Learn about your benefits: Important information inside!
Enroll by October 26th, 2018.

Don’t miss your chance: Get valuable financial protection now!

Your benefits package is an important part of your total compensation.
Corporation of the Catholic Bishop of the Diocese of Yakima is offering you this coverage:
- Short Term Disability Insurance
- Long Term Disability Insurance
- Term Life Insurance with Accidental Death & Dismemberment (AD&D)

Your employer is offering coverage from Unum, a leading provider of employee benefits. You’ll have the opportunity to get benefits that provide valuable financial protection now — and in the future.
October 2018

To: Employees of Diocese of Yakima

Re: TPSC Administration Fees for Unum Voluntary Products

Dear Employee,

TPSC provides premium administration services for Diocese of Yakima. TPSC bills your employer the applicable costs for coverages that you choose, and your employer deducts the costs from your payroll on a post-tax basis.

In addition to Unum premiums shown on the following page(s), TPSC premium administration fees will be charged to you as follows:

**Set Up or Annual Renewal Fee:**

A. One-Time $5.00 Set Up Fee (charged in Jan 2019 or your coverage start date): this applies only if you are not currently purchasing any Unum Voluntary benefits in 2018 and elect to purchase for 2019; TPSC must set up your certificate for voluntary billing needs; or

B. Annual $2.50 Renewal Fee (charged in Jan 2019): this applies each year that you continue to purchase Unum Voluntary benefits (for example, you currently purchase Unum Voluntary benefits in 2018, and you elect to continue to purchase all or some of the same choices for 2019); TPSC must update your certificate for voluntary billing needs, and

**Monthly Maintenance Fee:**

C. A $1.50 Monthly Maintenance Fee will apply to each line of coverage that you purchase. For example, if you purchase Voluntary Employee Life + Spouse Life + Children Life + Employee AD&D + Spouse AD&D + Children AD&D, this is 6 lines of coverage; the Monthly Maintenance Fee will be 6 x $1.50 = $9.00 per month in addition to the premium cost.

Please be aware of these fees while you make your enrollment choices.

Sincerely,

TPSC Benefits
Short Term Disability Insurance can pay you a weekly benefit if you have a covered disability that keeps you from working.

How does it work?
If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.
You’re generally considered disabled if you’re unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?
You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Consider your weekly expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$ ______</td>
</tr>
<tr>
<td>Transportation</td>
<td>______</td>
</tr>
<tr>
<td>(gas, car payments, repairs)</td>
<td></td>
</tr>
<tr>
<td>Child care/elder care</td>
<td>______</td>
</tr>
<tr>
<td>Mortgage/rent</td>
<td>______</td>
</tr>
<tr>
<td>Utilities</td>
<td>______</td>
</tr>
<tr>
<td>(electric, water, cable, phone)</td>
<td></td>
</tr>
<tr>
<td>Medical costs</td>
<td>______</td>
</tr>
<tr>
<td>(co-pays, medications)</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>______</td>
</tr>
<tr>
<td>(health, life, car, home)</td>
<td></td>
</tr>
<tr>
<td>Total weekly expenses</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

This insurance may cover a variety of conditions and injuries. Here are Unum’s top reasons for short term disability claims:¹
- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

1 Unum internal data, 2015
If you didn’t get coverage when you were first eligible, you’ll have to answer medical questions now. If you’re newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)
This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits. Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)
The maximum number of weeks you can receive benefits while you’re disabled. You have a 11 week benefit duration.

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

Coverage amounts
Cover 60% of your weekly income, up to a maximum benefit of $500 per week. The weekly benefit may be reduced or offset by other sources of income.

*See the Legal Disclosures in the back of this booklet for more information

How much coverage can I get?

<table>
<thead>
<tr>
<th>Age</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.820</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.820</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.830</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.830</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.860</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.870</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.900</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$1.010</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$1.110</td>
</tr>
<tr>
<td>65+</td>
<td>$1.340</td>
</tr>
</tbody>
</table>

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band. The maximum covered annual income is $43,333.

Calculate your cost

• For step 2:
Enter your rate from the Rate Chart, based on your age. (Choose the age you will be when your coverage becomes effective on 11/01/2018.)

Disability worksheet

1 Calculate your weekly disability benefit.

\[ \frac{\text{Your annual earnings}}{52} \times 60\% = \text{Max weekly benefit available (if the amount exceeds the plan max of $500, enter $500)}.\]

2 Calculate your cost per paycheck.

\[ \frac{\text{Your weekly benefit amount}}{10} \times \text{Your rate} = \frac{\text{Your monthly cost}}{\text{Number of paychecks per year}} = \frac{\text{Your annual cost}}{\text{Your cost per paycheck}}.\]
Long Term Disability Insurance

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?
This coverage can pay a monthly benefit if you have a covered illness or injury and you can’t work for a few months — or even longer.
You’re generally considered disabled if you’re unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?
You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What’s covered?
This insurance may cover a variety of conditions and injuries. Here are Unum’s top reasons for long term disability claims:¹
- Cancer
- Back disorders
- Injuries and poison
- Cardiovascular
- Joint disorders
This plan does not cover pre-existing conditions. See the disclosure section to learn more.

What else is included?
Work-life balance EAP
Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance
One phone call gets you and your family immediate help anywhere in the world, as long as you’re traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit
If you die while you’ve been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium
If you’re disabled and receiving benefit payments, Unum waives your cost until you return to work.

Consider your monthly expenses
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$______</td>
</tr>
<tr>
<td>Transportation</td>
<td>______</td>
</tr>
<tr>
<td>(gas, car payments, repairs)</td>
<td>______</td>
</tr>
<tr>
<td>Child care/elder care</td>
<td>______</td>
</tr>
<tr>
<td>Mortgage/rent</td>
<td>______</td>
</tr>
<tr>
<td>Utilities</td>
<td>______</td>
</tr>
<tr>
<td>(electric, water, cable, phone)</td>
<td>_______</td>
</tr>
<tr>
<td>Medical costs</td>
<td>______</td>
</tr>
<tr>
<td>(co-pays, medications)</td>
<td>______</td>
</tr>
<tr>
<td>Insurance</td>
<td>______</td>
</tr>
<tr>
<td>(health, life, car, home)</td>
<td>______</td>
</tr>
<tr>
<td>Total monthly expenses</td>
<td>$______</td>
</tr>
</tbody>
</table>

¹ Unum internal data, 2015. Note: Causes are listed in ranked order.
How much coverage can I get?

You

You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week.

Coverage amounts
Cover 60% of your monthly income, up to a maximum payment of $6,000. The monthly benefit may be reduced or offset by other sources of income.

*See the Legal Disclosures in the back of this booklet for more information.

If you didn’t get coverage when you were first eligible, you’ll have to answer medical questions now. If you’re newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available with no medical questions. New coverage may be subject to pre-existing condition limitations.

Elimination period (EP)
Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)
This is the maximum length of time you can receive benefits while you’re disabled. You can receive benefits to age 65.

Calculate your cost

- Use $120,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age. (Choose the age you will be when your coverage becomes effective on 11/01/2018.)

Disability worksheet

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter your annual earnings and calculate your maximum monthly benefit available.</td>
</tr>
<tr>
<td></td>
<td>$\frac{\text{Annual earnings}}{12} \times 60% = \text{Max monthly benefit available}</td>
</tr>
<tr>
<td>2</td>
<td>Calculate your cost per paycheck</td>
</tr>
<tr>
<td></td>
<td>$\frac{\text{Annual earnings} \times \text{Rate for the option you choose}}{\text{Number of paychecks per year}} = \text{Total cost per paycheck}</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.160</td>
</tr>
<tr>
<td>25 - 29</td>
<td>$0.160</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.205</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.294</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.356</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.667</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$1.013</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$1.814</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$2.783</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$2.187</td>
</tr>
<tr>
<td>70+</td>
<td>$0.853</td>
</tr>
</tbody>
</table>

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.
Term Life and Accidental Death & Dismemberment (AD&D) Insurance

Term Life and Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?
You choose the amount of coverage that’s right for you, and you keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?
If you previously purchased coverage, you can increase it up to $150,000 to meet your growing needs — with no health questions or exams.

Who can get Term Life coverage?
If you are actively at work at least 20 hours per week, you may apply for coverage for:

- **You**: Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings.
  - If you previously purchased coverage, you can increase it up to $150,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.

- **Your Spouse**: Get up to $500,000 of coverage in $5,000 increments.
  - If you previously purchased coverage for your spouse, they can increase their coverage up to $25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.

- **Your Children**: Get up to $10,000 of coverage in $2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday — or until their 26th birthday if they are full-time students.
  - The maximum benefit for children live birth to 6 months is $1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

- **You**: Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.

- **Your Spouse**: Get up to $500,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday — or until their 26th birthday if they are full-time students.
  - The maximum benefit for children live birth to 6 months is $1,000.

Who else is included?

A “Living” Benefit
If you are diagnosed with a terminal illness with less than 24 months to live, you can request 75% of your life insurance benefit (up to $500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium
Your cost may be waived if you are totally disabled for a period of time.

Portability
You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.
### Term Life Insurance and Accidental Death & Dismemberment (AD&D)

**Worksheet**

**Calculate your costs**

1. Enter the Term Life coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 11/01/2018. To determine your spouse rate, choose the age the employee will be when coverage becomes effective on 11/01/2018.)
4. Enter your monthly cost.

<table>
<thead>
<tr>
<th>Term Life</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$______,000</td>
<td>÷ $10,000 = $________</td>
<td>x $_____</td>
<td>= $_______</td>
</tr>
<tr>
<td>Spouse</td>
<td>$______,000</td>
<td>÷ $5,000 = $________</td>
<td>x $_____</td>
<td>= $_______</td>
</tr>
<tr>
<td>Child</td>
<td>$______,000</td>
<td>÷ $2,000 = $________</td>
<td>x $_____</td>
<td>= $_______</td>
</tr>
</tbody>
</table>

**Total cost**

<table>
<thead>
<tr>
<th>Age</th>
<th>Term Life monthly rate for employee</th>
<th>Spouse monthly rate</th>
<th>Child monthly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 24</td>
<td>Tobacco $1.450 Non-tobacco $0.980</td>
<td>Cost $0.490</td>
<td>Rate $0.500 per $2,000 of coverage</td>
</tr>
<tr>
<td>25 - 29</td>
<td>Tobacco $1.450 Non-tobacco $0.980</td>
<td>Cost $0.490</td>
<td></td>
</tr>
<tr>
<td>30 - 34</td>
<td>Tobacco $1.520 Non-tobacco $1.020</td>
<td>Cost $0.510</td>
<td></td>
</tr>
<tr>
<td>35 - 39</td>
<td>Tobacco $2.160 Non-tobacco $1.350</td>
<td>Cost $0.675</td>
<td></td>
</tr>
<tr>
<td>40 - 44</td>
<td>Tobacco $3.290 Non-tobacco $1.860</td>
<td>Cost $0.930</td>
<td></td>
</tr>
<tr>
<td>45 - 49</td>
<td>Tobacco $5.170 Non-tobacco $2.950</td>
<td>Cost $1.475</td>
<td></td>
</tr>
<tr>
<td>50 - 54</td>
<td>Tobacco $8.780 Non-tobacco $4.540</td>
<td>Cost $2.270</td>
<td></td>
</tr>
<tr>
<td>55 - 59</td>
<td>Tobacco $12.460 Non-tobacco $7.490</td>
<td>Cost $3.745</td>
<td></td>
</tr>
<tr>
<td>60 - 64</td>
<td>Tobacco $17.610 Non-tobacco $11.310</td>
<td>Cost $5.655</td>
<td></td>
</tr>
<tr>
<td>70 - 74</td>
<td>Tobacco $50.640 Non-tobacco $35.050</td>
<td>Cost $17.525</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>Tobacco $91.030 Non-tobacco $70.550</td>
<td>Cost $35.275</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>AD&amp;D</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$______,000</td>
<td>÷ $10,000 = $________</td>
<td>x $0.350</td>
<td>= $______</td>
</tr>
<tr>
<td>Spouse</td>
<td>$______,000</td>
<td>÷ $5,000 = $________</td>
<td>x $0.163</td>
<td>= $______</td>
</tr>
<tr>
<td>Child</td>
<td>$______,000</td>
<td>÷ $2,000 = $________</td>
<td>x $0.065</td>
<td>= $______</td>
</tr>
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</table>

**Total cost**

<table>
<thead>
<tr>
<th>Coverage amount</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.350</td>
</tr>
<tr>
<td>Spouse</td>
<td>$0.163</td>
</tr>
<tr>
<td>Child</td>
<td>$0.065</td>
</tr>
</tbody>
</table>

*Billed amount may vary slightly.* † †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.
Short Term Disability Insurance

Active employee
You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Corporation of the Catholic Bishop of the Diocese of Yakima for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage
Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability
You are considered disabled when Unum determines that:
• You are limited from performing the material and substantial duties of your regular occupation;
• You have a 20% or more loss in weekly earnings
You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

Exclusions and limitations
Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:
• War, declared or undeclared or any act of war
• Intentionally self-inflicted injuries;
• Loss of 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;
• Any 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),

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Exclusions and limitations
Benefits will 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;
• Commission of a crime for which you have been convicted;
• Loss of professional license, occupational license or certification; or
• Pre-existing conditions (See the disclosure section to learn more).

Injuries and sickness caused in connection with active military service are covered under the policy. In the process of determining disability, Unum will look at the cause of the disability. If the disability was caused by an injury or illness while you were engaged in active military service, your disability will be considered as having occurred on the date your injury or illness occurred. Any other injuries or illnesses will be considered as having occurred on the date that insurance would otherwise become effective.

The location of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability
You are considered disabled when Unum determines that:
• You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury, and
• You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

Exclusions and limitations
Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:
• War, declared or undeclared or any act of war;
• Intentionally self-inflicted injuries;
• Loss of 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;
• Any 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),

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Exclusions and limitations
Benefits will 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;
• Commission of a crime for which you have been convicted;
• Loss of professional license, occupational license or certification; or
• Pre-existing conditions (See the disclosure section to learn more).

Injuries and sickness caused in connection with active military service are covered under the policy. In the process of determining disability, Unum will look at the cause of the disability. If the disability was caused by an injury or illness while you were engaged in active military service, your disability will be considered as having occurred on the date your injury or illness occurred. Any other injuries or illnesses will be considered as having occurred on the date that insurance would otherwise become effective.

The location of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

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• You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury, and
• You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

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Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:
• War, declared or undeclared or any act of war;
• Intentionally self-inflicted injuries;
• Loss of 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;
• Any 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),

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Exclusions and limitations
Benefits will 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;
• Commission of a crime for which you have been convicted;
• Loss of professional license, occupational license or certification; or
• Pre-existing conditions (See the disclosure section to learn more).

Injuries and sickness caused in connection with active military service are covered under the policy. In the process of determining disability, Unum will look at the cause of the disability. If the disability was caused by an injury or illness while you were engaged in active military service, your disability will be considered as having occurred on the date your injury or illness occurred. Any other injuries or illnesses will be considered as having occurred on the date that insurance would otherwise become effective.

The location of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability
You are considered disabled when Unum determines that:
• You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury, and
• You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

Exclusions and limitations
Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:
• War, declared or undeclared or any act of war;
• Intentionally self-inflicted injuries;
• Loss of 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;
• Any 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),

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Exclusions and limitations
Benefits will 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;
• Commission of a crime for which you have been convicted;
• Loss of professional license, occupational license or certification; or
• Pre-existing conditions (See the disclosure section to learn more).

Injuries and sickness caused in connection with active military service are covered under the policy. In the process of determining disability, Unum will look at the cause of the disability. If the disability was caused by an injury or illness while you were engaged in active military service, your disability will be considered as having occurred on the date your injury or illness occurred. Any other injuries or illnesses will be considered as having occurred on the date that insurance would otherwise become effective.

The location of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.
Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Term Life Insurance and Accidental Death & Dismemberment (AD&D)

Active at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child’s attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent’s doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – “Being intoxicated” means your or your dependent’s blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents’ coverage under the policy ends on the earliest of:

- 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by LifeWorks, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:
Group Voluntary Term Life, Long Term Disability and Short Term Disability, Unum Life Insurance Company of America, Portland, Maine

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<table>
<thead>
<tr>
<th>Location</th>
<th>Representative</th>
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<tbody>
<tr>
<td>St. Frances X Cabrini Church: Caroline Patnode</td>
<td>Holy Rosary Church: Barbara Riels</td>
</tr>
<tr>
<td>St. Anne Church, Bridgeport: Arlene Neal</td>
<td>St. John Church: Sarah Feusner</td>
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<tr>
<td>Our Lady of the Assumption: Chelcie Strode</td>
<td>Sacred Heart Church: Steve Kenny</td>
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<td>St. Francis De Sales Church: Arlene Neal</td>
<td>St. Pius Church: Mary Keller</td>
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<tr>
<td>St. John the Baptist Church: Wendy Hill</td>
<td>Christ the King Church: Michelle Wittreich</td>
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<tr>
<td>St. Juan Diego Church: Geobany Silva</td>
<td>Immaculate Conception Church- Roslyn: Wendy Hill</td>
</tr>
<tr>
<td>St. Rose of Lima Church: Cathy Carranco</td>
<td>St. Michael the Archangel Church: Anna Valle</td>
</tr>
<tr>
<td>St. Andrew Church: Barbara Johnson</td>
<td>Our lady of the Lourdes Church: Debbie Bender</td>
</tr>
<tr>
<td>Holy Trinity Church: Mary Myra</td>
<td>St. Aloysius Church: Barbara Riels</td>
</tr>
<tr>
<td>St. Henry Church: Tracy Maher</td>
<td>Queen of All Saints Church- Warden: Ana Guilherme</td>
</tr>
<tr>
<td>Blessed Sacrament Church: Terri Moore</td>
<td>St. Joseph Church (PO BOX 519, Waterville WA): Krystal Veltman</td>
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<tr>
<td>Our Lady of Guadalupe Church: Olga Gonzalez</td>
<td>St. Joseph Church (625 S. Elliot, Wenatchee WA): Lori Beattie</td>
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<tr>
<td>St. Patrick Church/ Holy Angels: Steve Elder</td>
<td>St. Joseph Church (PO Box 2049 should be White Salmon WA): Carrie Peterson</td>
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<tr>
<td>Holy Spirit Church: Philline Go</td>
<td>St. Mary Church: Carrie Peterson</td>
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<tr>
<td>St. Joseph Church: Lucinda Welch</td>
<td>St. Paul Cathedral: Teresa McCormick</td>
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<tr>
<td>Resurrection Church: Barbara Riel</td>
<td>St. Joseph Church (212 N. 4th St. Yakima, WA): Carrie Peterson</td>
</tr>
<tr>
<td>Immaculate Conception, Mabton: Olga Gonzalez</td>
<td>Holy Family Church: Karen Johnson</td>
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<tr>
<td>Our Lady of the Desert Church: Carrie Peterson</td>
<td>Holy Redeemer Church: Marilyn Harrison</td>
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<tr>
<td>Our Lady of Fatima Church: Ana Guilherme</td>
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</table>
Please check which location applies to you: Schools/ Institutes

<table>
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<tr>
<th>Location</th>
<th>Contact Person</th>
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<tbody>
<tr>
<td>St. Rose Lima School</td>
<td>Laurie Dilling</td>
</tr>
<tr>
<td>St. Joseph Children Center</td>
<td>Lucinda Welch</td>
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<tr>
<td>St. Joseph School</td>
<td>Lucinda Welch</td>
</tr>
<tr>
<td>Christ the King School</td>
<td>Suzanne Russcher</td>
</tr>
<tr>
<td>St. Joseph School (600 St. Joseph Place Wenatchee)</td>
<td>Mary Ann Castro</td>
</tr>
<tr>
<td>St. Joseph/ Marquette School (202 N. 4th St. Yakima)</td>
<td>Paula Mattson</td>
</tr>
<tr>
<td>Christ the Teacher Catholic School</td>
<td>Karen Johnson. Please send to Holy Family Church</td>
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<tr>
<td>St. Joseph Mission</td>
<td>Sue Schoolcraft</td>
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<tr>
<td>Calvary Cemetery</td>
<td>Meghan McGree</td>
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<tr>
<td>Campus Ministry</td>
<td>Marcus Ayers</td>
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<tr>
<td>Vocations</td>
<td>FR. Felipe Pulido &amp; FR. Cesar Vega</td>
</tr>
<tr>
<td>Toppenish, Zillah, Wapato and Moxee</td>
<td>Maxine Tull &amp; Barbara Riel</td>
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</tbody>
</table>
THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form. Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Complete your personal information

First name (please print) _______________________________ M. initial ______________________ Last name _______________________________

Social Security Number _______________________________ Gender ________ Date of birth (mm-dd-yyyy) ________ Original hire date (mm-dd-yyyy) ________

Annual salary _______________________________ Hours worked per week ________ Occupation _______________________________

Did you recently become eligible for benefits? (Y/N) ________ Have you been rehired by your company? (Y/N) ________ If so, please provide a date (mm-dd-yyyy) ________

Short Term Disability Insurance

Choose your coverage

This plan provides a 60% benefit.

To calculate your cost per paycheck, refer to the disability worksheet under “Calculate your costs”.

Your actual billed amount may vary slightly.

Long Term Disability Insurance

Choose your coverage

This plan provides a 60% benefit.

To calculate your cost per paycheck, refer to the disability worksheet under “Calculate your costs”.

Disability Insurance — SIGN AND CERTIFY

YES — I want the disability coverage checked below

☐ I DO want Short Term Disability Insurance
☐ I DO want Long Term Disability Insurance

NO — I do not want disability coverage checked below

☐ I DO NOT want Short Term Disability Insurance
☐ I DO NOT want Long Term Disability Insurance

YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Signature _______________________________ Date ________/

I understand that if I elect coverage in the future, it may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature _______________________________ Date ________/

Required:

First name (please print) _______________________________ M. initial ______________________ Last name _______________________________

Return forms to: Return to your Plan Administrator

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AL-1224 (4.17) FOR EMPLOYEES
Term Life Insurance
Complete this form to enroll. THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Corporation of the Catholic Bishop of the Diocese of Yakima

Step 1: Complete your personal information

First name (please print) M. initial Last name

Social Security Number Gender Date of birth (mm-dd-yyyy) Have you used tobacco products (such as cigarettes, cigars, snuff, chew, or pipe) or any nicotine delivery system in the past 12 months? (Y/N)

Street address Apartment #

City State ZIP code

Original hire date Annual salary Occupation

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

If you previously purchased coverage and are now electing an amount over $150,000 for you or $25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete an Evidence of Insurability form. Ask your Plan Administrator for details.

Employee

Coverage amount

$10,000
$30,000
$50,000
$80,000
$100,000
$150,000

$5,000
$10,000
$15,000
$20,000
$25,000

$2,000
$4,000
$6,000
$8,000
$10,000

Spouse

Coverage amount

Child

Coverage amount

Want a different amount?

AD&D insurance

Employee

Coverage amount Monthly cost

$10,000 $0.35
$30,000 $1.05
$50,000 $1.75
$80,000 $2.80
$100,000 $3.50
$150,000 $5.25

Spouse

Coverage amount Monthly cost

$5,000 $0.16
$10,000 $0.33
$15,000 $0.49
$20,000 $0.65
$25,000 $0.82

Child

Coverage amount Monthly cost

$2,000 $0.07
$4,000 $0.13
$6,000 $0.20
$8,000 $0.26
$10,000 $0.33

Want a different amount?

Continued on back >
**Step 3: Name your beneficiaries**

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

<table>
<thead>
<tr>
<th>First name (please print)</th>
<th>M. initial</th>
<th>Last name</th>
<th>Relationship (parent, child, friend, etc.)</th>
<th>% of benefit</th>
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**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

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<tr>
<th>First name (please print)</th>
<th>M. initial</th>
<th>Last name</th>
<th>Relationship (parent, child, friend, etc.)</th>
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**Step 4: Sign and certify**

- [ ] I have read and understand the “Exclusions and limitations” listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I’ve made an error completing this form.

- [ ] No, I do not want coverage under the Term Life Insurance.

- [ ] No, I do not want coverage under Accidental Death & Dismemberment.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

___________________________
Signature

___ / ___ / ______
Date

___________________________
Signature

___ / ___ / ______
Date

Return forms to: Return to your Plan Administrator

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**Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

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