## Lay LTD Plan Premium Rates 180-Day Elimination Period

RATES		ANNUAL PREMIUM SCENARIOS				
Age	Unum Rate Per \$100 of Monthly Compensation	Annual Compensation \$25,000	Annual Compensation \$40,000	Annual Compensation \$60,000	Annual Compensation \$80,000	
15-24	0.70	14.53	23.26	34.88	46.51	
25-29	0.98	20.35	32.56	48.84	65.12	
30-34	1.67	34.88	55.81	83.72	111.63	
35-39	2.37	49.42	79.07	118.60	158.14	
40-44	3.35	69.77	111.63	167.44	223.26	
45-49	5.02	104.65	167.44	251.16	334.88	
50-54	6.5	136.63	218.60	327.91	437.21	
55-59	8.09	168.60	269.77	404.65	539.53	
60-64	8.09	168.60	269.77	404.65	539.53	
65-69	10.05	209.30	334.88	502.33	669.77	
70	12.28	255.81	409.30	613.95	818.60	

## Lay LTD Plan Premium Rates 180-Day Elimination Period

RATES		ANNUAL PREMIUM SCENARIOS				
Age	Unum Rate Per \$100 of Monthly Compensation	Annual Compensation \$25,000	Annual Compensation \$40,000	Annual Compensation \$60,000	Annual Compensation \$80,000	
15-24	1.26	26.16	41.86	62.79	83.72	
25-29	1.54	31.98	51.16	76.74	102.33	
30-34	2.37	49.42	79.07	118.60	158.14	
35-39	3.49	72.67	116.28	174.42	232.56	
40-44	4.33	90.12	144.19	216.28	288.37	
45-49	6.28	130.81	209.30	313.95	418.60	
50-54	8.37	174.42	279.07	418.60	558.14	
55-59	10.05	209.30	334.88	502.33	669.77	
60-64	10.05	209.30	334.88	502.33	669.77	
65-69	12.56	261.63	418.60	627.91	837.21	
70	16.05	334.30	534.88	802.33	1,069.77	

Rates are rounded to the nearest hundredth-actual invoiced rates will vary.

**Note:** This plan highlight sheet summarizes plan provisions, coverage and premium rates. The Unum policy and plan certificate of coverage provide a complete plan description and are the controlling documents for all plan eligibility and benefits. Additionally, the Unum policy and invoices are the controlling authority for plan premium rates. The General Board and Unum reserve the right to adjust these specifications, as needed.

For more information, call your General Board Liaison at 1-800-851-2201



Caring For Those Who Serve