
Group Long Term Disability Insurance
L&K Insurance / Hy-Vee Elective Benefits Program

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 25	1.08	1.12	1.16	1.20	1.25	1.29	1.33	1.38	1.42	1.46	1.51	1.55	1.59	1.63	1.68
25 to 29	1.13	1.17	1.22	1.26	1.31	1.35	1.40	1.44	1.49	1.53	1.58	1.62	1.67	1.71	1.76
30 to 34	1.31	1.37	1.42	1.47	1.52	1.58	1.63	1.68	1.73	1.79	1.84	1.89	1.94	2.00	2.05
35 to 39	1.63	1.69	1.76	1.82	1.89	1.95	2.02	2.08	2.15	2.21	2.28	2.34	2.41	2.47	2.54
40 to 44	2.33	2.42	2.51	2.60	2.70	2.79	2.88	2.98	3.07	3.16	3.26	3.35	3.44	3.53	3.63
45 to 49	3.25	3.38	3.51	3.64	3.77	3.90	4.03	4.16	4.29	4.42	4.55	4.68	4.81	4.94	5.07
50 to 54	4.35	4.52	4.70	4.87	5.05	5.22	5.39	5.57	5.74	5.92	6.09	6.26	6.44	6.61	6.79
55 to 59	5.94	6.18	6.41	6.65	6.89	7.13	7.36	7.60	7.84	8.08	8.31	8.55	8.79	9.03	9.26
60 to 64	6.48	6.73	6.99	7.25	7.51	7.77	8.03	8.29	8.55	8.81	9.07	9.32	9.58	9.84	10.10
65 to 69	7.25	7.54	7.83	8.12	8.41	8.70	8.99	9.28	9.57	9.86	10.15	10.44	10.73	11.02	11.31
70+	11.79	12.26	12.73	13.20	13.67	14.15	14.62	15.09	15.56	16.03	16.50	16.97	17.45	17.92	18.39

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 25	1.72	1.76	1.81	1.85	1.89	1.94	1.98	2.02	2.06	2.11	2.15	2.19	2.24	2.28	2.32
25 to 29	1.80	1.85	1.89	1.94	1.98	2.03	2.07	2.12	2.16	2.21	2.25	2.30	2.34	2.39	2.43
30 to 34	2.10	2.15	2.21	2.26	2.31	2.36	2.42	2.47	2.52	2.57	2.63	2.68	2.73	2.78	2.84
35 to 39	2.60	2.67	2.73	2.80	2.86	2.93	2.99	3.06	3.12	3.19	3.25	3.32	3.38	3.45	3.51
40 to 44	3.72	3.81	3.91	4.00	4.09	4.19	4.28	4.37	4.46	4.56	4.65	4.74	4.84	4.93	5.02
45 to 49	5.20	5.33	5.46	5.59	5.72	5.85	5.98	6.11	6.24	6.37	6.50	6.63	6.76	6.89	7.02
50 to 54	6.96	7.13	7.31	7.48	7.66	7.83	8.00	8.18	8.35	8.53	8.70	8.87	9.05	9.22	9.40
55 to 59	9.50	9.74	9.98	10.21	10.45	10.69	10.93	11.16	11.40	11.64	11.88	12.11	12.35	12.59	12.83
60 to 64	10.36	10.62	10.88	11.14	11.40	11.66	11.91	12.17	12.43	12.69	12.95	13.21	13.47	13.73	13.99
65 to 69	11.60	11.89	12.18	12.47	12.76	13.05	13.34	13.63	13.92	14.21	14.50	14.79	15.08	15.37	15.66
70+	18.86	19.33	19.80	20.27	20.75	21.22	21.69	22.16	22.63	23.10	23.58	24.05	24.52	24.99	25.46

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 25	2.37	2.41	2.45	2.49	2.54	2.58	2.62	2.67	2.71	2.75	2.79	2.84	2.88	2.92	2.97
25 to 29	2.48	2.52	2.57	2.61	2.65	2.70	2.75	2.79	2.84	2.88	2.92	2.97	3.02	3.06	3.11
30 to 34	2.89	2.94	2.99	3.05	3.10	3.15	3.20	3.25	3.31	3.36	3.41	3.47	3.52	3.57	3.62
35 to 39	3.58	3.64	3.71	3.77	3.83	3.90	3.97	4.03	4.10	4.16	4.22	4.29	4.36	4.42	4.49
40 to 44	5.12	5.21	5.30	5.40	5.49	5.58	5.67	5.76	5.86	5.95	6.04	6.14	6.23	6.32	6.42
45 to 49	7.15	7.28	7.41	7.54	7.67	7.80	7.93	8.06	8.19	8.32	8.45	8.58	8.71	8.84	8.97
50 to 54	9.57	9.74	9.92	10.09	10.26	10.44	10.62	10.79	10.96	11.14	11.31	11.48	11.66	11.83	12.01
55 to 59	13.07	13.30	13.54	13.78	14.01	14.25	14.49	14.72	14.96	15.20	15.43	15.68	15.92	16.15	16.39
60 to 64	14.25	14.50	14.76	15.03	15.28	15.54	15.80	16.05	16.32	16.58	16.83	17.09	17.36	17.61	17.87
65 to 69	15.95	16.24	16.53	16.82	17.11	17.40	17.69	17.98	18.27	18.56	18.85	19.14	19.43	19.72	20.01
70+	25.94	26.40	26.88	27.35	27.81	28.29	28.77	29.23	29.70	30.18	30.64	31.12	31.60	32.05	32.53

FOR OFFICE USE ONLY: Monthly Rate Factor

less than 25	0.86	35 to 39	1.30	50 to 54	3.48	65 to 69	5.80
25 to 29	0.90	40 to 44	1.86	55 to 59	4.75	70+	9.43
30 to 34	1.05	45 to 49	2.60	60 to 64	5.18		

*monthly rates are per \$100 of covered benefit

Underwritten by:
Unum Life Insurance Company of America



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

Your Plan

Eligibility

You are eligible for LTD coverage if you are a full or regular-time 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 (or for 60 months if you are a store director, staff member, or a full or regular time pharmacist at the time of disability), 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 Hy-Vee 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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Bringing more balance to everyday life

www.unum.com

Work-life balance employee assistance program

Toll-free, 24-hour access

- 1-800-854-1446: English
- 1-877-858-2147: Spanish
- 1-800-999-3004: TTY/TDD



Online access

www.lifebalance.net; user ID and password: lifebalance

Your work-life balance employee assistance program — provided at no additional charge through your company's insurance benefit plan — can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Childcare and/or eldercare referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Help is easy to access

- **Telephone consultations:** Speak confidentially with a master's level consultant to clarify your need, evaluate options and create an action plan.
- **Face-to-face meeting:** Confer with a local consultant up to three times per issue for short-term problem resolution.
- **Educational materials:** Receive information through our online library of downloadable materials and interactive tools.

Learn more at www.unum.com/worklifebalance.

Work-life balance employee assistance program services are provided by Ceridian Corporation and 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 plan administrator for full details.

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G-73841 (7-07)



This is not a medical insurance card.

Keep this card with you at all times. It gives you immediate access to a full range of confidential work-life balance services for you and your family. If you need additional cards, contact your workplace plan administrator.

Learn more about this valuable benefit at
www.unum.com/worklifebalance



Worldwide emergency travel assistance

For Unum group life and disability insurance customers

www.unum.com

If you need travel assistance anywhere in the world, contact us immediately:

- **Within the U.S.:** 1-800-872-1414
- **Outside the U.S.:** +(U.S. access code) 609-986-1234
- **Via e-mail:** medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Employer company name (please write above)



Help when you're away from home

Worldwide emergency travel assistance services are available to you with just one phone call. When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family¹ can count on getting help in the event of a medical emergency. Our emergency travel assistance includes:

- hospital admission guarantee²
- emergency medical evacuation
- medically supervised transportation home
- transportation for a friend or family member to join hospitalized patient
- prescription replacement assistance
- multilingual crisis management professionals
- medical referrals to Western-trained, English-speaking medical providers
- care and transport of unattended minor children

For more information, ask your HR manager for a copy of your company's service certificate.

Worldwide emergency travel assistance services are provided by Assist America Inc. All 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. 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. These services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

For trips longer than 90 days, expatriate coverage is available. Call the number provided for more information.

¹ Legal dependents are eligible for these services to age 19, or to the age specified by your medical plan. Spouses traveling on business for their employers are not eligible for this service. For more questions on eligibility, contact your Plan Administrator.

² May require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America Inc. within 45 days.

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EB-836-2 (10-07)



This card is not a medical insurance card.

All services must be provided through Assist America Inc. No claims for reimbursement accepted. These services are not valid after termination of policy.

Learn more about this valuable benefit at www.unum.com/travelassistance