

Program Designed for the Employees of:

Frisco Independent School District



UnumProvident Educator Plans *Disability Income Plan*

Because So Much Depends on Your Paycheck



WHAT IF YOU WEREN'T GETTING A PAYCHECK?

Chances are, work plays an important role in your life. So what if a disabling sickness or injury kept you from the workplace? How long would your savings hold out? How would you maintain your independence?

Certainly, there's a lot depending on your income. That's why your employer has teamed up with UnumProvident to offer disability income protection insurance. Should a disability prevent you from working and earning a living, this insurance can help. It's valuable insurance protection designed to help protect against the big "what ifs" in life.

UNUMPROVIDENT *Educator* Salary Protection Insurance Plan

Your employer has recognized the importance of offering disability insurance and has chosen UnumProvident to provide this important coverage.

- It can help replace a portion of your income when you are disabled as the result of a covered sickness or injury.
- It is available to you at affordable group rates.
- Premiums are conveniently payroll-deducted.

UnumProvident is the leader in income protection¹, providing integrated product choices, benefits that help return people to work, and highly responsive service.

Take advantage of the opportunity your employer has given you to purchase this important protection. It could make all the difference to you.

¹ UnumProvident represents the multiple insuring subsidiaries of UnumProvident Corporation, including the #1 group and individual income protection carriers in the United States, according to the JHA 2003 U.S. Group Disability Market Survey, 2004 and JHA 2003 U.S. Individual Disability Market Surveys, 2004.

HIGHLIGHTS of the *Educator* Salary Protection Insurance Plan

ELIGIBILITY

Your employer will determine plan eligibility based on options available under the Educator Salary Protection Plan. This includes all employees in active employment* working at least 20 hours per week for your employer.

The date you are eligible for coverage is the later of:

- the plan effective date; or
- the day after you complete the waiting period.

For eligible employees, coverage will begin on the first of the month coincident with or next following the first day of the pay period for which you have made contributions that follows the later of:

- the date you are eligible for coverage, if you apply on or before that date; or
- the date you apply for insurance, if you apply within 60 days after the date you are eligible for coverage.

If you do not apply for coverage within 60 days of the date you are initially eligible for coverage, you can apply only during an annual enrollment period.

If you are absent from work due to injury, sickness, temporary layoff or leave of absence on the date of your effective date of coverage, coverage will begin on the date you return to active employment.

In order for coverage under the plan issued to your employer to take effect and remain in effect, a minimum of 25 percent of all eligible employees must participate in the plan.

*Being actively at work means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at the location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on leave of absence.

BENEFIT AMOUNT

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to two-thirds of your monthly earnings to a maximum monthly benefit of \$7,500.

ELIMINATION PERIOD

The elimination period is the length of time of continuous disability due to a covered sickness or injury, which must be satisfied before you are eligible to receive benefits. Your employer may choose to make multiple elimination periods available.

If you have selected an elimination period of 30 days or less, and if because of your disability you are hospital confined as an inpatient, benefits will begin immediately and the remainder of the elimination period will be waived.

DURATION OF BENEFITS

PLATINUM PLAN:

Your duration of benefits is based on your age when the disability occurs as shown in the following table:

<u>Age at Disability</u>	<u>Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60-64	5 years
Age 65-69	To age 70, but not less than 1 year
Age 70 and over	1 year

MONTHLY HOSPITAL INDEMNITY BENEFIT

A Monthly Hospital Indemnity Benefit equal to two times the gross disability payment will be paid beginning on the first day of inpatient hospital confinement if you:

- are receiving or are entitled to receive disability payments under the plan; or
- have not completed the elimination period but would be entitled to receive disability payments under the plan upon completion of the elimination period.

The maximum Hospital Indemnity Benefit is 90 days. This benefit is paid instead of the disability monthly payment and it counts toward the maximum duration of disability payment.

MEDICAL TREATMENT BENEFIT

A Medical Treatment Benefit will be paid when you receive treatment by a doctor as a result of a sickness or an injury, provided no other benefits are payable under the plan as a result of the condition for which the treatment was rendered.

The Medical Treatment Benefit will be the doctor's actual charge for services rendered, up to a maximum benefit of \$50 for sickness or \$100 for injury.

No benefit will be paid unless you are personally seen and treated by a doctor and the treatment is not for routine medical examinations or dental work.

Note: No more than one benefit will be paid for the same or related condition unless your treatment dates are separated by 14 consecutive days. This benefit will not be paid more than 4 times per calendar year.

ACCIDENTAL DEATH AND DISMEMBERMENT

An Accidental Death and Dismemberment payment will be made according to the Covered Losses and Benefit Amounts listed below if:

- death occurs within 90 days from the date of the accident; or

- the accidental bodily injury(ies) results in one or more covered losses within 90 days from the date of the accident.

Covered Loss

Life
One Hand or one Foot
Sight of One Eye

Benefit Amount

The Full Amount
One-Half of the Full Amount
One-Half of the Full Amount

The Full Amount is 10 times the gross disability payment. The most that will be paid for any combination of covered losses from any one injury is the Full Amount.

SURVIVOR BENEFIT

Your eligible survivor will be paid a lump sum benefit equal to three times the gross disability payment 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 no estate. In this case, no payment will be made.

ACCELERATED SURVIVOR BENEFIT

Under certain conditions, an Accelerated Survivor Benefit may be paid to you if you are terminally ill. It is payable in a lump sum equal to three times the gross disability payment. An election to receive the Accelerated Survivor Benefit will result in the Survivor Benefit not being paid when you die.

PARTIAL DISABILITY & THE WORK INCENTIVE BENEFIT

Because no employee wants to be out of work longer than absolutely necessary, UnumProvident supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. We will continue to send monthly payments to an employee with a disability who is working as described below:

- If you are disabled and your monthly disability earnings are between 20% and 80% of your indexed monthly earnings due to the same sickness or injury, we will provide partial benefits based on the percentage of income you are losing due to your disability.
- During the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment, plus your disability earnings, exceed 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

- After 12 months of payments, you will receive payments based on the percentage of income you are losing due to your disability.

WORKSITE MODIFICATION

If a worksite modification will enable you to remain at work or return to work, a designated UnumProvident professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and UnumProvident, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

PREGNANCY BENEFIT

Pregnancy or complications of pregnancy will be considered to be a sickness when applying the definition of disability.

DRUG AND ALCOHOL BENEFIT

Alcoholism or drug abuse will be considered to be a sickness when applying the definition of disability.

WAIVER OF PREMIUM

After you have received disability payments under the Plan for 90 consecutive days, from that point forward no premium payments are required while you are receiving disability payments under the Plan.

SOCIAL SECURITY CLAIMANT ADVOCACY PROGRAM

UnumProvident's full-time Social Security specialists review claims in which Social Security benefits have been denied and guide claimants through the complexity of the application and appeals processes.

SPECIALIZED WORK-LIFE BALANCE PROGRAM

UnumProvident's specialized work-life balance 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, UnumProvident's specialized work-life balance 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, Library-by-Mail, and online resources. Some of the topics addressed are parenting and childcare, older adults, legal and financial issues, emotional well-being and education.

And if you should become disabled and be on claim, the new On Claim Support service can help you handle everyday

concerns, the kinds of things that used to be easy to do. A consultant and a researcher can help find solutions to problems such as finding child care, setting up appointments and arranging transportation.

EDUCATOR *Salary Protection Insurance Plan Provisions*

PRE-EXISTING CONDITION EXCLUSION

The plan will not cover any disability that begins in the first 12 months after your effective date of coverage that is caused by, contributed to by, or resulting from a pre-existing condition.

Pre-existing condition means a condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three (3) months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

Note: If the UnumProvident Plan is replacing an existing long term disability plan, a continuity of coverage provision is included for all currently insured employees. See Continuity of Coverage section below.

CONTINUITY OF COVERAGE

If an employee is actively at work at the time he or she converts to UnumProvident's plan and becomes disabled due to a pre-existing condition, benefits may be payable if he or she was:

- in active employment and insured under the plan on its effective date; and
- insured by the prior plan at the time of change.

To receive a payment, the employee must satisfy the pre-existing condition under the UnumProvident policy or the prior carrier's policy. If the employee satisfies UnumProvident's pre-existing condition provision, payments will be determined by the UnumProvident policy.

If the employee only satisfies the pre-existing condition provisions for the prior carrier's policy, the claim will be administered according to the UnumProvident policy. However:

- The payments will be the lesser of the monthly benefit payable under the terms of the prior plan or the monthly payment under the UnumProvident plan.
- The elimination period will be the shorter of the elimination period under the prior plan or the elimination period under the UnumProvident plan.

- Benefits will end on the earlier of the end of the maximum period of payment under the UnumProvident plan or the date benefits would have ended under the prior plan.

Continuity of coverage only happens once, on the original effective date of the group and does not apply to new hires or re-enrollments.

DEFINITION OF DISABILITY

You would be considered disabled and eligible for benefits if, due to a covered injury or sickness:

- you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury;
- you have a 20% or greater loss in indexed monthly earnings due to the same sickness or injury; and
- during the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

After 24 months, you are disabled when UnumProvident determines that due to the same sickness or injury, you are unable to perform the material and substantial 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 doctor in order to be considered disabled.

RECURRENT DISABILITY

If you have a recurrent disability, under certain circumstances UnumProvident may treat that disability as part of the prior claim, and you will not have to complete another elimination period.

BENEFIT INTEGRATION

The gross disability payment will be reduced immediately by the following deductible sources of income:

- The amount you receive or are entitled to receive from:
 - a workers' compensation law;
 - an occupational disease law,
 - any other act or law with similar intent.
- The amount of earnings that you receive from your employer's sabbatical leave plan or similar leave of absence plan, less the cost of paying a substitute teacher if you are required to do so.
- The amount of earnings you receive from your employer's assault leave plan, or similar leave of absence

plan, as a result of your being physically assaulted while acting in your official capacity.

- The amount that you receive or are entitled to receive as disability payments under any state compulsory benefit act or law, other group insurance plan, or governmental retirement system.

- The amount that you, your spouse and children receive or are entitled to receive as disability payments because of your disability under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act.

- The amount that you receive as retirement payments or the amount your spouse and children receive as retirement payments because you are receiving retirement payments under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan or any similar plan or act.

- The amount that you voluntarily elect to receive as retirement payments under your employer's retirement plan or receive as retirement payments when you reach the later of age 62 or normal retirement age, as defined in your employer's retirement plan.

- The amount that you receive under Title 46, United States Code Section 688 (The Jones Act).

After you have been disabled for one year, the following additional deductible sources of income will be subtracted from your gross disability payment in addition to the deductible sources of income mentioned above:

- The amount that you receive under a salary continuation or accumulated sick leave plan.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of 10% of the gross disability payment.

SELF-REPORTED SYMPTOMS/MENTAL ILLNESS LIMITATION

UnumProvident will pay benefits for disabilities due to a sickness or injury that are primarily based on self-reported symptoms and disabilities due to mental illness for up to 24 months. If you are confined to a hospital at the end of 24 months, benefits will continue during the confinement.

Self-Reported Symptoms means the manifestations of your condition that you tell your doctor, which are not verifiable using tests, procedures or clinical examinations standardly accepted in the practice of medicine. Examples of self-reported symptoms include, but are not limited to headaches,

pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness and loss of energy.

GENERAL EXCLUSIONS

The Plan does not cover any disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted.
- Service on full-time active duty in the Armed Forces of any country or international authority;
- Traveling in experimental aircraft or any government aircraft;
- Serving as a pilot or crew member of any aircraft including those that are not motor driven, with the exception of commercial airlines flying between established routes on a regular schedule;
- Taking student flying lessons;
- Airborne recreational activities, including but not limited to hang gliding, parachuting, and hot air ballooning;
- Pre-existing conditions;

Your plan will not cover a disability due to war, declared or undeclared, or any act of war.

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

TERMINATION PROVISIONS

Your coverage under the plan ends on the earliest of:

- the date your employer's 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 later of:
 - the last day you are in active employment, except as provided under the covered layoff or leave of absence provision; or
 - the last day of your contract (if applicable) with your Employer but not beyond the end of your Employer's current school contract year.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your UnumProvident representative for specific provisions and details of availability.

Servicing Agent:

Financial Benefit Services
2121 N. Glenville Drive, Richardson, TX 75082
Phone: (972)690-8500 or (800)583-6908
Fax: (972)690-9705

Underwritten by:

Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122
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**UnumProvident is the marketing brand of
UnumProvident Corporation's insuring subsidiaries.

Plan Administered by:

Mass Group Marketing, Inc.
2121 N. Glenville Drive, Richardson, TX 75082
Phone: (972)881-2255 or (866)881-2255
Main Fax Number: (469)385-4620

CU-2179 (02-05)

This plan highlight summary is provided to help you understand your insurance coverage from UnumProvident. If the terms of this plan highlight summary or your certificate differ from the policy, the policy will govern. The policy has exclusions and limitations which may affect any benefits payable.

UnumProvident Educator Salary Protection Plan

PLATINUM PLAN

Frisco Independent School District - 12 Payroll Deductions Per Year

Annual Salary	Monthly Salary	Monthly Benefit	Hosp Indem		Elimination Period Options				
			Monthly Benefit	AD&D Benefit	14/14	30/30	60/60	90/90	180/180
3,600	300	200	400	2,000	5.88	4.72	4.00	3.36	2.52
5,400	450	300	600	3,000	8.82	7.08	6.00	5.04	3.78
7,200	600	400	800	4,000	11.76	9.44	8.00	6.72	5.04
9,000	750	500	1,000	5,000	14.70	11.80	10.00	8.40	6.30
10,800	900	600	1,200	6,000	17.64	14.16	12.00	10.08	7.56
12,600	1,050	700	1,400	7,000	20.58	16.52	14.00	11.76	8.82
14,400	1,200	800	1,600	8,000	23.52	18.88	16.00	13.44	10.08
16,200	1,350	900	1,800	9,000	26.46	21.24	18.00	15.12	11.34
18,000	1,500	1,000	2,000	10,000	29.40	23.60	20.00	16.80	12.60
19,800	1,650	1,100	2,200	11,000	32.34	25.96	22.00	18.48	13.86
21,600	1,800	1,200	2,400	12,000	35.28	28.32	24.00	20.16	15.12
23,400	1,950	1,300	2,600	13,000	38.22	30.68	26.00	21.84	16.38
25,200	2,100	1,400	2,800	14,000	41.16	33.04	28.00	23.52	17.64
27,000	2,250	1,500	3,000	15,000	44.10	35.40	30.00	25.20	18.90
28,800	2,400	1,600	3,200	16,000	47.04	37.76	32.00	26.88	20.16
30,600	2,550	1,700	3,400	17,000	49.98	40.12	34.00	28.56	21.42
32,400	2,700	1,800	3,600	18,000	52.92	42.48	36.00	30.24	22.68
34,200	2,850	1,900	3,800	19,000	55.86	44.84	38.00	31.92	23.94
36,000	3,000	2,000	4,000	20,000	58.80	47.20	40.00	33.60	25.20
37,800	3,150	2,100	4,200	21,000	61.74	49.56	42.00	35.28	26.46
39,600	3,300	2,200	4,400	22,000	64.68	51.92	44.00	36.96	27.72
41,400	3,450	2,300	4,600	23,000	67.62	54.28	46.00	38.64	28.98
43,200	3,600	2,400	4,800	24,000	70.56	56.64	48.00	40.32	30.24
45,000	3,750	2,500	5,000	25,000	73.50	59.00	50.00	42.00	31.50
46,800	3,900	2,600	5,200	26,000	76.44	61.36	52.00	43.68	32.76
48,600	4,050	2,700	5,400	27,000	79.38	63.72	54.00	45.36	34.02
50,400	4,200	2,800	5,600	28,000	82.32	66.08	56.00	47.04	35.28
52,200	4,350	2,900	5,800	29,000	85.26	68.44	58.00	48.72	36.54
54,000	4,500	3,000	6,000	30,000	88.20	70.80	60.00	50.40	37.80
55,800	4,650	3,100	6,200	31,000	91.14	73.16	62.00	52.08	39.06
57,600	4,800	3,200	6,400	32,000	94.08	75.52	64.00	53.76	40.32
59,400	4,950	3,300	6,600	33,000	97.02	77.88	66.00	55.44	41.58
61,200	5,100	3,400	6,800	34,000	99.96	80.24	68.00	57.12	42.84
63,000	5,250	3,500	7,000	35,000	102.90	82.60	70.00	58.80	44.10
64,800	5,400	3,600	7,200	36,000	105.84	84.96	72.00	60.48	45.36
66,600	5,550	3,700	7,400	37,000	108.78	87.32	74.00	62.16	46.62
68,400	5,700	3,800	7,600	38,000	111.72	89.68	76.00	63.84	47.88
70,200	5,850	3,900	7,800	39,000	114.66	92.04	78.00	65.52	49.14
72,000	6,000	4,000	8,000	40,000	117.60	94.40	80.00	67.20	50.40
73,800	6,150	4,100	8,200	41,000	120.54	96.76	82.00	68.88	51.66
75,600	6,300	4,200	8,400	42,000	123.48	99.12	84.00	70.56	52.92
77,400	6,450	4,300	8,600	43,000	126.42	101.48	86.00	72.24	54.18
79,200	6,600	4,400	8,800	44,000	129.36	103.84	88.00	73.92	55.44
81,000	6,750	4,500	9,000	45,000	132.30	106.20	90.00	75.60	56.70
82,800	6,900	4,600	9,200	46,000	135.24	108.56	92.00	77.28	57.96
84,600	7,050	4,700	9,400	47,000	138.18	110.92	94.00	78.96	59.22
86,400	7,200	4,800	9,600	48,000	141.12	113.28	96.00	80.64	60.48
88,200	7,350	4,900	9,800	49,000	144.06	115.64	98.00	82.32	61.74
90,000	7,500	5,000	10,000	50,000	147.00	118.00	100.00	84.00	63.00

See a representative for prices from a \$5,100 to \$7,500 monthly benefit.